

**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.

(return to robert.troup@brytesa.com)

| CONTRACTORS ALL RISKS & PUBLIC LIABILITY (ANNUAL + PROJECT)  |  |                   |  |
|--|--|-------------------|--|
| BRYTE CLAIM NO   |  |                   |  |
| POLICY NUMBER  |  | INSURED           |  |
| Responsible person on site & contact numbers   |  |                   |  |
| Name   |  |                   |  |
| Phone  |  | Cellphone         |  |
| Email  |  | Fax               |  |
| Parties to the contract  |  |                   |  |
| Contract Value (including value of free issue materials)   |  |                   |  |
| Contract Number  |  |                   |  |
| Description of contract  |  |                   |  |
| Site Physical address  |  |                   |  |
|  |  | Code              |  |
| Contract Commencement Date   |  | (no run on cover) |  |
| Expected Contract Completion Date  |  |                   |  |
| Who had the responsibility for arranging the Public Liability Insurance  |  |                   |  |
| (attach an extract from the contract / subcontract document schedule to verify this fact)  |  |                   |  |
| Date & Time of Damage  | Date   | Time              |  |
| Details of Damage (including digital photographs , if available) (attach separate page if necessary)                                       |  |                   |  |
|  |  |                   |  |
| Questions  | Damage to services above / below ground (refer wording for applicable excesses + exceptions)   |                   |  |
|  | If damage to electrical / Telkom / other services - please advise :-   |                   |  |
|  | A: Were you aware of underground services in the area ? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |                   |  |
|  | B : Did you know their exact position ? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |  |
|  | C : Did you obtain drawings / way leaves ? (If so , attach copies duly annotated) <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |  |
|  | D: Are the correct positions shown on the drawings / wayleaves ? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |                   |  |
|  | E: What precautions were taken prior to excavation to establish the position of the underground services ?                                 |                   |  |
|  |  |                   |  |
| F : Do you believe that you were responsible (negligent) for causing the damage ? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                   |  |
| (If Yes / If No – state reason)  |  |                   |  |
| Signed on behalf of the Insured  |  |                   |  |
| Name   |  | 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 \_\_\_\_\_