

Bryte Insurance Company Limited
A Fairfax Company

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Insured			Broker		
Address			Policy number		
			Telephone number		
			Email address		
			Insured's VAT number		
Business or occupation					
Description of goods being transported at the time of the incident					
Load value	R		Total weight		
Number of packages			How were the goods packed?		
Registration numbers of your vehicle/s concerned					
Address from which goods were despatched					
	Date despatched				
Were you the	<input type="checkbox"/> Principal contractor, or a <input type="checkbox"/> Sub-contractor				
Was the delivery	i) <input type="checkbox"/> To a third party ii) <input type="checkbox"/> To a customer iii) <input type="checkbox"/> An inter-branch consignment				
Circumstances of loss or damage and particulars of goods lost or damaged <i>Note: All invoices, delivery notes, receipts and correspondence are to be sent with this form</i>					
Date of loss or damage			Time	<input type="checkbox"/> am	<input type="checkbox"/> pm
Please provide a brief description of the incident					
If another vehicle was involved, please state name and address of owner and their insurers (if known)	Owner		Insurers		
Were there any witnesses <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following details below:					

Name			
Physical address			
Telephone number	()		
Email address			
If your vehicle was unattended when loss or damage occurred, how was it secured?			
Were the goods in sound condition when received?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were they checked by your driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the consignee accept delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, was a receipt given?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use the standard trading conditions of carriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, what conditions of carriage do you use?			
(Please attach a specimen copy)			
Has a claim been made against you by the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date received	
Was the matter reported to the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date advised	
Police station			
Policeman's name			
If theft/hijack, was the matter reported to recovery agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date advised	
Details of branch/contact			
Quantity	Description	Value	
		Total	
Address where damaged goods can be inspected			

Declaration

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Signature of insured _____ Capacity _____ Date _____

Protection of Personal Information Act (POPIA)

All personal information collected on this form will be processed in accordance with our privacy statement.

https://www.brytesa.com/pdf/Bryte_privacy_statement.pdf

Signed at _____ on the _____ day of _____ 20 _____

Signature of policyholder _____