

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and authorised FSP (17703)

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Insured			Broker		
Address			Policy number		
			Telephone number		
			Email address		
			Insured's VAT number		
Business or occupation					
Description of goods being transported at the time of the incident					
Load value	R		Total weight		
Number of packages			How were the goods packed?		
Registration numbers of your vehicle/s concerned					
Address from which goods were despatched					
	Date despatched				
Were you the	<input type="checkbox"/> Principal contractor, or a <input type="checkbox"/> Sub-contractor				
Was the delivery	i) <input type="checkbox"/> To a third party ii) <input type="checkbox"/> To a customer iii) <input type="checkbox"/> An inter-branch consignment				
Circumstances of loss or damage and particulars of goods lost or damaged <i>Note: All invoices, delivery notes, receipts and correspondence are to be sent with this form</i>					
Date of loss or damage			Time	<input type="checkbox"/> am	<input type="checkbox"/> pm
Please provide a brief description of the incident					
If another vehicle was involved, please state name and address of owner and their insurers (if known)	Owner			Insurers	

Were there any witnesses		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide the following details below:	
Name					
Physical address					
Telephone number					
Email address					
If your vehicle was unattended when loss or damage occurred, how was it secured?					
Were the goods in sound condition when received?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were they checked by your driver?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the consignee accept delivery?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, was a receipt given?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use the standard trading conditions of carriage?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what conditions of carriage do you use?					
(Please attach a specimen copy)					
Has a claim been made against you by the owner?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date received
Was the matter reported to the police?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date advised
Police station					
Policeman's name					
If theft/hijack, was the matter reported to recovery agents?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date advised
Details of branch/contact					
Quantity	Description	Value			
		Total			
Address where damaged goods can be inspected					

Declaration

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Signature of insured _____ Capacity _____ Date _____

Damage to property predisposition

Your personal information is valued by us and we respect your constitutional right to privacy. We are committed to processing your personal information in accordance to relevant legislation. We are bound by the terms and provisions of the Protection of Personal Information Act No 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Please be advised that your personal information herein collected is for the primary purpose of assessing and processing your claim in respect of the loss/damage, to the insured property, which you have suffered. The information submitted on this document is subject to verification and shall be authenticated using lawful procedures. Your information shall be used in complete lawful form and manner to execute all tasks required for efficient assessment and processing of your claim.

All information acquired herein is relevant to the stated purpose. Your personal information may also be collected for certain mandatory purposes, please consult our Consent to Process Personal Information for a list of same.

Your information shall be kept confidential; however, we shall disclose it to certain third parties in accordance with the purpose of collection. The third parties may include our service providers, agents, claim handlers, investigators and other insurers.

The lawful sharing of your personal information with other Insurance companies is for following reasons:

- a. to ensure that not more than one claim has been made for the same damage/loss to property arising from the same set of facts
- b. to verify that claims information match what was provided when insurance cover was taken out
- c. if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Bryte undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. Bryte, therefore shall utilise and disclose your personal information where essential to substantiate your claim.

All third parties are fully aware and understand the purpose for which the information is been transmitted to them. No third party including Bryte shall use your personal information for any other purpose unless expressly consented to by you

We have implemented high level security measures to safeguard your personal information against damage loss and unauthorised access. Any party to whom your personal information is been disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information. The third parties we contract with are required to abide by our standards of safety, security and privacy.

In terms of POPI we are required to collect and process information which is authentic and accurate. You may amend, update, change or correct your personal information processed by us. You may request to view your personal information held by us and we shall make same available to you.

You hereby give consent to Bryte to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same.

You are fully aware and understand your rights duties and obligations to furnish Bryte with true and accurate information and your duty to advise Bryte of any changes to your personal information timeously. The said consent is given to Bryte with the necessary legal capacity, voluntarily and free of intimidation and duress of any form

Signed at _____ on the _____ day of _____ 20 _____

Signature of policyholder _____