

**Bryte Specialist Motor Proprietary Limited**

A Fairfax Company

Underwritten by Bryte Insurance Company Limited

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

Authorised Financial Services Provider No. 50459

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

Email: ..... Tel: .....

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
E-mail address			Telephone no.
Sub-Broker name			
PROPOSER DETAILS			
Trading name			
Previous trading name/s			
Director/Member details	First Name		ID Number
	Last Name		
	First Name		ID Number
	Last Name		
Operations Manager	First Name		ID Number
	Last Name		
Operations Manager – Details of experience and qualifications			
Business description			
Company registration no.			VAT No.
Type of organisation	<input type="checkbox"/> (Pty) Ltd <input type="checkbox"/> Close Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		
Physical address			Postal code
Postal address			Postal code
Telephone no.			Cell no.
E-mail address			
How long have you been a transporter?			
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		
Was cover with any insurer uninterrupted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any insurer imposed special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have answered "Yes" to any of the questions, please provide full details:			

<b>DRIVER DETAILS</b>		
Owner driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers salaried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers paid for each delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers paid for each kilometer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you employ drivers who are not South African citizens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you verify the foreign driver's licenses of non-SA citizens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you check drivers PrDP and DDC licences every year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain copies of drivers PrDP and DDC licences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your drivers always drive the same vehicle / horse and trailer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your drivers complete pre-start checklists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are previous driving and employment records investigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any in-house driving programs in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any external driving programs in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details of all drivers:		
Driver Name	ID Number	Experience/Licence Details
Have your drivers been formally trained in the following:		
Correct operation of vehicle being driven	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security of the vehicle and trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking rest periods as required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hijacking prevention methods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedures following an accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Correct securing of the load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firefighting measures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered "Yes" to any of the questions, please submit copies of certificates.		
Do your drivers undergo medical checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your drivers undergo eye tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide full details:		
<b>COMMUNICATION AND SECURITY</b>		
Do any of your vehicles have the following fitted or installed?		
Cellular phones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registration number on roof	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anti-hijacking devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver telematics system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ABS braking system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two-way radios	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry powder extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automatic engine cut out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle/Trailer overloading devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fleet management system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have any other communication and safety devices fitted, please specify:		

Do you have a tracking and recovery system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your vehicles fitted with cameras (cab / forward or rear facing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a 24-hour control room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive monthly or weekly reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the questions, please provide full details:


What are your security measures at the premises where the vehicle is kept:


**TRAVELLING DISTANCES**

Short haulage	Up to 100 km	%
Medium haulage	101 km to 400 km	%
Long haulage	401 km to 800 km	%
Extremely long haulage	801 km to 2,000 km	%
Into neighbouring territories	Over 2,001 km	%

**AREAS OF OPERATION OUTSIDE RSA (please specify)**

	%
	%
	%
	%
	%

**MOTOR FLEET INFORMATION**

Motor section on a fleet basis (please indicate the fleet information over the past 3 years):

Year	Total number of vehicles	Full value of the Fleet
		R
		R
		R
		R

Motor section on a specified basis (please provide an inventory with full vehicle details):

- Make
- Model
- Year
- Registration number
- VIN number
- Vehicle value
- Registered owner
- Details of accessories
- Value of accessories

**VEHICLE OPERATIONS**

Are any of the vehicles owned or operated by anyone other than you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the vehicles leased out / control assigned to any other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the driver's leased out with the lease vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the vehicles in an unsafe, damaged or un-roadworthy condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company perform its own vehicle servicing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company perform its own accident repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the questions, please provide full details:


**DETAILS OF EXCESSES**

Please provide details of excess structures over the past 3 years:


**DETAILS OF NON-CONVENTIONAL INSURANCE**

Please provide details of any non-conventional insurance arrangements over the past 3 years (if applicable)


**DETAILS OF AGGREGATE EXCESS AND/OR BURNERS**

Please provide details of any aggregate excess and/or burners over the past 3 years (if applicable)


**PREVIOUS MOTOR CLAIMS**

Please provide a history of previous claims/losses for the past 3 years as confirmed by the Insurer:

Date of loss	Vehicle type	Vehicle registration	Description of loss	Settlement amount

**DRIVERS WITH MULTIPLE CLAIMS**

Please provide details of all drivers who had more than one claim in the past 3 years:

Name of driver	ID number	Corrective action taken

**GOODS IN TRANSIT INFORMATION**

Do you require goods in transit cover?  Yes  No

**CONVEYANCE LIMITS**

a) Maximum value any one load	R
b) Maximum value at any one warehouse whilst in the course of transit?	R
c) Annual haulage fees in respect of the previous financial year?	R
d) Estimate/projected annual haulage fees for the current financial year?	R

**DESCRIPTION OF GOODS AND PERCENTAGE OF LOAD CARRIED**

Description	%	Description	%
Foodstuff		Liquor	
Tobacco		Hazardous chemicals	
Electrical appliances		Electronics	
Building materials		Heavy equipment	
Bricks / pavers		Machinery	
Steel products		Sand / stone / aggregate coal / cement	
Fertilizer		Fragile /white goods	
Vehicles		Explosives	
Fuel		Household / office moving	
Gas		Furniture (new)	
Shipping containers		Furniture (used)	
Wild game		Clothing	
Agricultural		Refrigerated / frozen goods	
Livestock / bloodstock		Dangerous goods	
Fresh produce		Other	

If other, please provide description:

**PREVIOUS GOODS IN TRANSIT CLAIMS**

Please provide a history of previous claims/losses for the past 3 years as confirmed by the Insurer:

Date of loss	Type of goods carried	Description of loss	Settlement amount

**BUSINESS ALL RISKS INFORMATION**

Do you require business all risks cover?  Yes  No

**DESCRIPTION OF ITEMS**

Item description	Value

**PREVIOUS BUSINESS ALL RISKS CLAIMS**

Please provide a history of previous claims/losses for the past 3 years as confirmed by the Insurer:

Date of loss	Item insured	Description of loss	Settlement amount

**MECHANICAL BREAKDOWN TOWING**

Do you require mechanical breakdown towing cover?  Yes  No

**DESCRIPTION OF ITEMS**

Please provide a description of specific vehicles or number of units per vehicle type and the select the limit required:	Mechanical Breakdown Towing limits:			
	R10,000	R15,000	R20,000	R30,000

**PREVIOUS MECHANICAL BREAKDOWN CLAIMS**

Please provide a history of previous claims/losses for the past 3 years as confirmed by the Insurer:

Date of loss	Item insured	Description of loss	Settlement amount

**GROUP PERSONAL ACCIDENT INFORMATION**

Do you require group personal accident cover?  Yes  No

**DESCRIPTION OF ITEMS**

Person (or number of persons)	Death benefit limit

**PREVIOUS GROUP PERSONAL ACCIDENT CLAIMS**

Please provide a history of previous claims/losses for the past 3 years as confirmed by the Insurer:

Date of loss	Description of loss	Settlement amount

## IMPORTANT INFORMATION

### CLAIMS NOTIFICATION

All claims are to be reported to Bryte Specialist Motor (Pty) Ltd (BSM) 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 BSM 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 BSM 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 BSM, any notice of a claim, communication, written summons or other legal process issued or commenced against you in connection with the incident.

### CONDITION OF COVER

All vehicles as defined with an insured value of R200,000 or more, must be protected with an approved, operative tracking and recovery device. If a tracking and recovery device is installed, loss of or damage to the vehicle following theft, hi-jacking or attempted theft or hijacking will be covered only if:

- At the occurrence of a claim the Policyholder must supply proof of such tracking and recovery device and that it was activated at the time of the loss (A fourteen day grace period is allowed for the installation of the device from the date that cover inception in instances where the vehicle does not have an approved tracking and recovery device installed)
- The Policyholder must ensure that the tracking and recovery device is operational and maintained in a good working order and that the device is tested at least once every six months.
- The theft or hijacking is immediately reported to the supplier of the required tracking and recovery device

### 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 BSM thereof, who will be entitled to review the terms of the policy.

### FIRE EXTINGUISHERS

All heavy type commercial vehicles, medium commercial vehicles and plant items covered by the policy must be fitted with a minimum of a 9kg dry powder fire extinguisher.

## 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:

1                       7                       10                       15

(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 authorize 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 authorized 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 thirty 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 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 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 the 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 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 (Pty) Ltd.

### 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 Authorised Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation