

Bryte Insurance Company Limited

A Fairfax Company

Please complete this form and return it with the required documentation and information. We will not be able to process your claim without the documents and information requested in the claim form. Please quote the claim number on each page.

Our Customer's Details	
Claim number	
Third Party/Claimant Details	
Full name of registered owner of the vehicle/property	
Telephone	Home
	Work
Cell phone	
Email address	
Who will be the contact/liaison person on your side for purposes of this claim?	
Contact details of liaison if not the registered owner	
Telephone	Home
	Work
Cell phone	
Email address	
Vehicle and contact information for purposes of appointing an assessor	
Contact details if different from the information provided above	
Telephone	Home
	Work
Cell phone	
Email address	
What is the registration number of your vehicle?	
What is the make of your vehicle?	
What model is your vehicle (year)?	
Is your vehicle drivable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation required

1. Vehicle registration certificate (not the motor vehicle license/renewal certificate)
2. Certified copy of registered owners ID
3. Photo or sketch and description of how the accident happened (to be sketched by the person who was driving at the time of the accident)
4. Certified copy of your driver's license (of the person who was driving at the time of the accident)
5. Photographs of the damaged vehicle
6. Photographs of the accident scene
7. Two quotations to repair the damage to your vehicle
8. If you have insurance and have elected not to claim from your insurer you are required to provide a letter from them confirming that you will not be claiming from them for this incident/accident. The letter must include the following information:
 - Policy number
 - Name of policyholder
 - Vehicle make and registration number
 - Date of accident

Accident Sketch

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:

Signature

Date

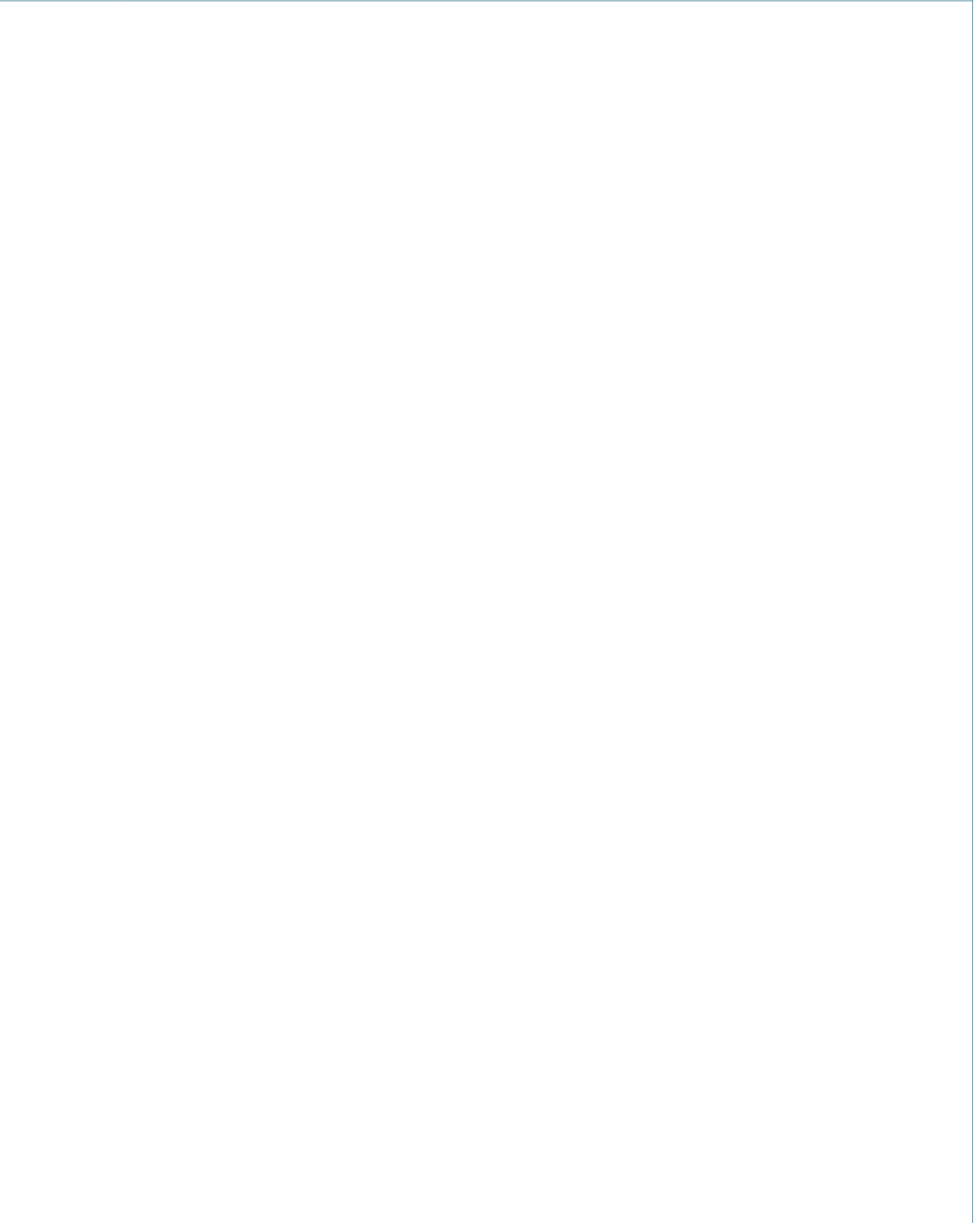
Accident Description

Please provide a detailed description of how the accident happened:

Lined area for providing a detailed description of the accident.

Accident Sketch

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:



Signature

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 _____