

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.

All questions must be answered fully.

Important	
Before repairs are put in hand it is necessary to obtain the Company's approval.	
Full name of owner	
Address	
Postal Code	
Telephone number	Policy number
Name of vessel	Type
Who was in charge of the vessel at the time of the casualty?	
Date of casualty and time	
Was the vessel taking part in an official race or speed test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose for which the vessel was being used at the time of casualty?	
Theft claims: Provide police case number and police station reported to	
Description (full details) of how the casualty occurred	
Damage to your vessel	
Details of damage (an estimate of probable cost of damage should be given)	
Where can the vessel be inspected?	
Was any person injured or any property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details	
Have any claims been made on you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state amount	
<p>Note: If a claim has been received from a third party, the same should merely be acknowledged, stating that the matter is receiving attention. Do not admit liability or make any offer or promise of payment.</p> <p>N.B. All COMMUNICATIONS from third parties should be forwarded IMMEDIATELY to the Company for attention.</p>	

Witness

Names and addresses (it is important that these should be obtained)

Insurance

Do you hold more than one policy indemnifying you in respect of this accident?

Salvage

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

Is there any hire purchase interest?

Yes No

If yes, with whom and how much?

I hereby declare that the above answers and particulars are true and complete in every respect.

Signature _____ Date _____

Sketch plan

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 _____