

Bryte Specialist Motor Proprietary Limited

A Fairfax Company

Underwritten by Bryte Insurance Company Limited, a licensed insurer and an authorised FSP (17703)

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Specialist Motor Proprietary 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.

Broker/Agent	
Policy number	
ID number	
Insured	
Home address	
Telephone number (day)	
Date and time of loss/damage	
Place where loss/damage occurred if different from above	
Details of how loss/damage occurred	
Have you previously suffered loss/damage?	
Police station and reference number	
Is there any other insurance covering this loss/damage?	

Details of property lost, stolen or damaged		
Description of property	Value	Amount claimed

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Please supply a quotation in respect of items claimed

Payment method
 You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please complete details below.

Name of bank _____ Branch _____

Name of account _____ Branch number _____

Type of account _____ Account number _____

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Insured's signature _____ 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 _____