

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 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.

Broker/Agent		Claim Number	
Policy Number			
Insured	Claim number		
	Policy number		
	Company name/Surname and initials		
	Company registration number		
	Identity number		
	VAT number		
	Business or occupation		
	Physical address		
	Postal address		
	Telephone numbers	Business	Home
Vehicle	Make		
	Peculiar identification marks e.g. dents and stickers		
	Model		
	Year		
	Pre-existing damage		
	Registration number		
	Kilometres completed		
	Vehicle identification number (VIN)		
	Chassis number		
	Engine number		
	Exterior colour		
	Interior colour		
Finance company	Name		
	Branch		
	Account number		
	Type of agreement		
	Outstanding amount		
Owner	Name		
	Identity number		

Theft	Date		
	Time		
	Place		
	Police station		
	Case number		
	Date reported		
	Reported by		
	Circumstances		
	Was the vehicle locked? If not, give reasons		
	Details of stolen accessories (Please attach invoices)		
Are these separately insured?		☐ *Yes ☐ No	
Anti-theft/vehicle recovery device details			
Please attach proof of device			
Details of window markings	Number		
	Applied by whom		
Details of scratches, dents, defects			
Details of other features which would assist in identification			
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.			
Payment	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of bank _____ Branch _____		
	Name of account _____ Account number _____		
Declaration	I/We hereby declare the foregoing particulars to be true in every respect.		
	Signature of Driver _____ Capacity _____ Date _____		