

Bryte Specialist Motor Proprietary Limited

A Fairfax Company

Registration number: 2019/162372/07 VAT number: 4510289574

Authorised Financial Services Provider number 50459

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

Underwritten by Bryte Insurance Company Limited, a licensed insurer and an authorised FSP (17703)

Email: _____ Telephone number: _____

If more space is required for any of the below questions, please attach a separate page recording the required details. Please date and sign the page.

Broker details				
Broker name		Broker code		
Email address		Telephone number		
Sub-broker name				
Proposer details				
Initials		First name		
Last name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
ID number		Date of birth		
Physical/Risk address				
		Postal code		
Postal address				
		Postal code		
Telephone number		Cell phone number		
Email address				
Bike licence details	<input type="checkbox"/> Full <input type="checkbox"/> Learners	Date first obtained		Date renewed
Insurance history				
	Current	Previous	Previous	
Name of insurer				
Policy number				
Period of insurance				
Has any insurer declined to quote?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer cancelled your insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer refused to renew your policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer required a premium increase?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer imposed special terms?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any convictions/admission of guilt in the last 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any previous motorcycle claims in the past 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered "yes" to any of the questions, please provide full details				
Previous claims				
Please provide a history of previous claims/losses for the past 3 years (regardless of whether you were insured or not)				
Date of loss	Vehicle type	Vehicle registration	Description of loss	Settlement amount

Vehicle information – motorcycle 1			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Engine number		Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered owner		Finance house	
Please indicate motorcycle category	<input type="checkbox"/> On road <input type="checkbox"/> Off road <input type="checkbox"/> Dual purpose		
Is a tracking or alarm system fitted? (If yes, please provide a copy of the certificate)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a list of any extras			
Where is the motorcycle kept overnight?	<input type="checkbox"/> In a locked garage <input type="checkbox"/> In a locked yard <input type="checkbox"/> In a locked parking garage <input type="checkbox"/> Other		
What purpose(s) will the motorcycle be used for?	<input type="checkbox"/> Social, domestic and pleasure <input type="checkbox"/> Commuting <input type="checkbox"/> Business use		
Vehicle information – motorcycle 2			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Engine number		Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered owner		Finance house	
Please indicate motorcycle category	<input type="checkbox"/> On road <input type="checkbox"/> Off road <input type="checkbox"/> Dual purpose		
Is a tracking or alarm system fitted? (If yes, please provide a copy of the certificate)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a list of any extras			
Where is the motorcycle kept overnight?	<input type="checkbox"/> In a locked garage <input type="checkbox"/> In a locked yard <input type="checkbox"/> In a locked parking garage <input type="checkbox"/> Other		
What purpose(s) will the motorcycle be used for?	<input type="checkbox"/> Social, domestic and pleasure <input type="checkbox"/> Commuting <input type="checkbox"/> Business use		
Vehicle information – trailer			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance house	
Registered owner			
Where is the trailer kept overnight?	<input type="checkbox"/> In a locked garage <input type="checkbox"/> In a locked yard <input type="checkbox"/> In a locked parking garage <input type="checkbox"/> Other		
Additional nominated rider 1			
Full name		Date of birth	
Licence details	<input type="checkbox"/> Full	Date first obtained	
	<input type="checkbox"/> Learners	Dates renewed	
Additional nominated rider 2			
Full name		Date of birth	
Licence details	<input type="checkbox"/> Full	Date first obtained	
	<input type="checkbox"/> Learners	Dates renewed	
Additional cover			
All risk items	<input type="checkbox"/> Yes <input type="checkbox"/> No	Helmet make and colour	R
		Boots	R
		Jacket	R
		Chest protector	R
		Off-road clothing	R
Details of insurance cover		<input type="checkbox"/> Comprehensive	
Inception date			

Important information

Claims notification
All claims are to be reported to Bryte Specialist Motor Proprietary Limited (Bryte) as soon as possible but no later than 30 days after the incident. In the event of theft or hijacking, the incident should be reported to Bryte as soon as possible or within 2 working days. Inform the South African Police Service as soon as possible or within 24 hours of an incident. Complete the claim form and provide Bryte with all material information as requested. The insurer will be under no obligation to proceed with the claim if you cannot provide the required information. Immediately forward to Bryte, any notice of a claim, communication, written summons or other legal process issued or commenced against you in connection with the incident.
Alteration of risk
Should there be a material change in the risk which increases the exposure to the insurer in any way during the period of insurance; the Insured shall immediately inform Bryte thereof, who will be entitled to review the terms of the policy.

Debit order authorisation

Account details			
Account holder name			
Bank			
Branch code		Branch name	
Type of account		Account number	
Debit order date			
Day of the month on which deductions must be made – please select one			
<input type="checkbox"/> 1 st	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 27 th
(If your debit date falls on a weekend or public holiday, your account will be debited on the following working day) (Please ensure that sufficient funds are available for the debit order. Banks will levy a penalty fee on your account if there are insufficient funds)			
Declaration			
I/We hereby instruct and authorise you to draw against my/our account with the above bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the abovementioned insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I/We understand that the withdrawals hereby authorised will be processed through an ACB system and I also understand that details of each withdrawal will be printed on my bank statement (Abbreviated name visible will be Bryte). I/We agree to pay any bank charges relating to this debit order instruction.			
This authority may be cancelled by me/us by giving you 31 days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amount which you withdraw while this authority was in force, if such amount were legally owing to you. I/We understand that cancellation of this authority does not cancel the related policy. I/We confirm that the bank account provided is a valid account and I/we have complete authority to instruct Bryte Insurance Company Limited to process debit orders against this account.			
Signature			
Signed at _____ on the _____ day of _____ 20____			
Name of insured/authorised representative		Signature	
Designation			

Declaration

Proposal declaration

The proposal form must be completed and signed by the proposer/insured.

The proposal shall form the basis of the insurance contract between the insured and the insurer, Bryte Insurance Company Limited, on acceptance thereof by both parties and shall be incorporated therein.

Making any false statement(s) or withholding any material facts may give the insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from inception.

A material fact is any fact that will influence the acceptance of the risk.

I/We declare that the statements and particulars in this proposal form are true to the best of our knowledge and belief and that I/We have not misstated, suppressed or omitted any material facts.

I/We undertake to inform the insurers of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

I/We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Bryte Specialist Motor Proprietary Limited.

Consent to the use of underwriting, claims and other relevant information

Waive any right to privacy in respect of any insurance information provided by you or on your behalf regarding any insurance policy or claim made or lodged by you or on your behalf.

Allow such information to be disclosed to any other insurance company or its agents.

Allow us to verify the information provided by you against other legitimate sources or databases.

Signature

Signed at _____ on the _____ day of _____ 20____

Name of insured/authorised representative

Signature

Designation