

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.

(Delete sections not applicable)

Type of loss:		☐ Motor Accident		☐ Motor Theft		☐ Motor Personal Accident	
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		
Cell							
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						
	State if subject to hire purchase, credit or leasing agreement						
	If yes, name, address and account number of finance company						

Damage	Damage to own vehicle				Indicate old damage on vehicle
	Where is the vehicle at present? (state full address)				
	Is the vehicle driveable? ☐ Yes ☐ No				
Driver	Full name				
	Residential address				
	Occupation				
	Identity number				
	Driver's licence	Month and year of expiry	Date of issue and code issued		
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes, state policy number and company				
	Details of any convictions for motoring offences				
Has licence ever been endorsed?					
Has he/she any physical defects?					
Details of previous accidents					
Passengers (Insured Vehicle)	Passengers in insured vehicle	Name	Residential address	Injury	
For what purposes were they carried?					
Are they employees? ☐ Yes ☐ No					

Other Party	Personal injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger etc.		Details of injuries		Name of hospital if applicable	
	Other vehicles	Registration	Make	Name of owner and driver		ID number		Contact details
		(a)						
		(b)						
		(c)						
		Details of damage		Old damage		Address of owner and driver		Colour of vehicle
		(a)						
		(b)						
		(c)						
	Property other than vehicles	Name and address of owner			Details of damage			
Independent Witnesses	Name, address and telephone number							
	Name, address and telephone number							
Accident Details	Date							
	Time							
	Place							
	Police station							
	Case number							
	Date reported							
	Reported by							
	Was the driver tested for alcohol or drugs? ☐ Yes ☐ No							
	Circumstances							

SKETCH OF ACCIDENT
(if necessary use
separate page)

Please show clearly
the point of impact and
indicate the direction of
travel arrows.
Give details of any road
safety signs or warning
signs in the vicinity of
scene of accident.

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 method	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	We hereby declare the foregoing particulars to be true in every respect.		
	Signature of driver _____	Capacity _____	Date _____
	Signature of insured _____	Capacity _____	Date _____

Damage to Property POPI Act

Your personal information is valued by us and we respect your constitutional right to privacy. We are committed to processing your personal information in accordance to relevant legislation. We are bound by the terms and provisions of the Protection of Personal Information Act No 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Please be advised that your personal information herein collected is for the primary purpose of assessing and processing your claim in respect of the loss/damage, to the insured property, which you have suffered. The information submitted on this document is subject to verification and shall be authenticated using lawful procedures. Your information shall be used in complete lawful form and manner to execute all tasks required for efficient assessment and processing of your claim.

All information acquired herein is relevant to the stated purpose. Your personal information may also be collected for certain mandatory purposes, please consult our Consent to Process Personal Information for a list of same.

Your information shall be kept confidential; however, we shall disclose it to certain third parties in accordance with the purpose of collection. The third parties may include our service providers, agents, claim handlers, investigators and other insurers.

The lawful sharing of your personal information with other Insurance companies is for following reasons:

- a. to ensure that not more than one claim has been made for the same damage/loss to property arising from the same set of facts
- b. to verify that claims information match what was provided when insurance cover was taken out
- c. if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Bryte undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. Bryte, therefore shall utilise and disclose your personal information where essential to substantiate your claim.

All third parties are fully aware and understand the purpose for which the information is been transmitted to them. No third party including Bryte shall use your personal information for any other purpose unless expressly consented to by you.

We have implemented high level security measures to safeguard your personal information against damage loss and unauthorised access. Any party to whom your personal information is been disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information. The third parties we contract with are required to abide by our standards of safety, security and privacy.

In terms of POPI we are required to collect and process information which is authentic and accurate. You may amend, update, change or correct your personal information processed by us. You may request to view your personal information held by us and we shall make same available to you.

You hereby give consent to Bryte to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same.

You are fully aware and understand your rights duties and obligations to furnish Bryte with true and accurate information and your duty to advise Bryte of any changes to your personal information timeously. The said consent is given to Bryte with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

Signed at _____ on the _____ day of _____ 20 _____

Signature of policyholder _____