

Bryte Insurance Company Limited

A Fairfax Company

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

Licensed insurer and an 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.

The information that is sought herein is not intended to be an exhaustive list and Bryte accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Broker/Agent			
Policy number		ID number	
Insured	Name and occupation		
	Address and (day) telephone number		
Loss/damage occurrence	Date and time of loss/damage		
	When was loss/damage discovered?		
Loss/damage place	Place where loss/damage occurred		
	Were premises occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
	If not occupied, when last occupied?		
	Purpose of occupation		
Cause of loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises		
	If loss/damage was caused by another party give name and address		
Previous loss/damage	Have you previously suffered loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details		
	If insured, provide name of insurer		
Police	Police reference number, station and date reported		
Other interest	Has any other party an interest in the insured property, e.g. credit agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other insurance	Is there any other insurance covering this loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give name of insurer		
Value	Estimated total value of all the property insured under the policy		
	When last valued?		
Payment method	You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of bank		
	Branch		
	Name of account		
	Account number		
Declaration	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	Insured's signature	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 _____

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed