Claim Form
Motor Accident/ Motor Theft / Motor Personal Accident

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.

(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		

March 2023

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		

March 2023

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	

March 2023

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 aforegoing 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 _____

Registration number: 1965/006764/06 VAT number: 4530103581
Licensed insurer and an authorised FSP (17703)
Rosebank Towers, 5th Floor, 15 Biermann Avenue, Rosebank, 2196