

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.

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.

Insurer		
Policy number		Claim number
Broker/Agent		
Insured	Name	
	Address and telephone number	
	Business or occupation	
Description of accident	Date and time	
	Place where accident occurred	
	State exactly how the accident occurred	
Witnesses	Name, address and telephone number	
	Witness 1	
	Witness 2	
Police	If reported to police, state which station and reference number	
	Police station	
	Reference number	

Property damage	Name and address of owner
	Description of damage
Personal injuries	Name, address and age of injured person 1
	Details of injury
	Name, address and age of injured person 2
	Details of injury
Relationship	If persons named above is/are in your service, or your tenant, or related to you, give full details
Claim	If claim made against you, give details and attach any correspondence
Declaration	I/We declare that to the best of my/our knowledge the above statements are true.
	Insured's signature _____ 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 _____