

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

Email: travelclaims@brytesa.com Tel: 0860 222 446 Fax: 0860 004 242

Insured person					
Policy number					
Title		Cell number			
First name		Telephone number (business)			
Surname		Telephone number (home)			
ID number		Email address			
Postal address					
		Postal code			
Travel information					
Travel dates	From:			To:	
Date of incident			Country of incident		
How did you pay for your airline ticket?		<input type="checkbox"/> Cash	<input type="checkbox"/> Credit card		
Medical aid scheme					
Membership number					
Other insurance policies (including short term all risks insurance)					
Name of insurance company			Policy number		
Banking details					
Name of account holder					
Bank			Branch code		
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission	<input type="checkbox"/> Current/Cheque		
Account number					
Type of Claim (Mark with "x")					
<input type="checkbox"/> Section 1 Medical and related expenses	<input type="checkbox"/> Section 2 Personal accident	<input type="checkbox"/> Section 3 Bryte Travel Assist services	<input type="checkbox"/> Section 4 The journey is cancelled, changed or cut short	<input type="checkbox"/> Section 5 Rejection or delay of your visa application	<input type="checkbox"/> Section 6 Baggage, money, bank cards, travellers' cheques, travel documents and baggage delay
<input type="checkbox"/> Section 7 Travel delay, missed connection and missed event	<input type="checkbox"/> Section 8 Legal responsibility to third parties	<input type="checkbox"/> Section 9 Hijack, kidnap and wrongful detention	<input type="checkbox"/> Section 10 Natural disaster	<input type="checkbox"/> Section 11 Identity fraud	<input type="checkbox"/> Section 12 Insolvency of your travel suppliers or travel wholesalers
<input type="checkbox"/> Section 13 Ticket upgrade	<input type="checkbox"/> Section 14 Car rental	<input type="checkbox"/> Section 15 Air space closure	<input type="checkbox"/> Section 16 Cruise cover	<input type="checkbox"/> Section 17 Winter sport	<input type="checkbox"/> Section 18 Golf insure
(Please attach the following supporting documentation)					
<ul style="list-style-type: none"> A copy of your travel insurance certificate A copy of your public transport carrier ticket (air ticket, train ticket, bus ticket, cruise ticket, etc) Copy of a cancelled cheque or bank statement 					

Section 1 – Medical and related expenses
(Please attach the following supporting documentation)

- Comprehensive medical report from treating doctor (diagnosis)
- Proof of all costs incurred in respect of medical expenses
- Detailed description of the event that lead you to seek medical treatment
- Proof of cost of emergency telephone calls

Was a medical practitioner consulted whilst on your journey? Yes No

Medical practitioner's name	Telephone number
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Were you hospitalised whilst on your journey? Yes No

If yes, please provide the following information	Hospital name
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Hospital address

Hospital telephone number	Date of admission
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Please provide us with a detailed diagnosis:

Have you ever been treated for this illness or injury or a related illness or injury? Yes No

(If yes, provide a report from your local medical practitioner stating what treatment you received during the 12 months before the start date of the insured journey – please request your local medical practitioner to complete addendum A)

Please provide us with a detailed description of the event that caused you to seek medical advice:

Section 2 – Personal accident
(Please attach the following supporting documentation)

- Medical reports
- Death certificate showing the cause of death (if the claim is due to accidental death)
- Inquest and post mortem reports (if the claim is due to accidental death)
- Police report if death is due to an accident. Indicate the police station and reference number if death is the subject of a criminal investigation
- Blood alcohol results if the insured traveller was the driver in a motor vehicle accident

Please advise if you are claiming for: Death Total disablement Education fund supplement

Please provide a full description of the accident:

Section 3 – Bryte Travel Assist services
(Please attach the following supporting documentation)

- Copies of receipts for expenses incurred
- In case of death please provide a death certificate indicating the cause of death and all medical reports

Please advise if you are claiming for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Visit by family member | <input type="checkbox"/> Return of stranded children | <input type="checkbox"/> Return of stranded travel companion |
| <input type="checkbox"/> Substitute business colleague expenses | <input type="checkbox"/> Legal assistance when abroad | <input type="checkbox"/> Bail money after a traffic accident |
| <input type="checkbox"/> Assistance for accompanying spouse or travel companion whilst on a cruise | <input type="checkbox"/> Burial, cremation or return of mortal remains | <input type="checkbox"/> Coffin expenses |

Please provide us with detailed information of the claim:

Section 4 – The journey is cancelled, changed or cut short
(Please attach the following supporting documentation)

- Medical certificates (stating that the patient is not medically fit to travel) or death certificates in the case of death
- Letter from the veterinarian confirming diagnosis, in-patient admission and number of days admitted
- Proof of deposits and payments that you cannot recover
- Proof of accidental damage to your immovable property
- Proof of ticket change fees
- Proof of public transport carrier schedule change
- Confirmation from the accredited educational institution confirming the date change and the reason for the change

Please advise if you are claiming for:

- Cancelling an insured journey Postponing an insured journey Cutting an insured journey short
 Ticket change fee Public transport carrier schedule change

Please provide us with detailed information of the claim:

Please provide us with a detailed description for amounts being claimed for:

Section 5 – Rejection or delay of visa application
(Please attach the following supporting documentation)

- Notification from the Consulate or Embassy that your visa application was rejected or delayed
- Proof of deposits and payments that you cannot recover
- Proof of flight and accommodation penalties

Please advise if you are claiming for:

- Rejection of your visa application Delay of your visa application

Please provide us with detailed information of the claim:

Section 6 – Baggage, money, bank cards, travellers' cheques, travel documents and baggage delay
(Please attach the following supporting documentation and complete Addendum B)

- Copy of the airline report or property irregularity report (written acknowledgement of liability by airlines)
- Copy of the police or relevant authority report if the loss, theft or damage is not related to the public transport carrier
- Any written settlement from the public transport carrier (please attach)
- Detailed description of missing personal belongings. For jewellery claims please attach original or certified copies of valuation certificates issued before the start date of the insured journey (or some other form of proof for example an affidavit)
- Receipts for essential expenses incurred
- Receipts for new items bought and quotations for replacement items
- A copy of the stamped pages of the passport showing departure and arrival dates
- Proof of losses you suffered (for bank card fraud)
- Report from your financial institution (for bank card fraud)
- Proof of ownership of electronic items including laptops, notebooks, iPads, cameras, cell phones or similar equipment
- Proof from your cell phone service provider that your phone has been blacklisted

Please advise if you are claiming for:

- Theft of baggage Damage of baggage Accidental loss of baggage Theft of money
 Theft of passport and travel documents Bank card fraud Baggage delay

Was the loss or damage due to: Accidental loss Bank card fraud Public transport carrier A third party

Please provide us with detailed information of the claim:

Airline involved

Please provide us with detailed information of the claim:	
Section 11 – Identity fraud (Please attach the following supporting documentation)	
<ul style="list-style-type: none"> Proof of losses you suffered Police report Report from your financial institution 	
Please advise if you are claiming for:	
<input type="checkbox"/> Legal expenses <input type="checkbox"/> Lost income <input type="checkbox"/> Legal obligations <input type="checkbox"/> Other expenses	
Please provide us with detailed information of the claim:	
Section 12 – Insolvency of your travel suppliers or travel wholesalers (Please attach the following supporting documentation)	
<ul style="list-style-type: none"> Unused travel supplier tickets and vouchers Proof of payment If no airline is involved, evidence of the travel supplier or travel wholesaler that is insolvent 	
Please provide us with detailed information of your claim:	
Section 13 – Ticket upgrade (Please attach the following supporting documentation)	
<ul style="list-style-type: none"> Letter from the public transport carrier giving the reason for the delay Any written settlement offer or compensation from the public transport carrier 	
Name of alternative transport	
Contact telephone number of the alternative transport	
Please provide us with detailed information of the claim:	
Section 14 – Car rental (Please attach the following supporting documentation)	
<ul style="list-style-type: none"> Receipt or copy of your car rental contract Medical certificate stating that the insured traveller was not medically fit to return the rented car Copy of police report indicating the date and time of damage to or theft of the rented car Proof of excess payment 	
Please advise if you are claiming for:	
<input type="checkbox"/> Car rental <input type="checkbox"/> Car rental excess waiver <input type="checkbox"/> Return of rented car	
Please provide us with detailed information of your claim:	
Section 15 – Air space closure (Please attach the following supporting documentation)	
<ul style="list-style-type: none"> Letter from public transport carrier giving the reason for and length of the air space closure Any written settlement offer or compensation from the public transport carrier Proof of your original itinerary Proof of deposits and payments you cannot recover Proof of additional expenses for alternative travel arrangements Proof of additional car parking costs 	

Please advise if you are claiming for:

- | | |
|--|--|
| <input type="checkbox"/> Cancelling your journey | <input type="checkbox"/> Additional expenses to reach your destination |
| <input type="checkbox"/> Additional expenses on international connection | <input type="checkbox"/> Additional expenses on return journey home |
| <input type="checkbox"/> Alternative travel arrangements | <input type="checkbox"/> Additional car parking expenses |

Please provide us with detailed information of your claim:

Section 16 – Cruise cover
(Please attach the following supporting documentation)

- Comprehensive medical report from treating doctor (diagnosis)
- Written confirmation from the cruise liner that it did not dock at a port due to a natural disaster or bad weather conditions
- Proof of losses suffered

Please advise if you are claiming for:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Cancelling pre-paid shore excursions | <input type="checkbox"/> Missed port | <input type="checkbox"/> Cabin confinement |
|---|--------------------------------------|--|

Please provide us with detailed information of the claim:

Section 17 – Winter sport (optional)
(Please attach the following supporting documentation)

- Proof of payment for repair costs to ski's, snowboards, bindings, ski or snowboard boots and ski poles
- Proof of payment for winter sport equipment you hire or own that is lost, stolen, damaged or delayed after your arrival
- Proof of payment for the remaining number of days of your ski pass
- Medical certificate confirming illness or injury that resulted in unused ski hire, ski lessons and ski lift pass costs booked and paid for in advance
- Proof of piste closure for more than 12 hours due to too much or not enough snow
- Written proof from the resort that an avalanche or landslide delayed your arrival or departure

Please provide us with detailed information of the claim:

Section 18 – Golf insure (optional)
(Please attach the following supporting documentation)

- Proof of replacement costs for lost, stolen or damaged golf equipment you own or hired
- Medical certificate confirming illness or injury that resulted in you not being able to use your golf tour package booked and paid for in advance
- Written proof from the golf club president that the golf course had been closed due to bad or dangerous weather conditions
- Proof of the cost incurred for hole-in-one

Please provide us with detailed information of the claim:

I/We declare that the above information is, to the best of my/our knowledge, true and correct in every respect. I/We have not omitted any material information which would affect the outcome of this claim. I/We understand that the information on this form will be used by Bryte, and may be shared with third parties, including insurers, healthcare professionals and other service providers to allow Bryte to correctly underwrite policies, assess risks fairly, confirm my/our personal information, to ensure that Bryte complies with legal and regulatory requirements or industry codes to which they subscribe or which apply to them, or when it is otherwise allowed by law, to detect and prevent fraudulent claims. I/We confirm that I/we have received permission to share personal information about another person (including minor children) where I/we are submitting a claim on that person's behalf. In the event of a medical related claim, I/we give my/our authority for Bryte to contact and obtain information from my/our treating medical practitioner or medical facility specified in the claim form and to inspect any records relevant to this claim.

Signed at _____ on this day _____ of _____ 20 _____

Signature _____

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Authorisation for disclosure of medical history and related information			
(To be completed by policy holder)			
I _____ hereby authorise the release and full disclosure of all my medical records and information to Bryte Insurance Company Limited. I understand the information will be used solely for medical claims assessments and will be treated as highly confidential			
Surname		First name	
Policy issue date		Policy number	
Signature		Date	
Disclosure of medical history and related information			
(To be completed by local treating medical practitioner)			
<ul style="list-style-type: none"> The above patient purchased a Bryte travel insurance policy for an international journey We request that you provide us with a comprehensive medical history of the patient that received medical treatment or advice for any illness, disease or injury during the past 12 months before the policy issue date 			
Please provide full details of all conditions your patient is currently receiving medical treatment or advice for (date, diagnosis, medication and treatment prescribed and provided):			
Please provide full details of all conditions your patient was receiving medical treatment and advice for in the past 12 months before the issue date as stated above (date, diagnosis, medication and treatment prescribed and provided):			
In your professional and medical opinion was your patient medically and physically fit to travel on an international journey? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no – please provide reasons:			
For what period have you been treating your patient			
When last did you examine your patient			
Title		Surname	
First name			
Practise no		Tel no	
Email		Fax no	
Signature		Date	

