

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		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			
	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?	<input type="checkbox"/> *Yes <input type="checkbox"/> 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			
<p>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.</p>			
Payment	<p>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.</p>		
	Name of bank _____	Branch _____	
	Name of account _____	Account number _____	
Declaration	<p>I/We hereby declare the foregoing particulars to be true in every respect.</p>		
	Signature of Driver _____	Capacity _____ Date _____	

Damage to Property predisposition

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 _____