

# **Transporter**Proposal Form

# **Bryte Specialist Motor Proprietary Limited**

A Fairfax Company

Broker and sign the below questions, please attach a separate page recording the required details. Please date and sign the page.  Broker name Broker name Broker name Broker name Broker name Proposed details (All fields in this section are mandatory and must be completed where applicable) Trading name Previous trading name(s) Director/Member details  Business description Company registration number Last name Business description Company registration number Company registration number Physical address Postal address Postal address Postal address Postal address  Current Proposed registration number Previous number Previous number Proposed registration number Physical address Postal address	Underwritten by Bryte Insurance Email:				norised FSP (17703)				
Broker name									
Broker cade Email address  Sub-broker name  Proposer details (All fields in this section are mandatory and must be completed where applicable) Trading name Provious trading name(s) Director/Member details First name Last name First name Last name  Business description  Company registration number  Company registration number  Prope of organisation Physical address Postal address  Postal address  Postal address  First name Postal number Postal odd Postal number  Cell phone number  Cell phone number  Insurrance history  Current Previous  Name of insurer Pelicy number Peli		of the below ques	tions, please atta	ch a separate	page recording the rec	uired deta	ils. Please date	and sign the page.	
Email address Sub-broker name Previous trading name(s) Director/Member details Director/Member details Erist name Last name First name Last name First name Last name First name Last name Business description Company registration number Type of organisation Physical address Postal address Po						ı			
Sub-broker name  Proposer details (All fields in this section are mandatory and must be completed where applicable)  Trading name   Previous trading name(s)  Director/Member details   First name   ID number									
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Trading name Previous trading name(s)  Director/Member details  First name  Last name  First name  Last name  Business description  Company registration number  Type of organisation  Physical address  Postal number  Postal number  Telephone number  Thasial address  How long have you been a transporter?  Telephone number  Thasial registration of the previous  Name of insurer  Pervious  Name of insurer  Pervious  Name of insurer required number  Has any insurer declined to quote?  Yes No Has any insurer refused to renew your policy?  Yes No Has any insurer refused to renew your policy?  Yes No Has any insurer imposed special terms?  Yes No Was cover with any insurer uninterrupted?  Yes No Was cover with any insurer uninterrupted?  Yes No Tyou have answered "yes" to any of the questions, please provide full details  Priver details  Owner driver?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you verify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?  Yes No Do you overify the foreign driver's licences of non-SA citizens?									
Previous trading name(s)  Director/Member details  First name Last name  Business description  Company registration number Type of organisation  Company registration number Physical address  Postal address  Postal address  Postal address  Postal address  Postal address  Cell phone number  Email address  Current Previous  Name of insurer Pelicy number Pelicy number Pelicy number Pas any insurer declined to quote?  Has any insurer required a premium increase? Was cover with any insurer uninterrupted? Has any insurer imposed special terms? If you have answered "yes" to any of the questions, please provide full details  Priver details  Owner driver?  Prives ou verify the foreign driver's licences of non-SA citizens?  Previous Priver increase of clineses of drivers PrDP and DDC licences?  Previous  None of insurance out on the provide of premium increase?  Period of insurance out on the questions of		this section are	mandatory and	must be con	npleted where applic	able)			
Director/Member details    Last name									
Last name   First name   ID number   Last name   First name   Last name   Business description   Company registration number   VAT number   Type of organisation   (Pty) Ltd   Close Corporation   Sole Proprietor   Trust   Physical address   Postal number   Postal audress   Postal number   Postal address   Postal number   Email address   Postal number   Telephone numbor   Cell phone number   Email address   Postal code   Telephone numbor   Previous   Previous   Name of insurer   Policy number   Period of insurer   Period of insurer   Period of insurer   Period of insurer   Period of insurer reduction declined to quote?   Yes   No   Has any insurer declined to quote?   Yes   No   Has any insurer required a premium increase?   Yes   No   Has any insurer imposed special terms?   Yes   No   Has one of insurer imposed special terms?   Yes   No   Has one of insurer imposed special terms?   Yes   No   Has one of insurer imposed special terms?   Yes   No   Do you was cover with any insurer imposed special terms?   Yes   No   Do you dheek diviers PrDP and DDC licences of non-SA citizens?   Yes   No   Do you on theek diviers PrDP and DDC licences?   Yes   No   Do you maintain copies of drivers PrDP and DDC licences?   Yes   No					I	I			
Business description  Company registration number	Director/Member details				ID number				
Business description  Company registration number Type of organisation   (Pty) Ltd   Close Corporation   Sole Proprietor   Trust  Physical address Postal number  Postal code Telephone number   Cell phone number  Email address How long have you been a transporter?  Insurance history  Current   Previous   Previous  Name of insurer Policy number Period of insurance Has any insurer declined to quote?   yes   No Has any insurer reduced to renew your policy?   yes   No Has any insurer required a premium increase?   yes   No Has any insurer imposed special terms?   yes   No Has any insurer imposed special terms?   yes   No Has any insurer imposed special terms?   yes   No How answered "yes" to any of the questions, please provide full details  Driver details  Owner driver?   yes   No Do you enleek drivers PrDP and DDC licences every year?   yes   No Do you cheek drivers PrDP and DDC licences?   yes   No Do you maintain copies of drivers PrDP and DDC licences?   yes   No Do you maintain copies of drivers PrDP and DDC licences?   yes   No Do you maintain copies of drivers PrDP and DDC licences?   yes   No Do you maintain copies of drivers PrDP and DDC licences?   yes   No Do you maintain copies of drivers PrDP and DDC licences?   yes   No Do you make drivers PrDP and DDC licences every year?   yes   No					I	I			
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Company registration number		Last name							
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Postal address    Postal code		(Pty) Ltd	Close C	orporation	Sole Proprie	etor	Trust		
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Postal code Telephone number Cell phone number Email address How long have you been a transporter?    Current					Postal number				
Telephone number	Postal address					1			
Email address How long have you been a transporter?  Insurance history  Current Previous Previous Name of insurer Policy number Period of insurance Has any insurer declined to quote?					Postal code				
How long have you been a transporter?  Insurance history  Current Previous Previous  Name of insurer  Policy number  Period of insurance  Has any insurer declined to quote?					Cell phone number				
Insurance history    Current	Email address								
Current Previous Previous  Name of insurer Policy number Period of insurance Has any insurer declined to quote?		sporter?							
Name of insurer  Policy number  Period of insurance  Has any insurer declined to quote?	Insurance history			T			I		
Policy number  Period of insurance  Has any insurer declined to quote?		Current		Previous			Previous		
Period of insurance  Has any insurer declined to quote?	Name of insurer								
Has any insurer declined to quote?	Policy number								
Has any insurer cancelled your insurance?	Period of insurance								
Has any insurer refused to renew your policy?  Has any insurer required a premium increase?  Was cover with any insurer uninterrupted?  Has any insurer imposed special terms?  Yes No  Has any insurer imposed special terms?  Yes No  If you have answered "yes" to any of the questions, please provide full details  Priver details  Owner driver?  Yes No  Do you employ drivers who are not South African citizens?  Yes No  If yes, do you verify the foreign driver's licences of non-SA citizens?  Yes No  Do you check drivers PrDP and DDC licences every year?  Yes No  Do you maintain copies of drivers PrDP and DDC licences?  Yes No	Has any insurer declined to quo	ote?						Yes No	
Has any insurer required a premium increase?  Was cover with any insurer uninterrupted?  Has any insurer imposed special terms?  Yes No  If you have answered "yes" to any of the questions, please provide full details    Driver details	Has any insurer cancelled your	insurance?						Yes No	
Was cover with any insurer uninterrupted?	Has any insurer refused to rene	w your policy?						Yes No	
Has any insurer imposed special terms?	Has any insurer required a pren	nium increase?						Yes No	
If you have answered "yes" to any of the questions, please provide full details    Driver details	Was cover with any insurer unir	nterrupted?						Yes No	
Driver details  Owner driver?  Owner drivers who are not South African citizens?  If yes, do you verify the foreign driver's licences of non-SA citizens?  Do you check drivers PrDP and DDC licences every year?  Do you maintain copies of drivers PrDP and DDC licences?  Yes No	Has any insurer imposed specia	al terms?						Yes No	
Driver details  Owner driver?  Owner drivers who are not South African citizens?  If yes, do you verify the foreign driver's licences of non-SA citizens?  Do you check drivers PrDP and DDC licences every year?  Do you maintain copies of drivers PrDP and DDC licences?  Yes No			s, please provide	full details					
Owner driver?  Do you employ drivers who are not South African citizens?  If yes, do you verify the foreign driver's licences of non-SA citizens?  Do you check drivers PrDP and DDC licences every year?  Do you maintain copies of drivers PrDP and DDC licences?  Yes No	, , ,	<i>y</i>	-/ p						
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Do you check drivers PrDP and DDC licences every year?  Do you maintain copies of drivers PrDP and DDC licences?  Yes No				?					
Do you maintain copies of drivers PrDP and DDC licences?									
								Yes No	

Are previous driving and employment records investigated?		Yes No			
Do you have any in-house driving programmes in place?		Yes No			
Do you have any external driving programmes in place?		Yes No			
Have your drivers been formally trained in the following					
Correct operation of vehicle being driven		Yes No			
Security of the vehicle and trailer		Yes No			
Taking rest periods as required		Yes No			
Hijacking prevention methods	Yes No				
Procedures following an accident	Yes No				
Correct securing of the load	Yes No				
Firefighting measures		Yes No			
First aid		Yes No			
If you have answered "yes" to any of the questions, please submit	copies of certificates.				
Do your drivers undergo medical checks?	•	Yes No			
Do your drivers undergo eye tests?		Yes No			
Please provide full details:					
Communication and security					
Do any of your vehicles have the following fitted or installed?					
Cellular phones		Yes No			
Registration number on roof	Yes No				
Anti-hijacking devices	Yes No				
Driver telematics system	Yes No				
ABS braking system	Yes No				
Two-way radios	Yes No				
Dry powder extinguishers	Yes No				
Automatic engine cut out	Yes No				
Vehicle/Trailer overloading devices	Yes No				
Fleet management system	Yes No				
If you have any other communication and safety devices fitted, ple	ease specify	<del></del>			
Do you have a tracking and recovery system?		Yes No			
Are your vehicles fitted with cameras (cab/forward or rear facing)	?	Yes No			
Do you have a 24-hour control room?		Yes No			
Do you receive monthly or weekly reports?		Yes No			
If you have answered "yes" to any of the questions, please provide	e full details				
What are your security measures at the premises where the vehic	le is kept				
The state of the s					
Travelling distances  Short houldes	Up to 100 km	0/			
Short haulage	%				
Medium haulage	101 km to 400 km	%			
Long haulage 401 km to 800 km  Extremely long haulage 801 km to 2,000 km					
Into neighbouring territories Over 2,001 km					

Areas of operations outside	RSA (please specify)				
					%
					%
					%
					%
					%
Motor fleet information					
Motor section on a fleet basis (	olease indicate the fleet i	information over the past	3 years)		
Year	Total number of vehicle	es	Full value of the fleet		
			R		
			R		
			R		
			R		
Motor section on a specified ba	asis (please provide an in	ventory with full vehicle o	letails)		
Make     Model					
Model     Year					
Registration number					
VIN number					
Vehicle value					
Registered owner					
<ul><li>Details of accessories</li><li>Value of accessories</li></ul>					
Vehicle operations					
Are any of the vehicles owned o	r operated by anyone oth	her than you?			Yes No
Are any of the vehicles leased o					Yes No
If yes, are the drivers leased out					
					Yes No
Are any of the vehicles in an uns	<u> </u>	aworthy condition?			Yes No
Does your company perform its					Yes No
Does your company perform its					Yes No
If you have answered "yes" to a	ny of the questions, plea	se provide full details			
Details of excesses					
Please provide details of excess	s structures over the pas	t 3 years			
Please provide details of excess	s structures over the pas	- years			
Details of non-conventional	insurance				
Please provide details of any no		e arrangements over the	past 3 years (if applicable)		
. rouse provide details or any me			past o yours (ii appinousio)		
Previous motor claims					
Please provide a history of prev	ious claims/losses for th	e past 3 years as confirm	ed by the insurer		
Date of loss	Vehicle type	Vehicle registration	Description of loss	Settlement a	mount
	· · · · · · · · · · · · · · · · · · ·				

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June 2022

Goods in transit info	Goods in transit information (Completion of the "Description of Goods and Percentage of Load Carried" section below is mandatory even if GIT cover is not required)								
Do you require goods	in transit cover?					Yes	☐ No		
Conveyance limits									
a) Maximum value ar	ny one load?				ı	₹			
b) Maximum value at any one warehouse whilst in the course of transit?									
-	es in respect of the previous final					₹			
	d annual haulage fees for the cur					₹			
Description of goods and percentage of load carried									
Description	<b>g</b>	%	, n	Description			%		
Agricultural				Gas					
Bricks/pavers				Hazardous chemicals					
Building materials				Heavy equipment					
Clothing				Household/office moving					
Copper				Liquor					
Dangerous goods	<u> </u>			Livestock/bloodstock					
Electrical appliances									
Electronics				Machinery Metal products					
Explosives				Other					
Fertilizer				Refrigerated/frozen goods					
Foodstuff				Sand/stone/aggregate coal/cement					
				Shipping containers					
Fragile/white goods				Tobacco					
Fresh produce									
Fuel				Vehicles					
Furniture	1			Wild game					
If other, please provide	edescription								
Previous goods in tr									
-	ry of previous claims/losses for the	ne past 3 y		<del> </del>					
Date of loss	Type of goods carried		Descrip	otion of loss	Settleme	nt amount			
Business all risks inf									
Do you require busines	ss all risks cover?					Yes	☐ No		
Description of items									
Item description					Value				
Previous business a	ll risks claims								
Please provide a histor	ry of previous claims/losses for the	ne past 3 y	ears as c	onfirmed by the insurer					
Date of loss	Item insured		Descrip	otion of loss	Settleme	nt amount	:		
Mechanical breakdo	wn towing								
	nical breakdown towing cover?					Voc	□ No		

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Description of items							
Please provide a descr	iption of specific vehicles or number of uni	ts per vehicle	Mechanical breakdown towing limits:				
type and the select the	limit required		R10,000	R15,000	R20,000	R30,000	
Previous mechanica	l breakdown claims						
Please provide a histor	ry of previous claims/losses for the past 3 y	ears as confirm	ed by the insurer				
Date of loss	Item insured	Description of	floss		Settlement amo	ount	
Group personal acci	dent information						
Do you require group p	personal accident cover?					Yes No	
Description of items							
Person (or number of p	persons)				Death benefit li	mit	
				,			
Previous group pers	onal accident claims						
Please provide a histor	ry of previous claims/losses for the past 3 y	ears as confirm	ed by the insurer				
Date of loss	Description of loss			,	Settlement amo	ount	
			,				

#### Important information

### **Claims notification**

All claims are to be reported to Bryte Specialist Motor Proprietary Limited (Bryte) as soon as possible but no later than 30 days after the incident. In the event of theft or hijacking, the incident should be reported to Bryte as soon as possible or within 2 working days.

Inform the South African Police Service as soon as possible or within 24 hours of an incident.

Complete the claim form and provide Bryte with all material information as requested. The insurer will be under no obligation to proceed with the claim if you cannot provide the required information.

Immediately forward to Bryte, any notice of a claim, communication, written summons or other legal process issued or commenced against you in connection with the incident.

#### **Condition of cover**

All vehicles as defined with an insured value of R200,000 or more, must be protected with an approved, operative tracking and recovery device. If a tracking and recovery device is installed, loss of or damage to the vehicle following theft, hijacking or attempted theft or hijacking will be covered only if:

- a) At the occurrence of a claim the policyholder must supply proof of such tracking and recovery device and that it was activated at the time of the loss (a 14 day grace period is allowed for the installation of the device from the date that cover incepted in instances where the vehicle does not have an approved tracking and recovery device installed).
- b) The policyholder must ensure that the tracking and recovery device is operational and maintained in a good working order and that the device is tested at least once every 6 months.
- c) The theft or hijacking is immediately reported to the supplier of the required tracking and recovery device.

# Alteration of risk

Should there be a material change in the risk which increases the exposure to the insurer in any way during the period of insurance; the insured shall immediately inform Bryte thereof, who will be entitled to review the terms of the policy.

#### Fire extinguishers

All heavy type commercial vehicles, medium commercial vehicles and plant items covered by the policy must be fitted with a minimum of a 9kg dry powder fire extinguisher.

## **Debit order authorisation**

Account details							
Branch name							
Account number							

Debit order date			
Day of the month on which deductions must be made - please select	one:		
<u> </u>	<u> </u>	<u> </u>	
(If your debit date falls on a weekend or public holiday, your account w (Please ensure that sufficient funds are available for the debit order. Ba			sufficient funds)
Declaration			
I/We hereby instruct and authorise you to draw against my/our accour our account) the amount necessary for payment of the monthly premi my/our bank account by you shall be treated as though they had been	um due in respect of the abo	ovementioned insurance. Al	nich I/we may transfer my/ I such withdrawals from
I/We understand that the withdrawals hereby authorised will be proce withdrawal will be printed on my bank statement (abbreviated name vi		m and I also understand that	details of each
I/We agree to pay any bank charges relating to this debit order instruc	tion.		
This authority may be cancelled by me/us by giving you 30 days' notic amount which you withdraw while this authority was in force, if such a	e in writing, but I/we unders mount were legally owing to	stand that I/we shall not be en you.	ntitled to any refund or
$\mbox{\sc I/We}$ confirm that the bank account provided is a valid account and $\mbox{\sc I/We}$ process debit orders against this account.	ve have complete authority	to instruct Bryte Insurance C	Company Limited to
Signature			
Signed at	on the	_ day of	20
Name of authorised representative	Signature		
Designation			
Declaration			
Proposal declaration			
Proposal declaration  The proposal form must be completed and signed by the proposer/ins	sured.		
•		Bryte Insurance Company Li	mited, on acceptance
The proposal form must be completed and signed by the proposer/in: The proposal shall form the basis of the insurance contract between t	he insured and the insurer, E		
The proposal form must be completed and signed by the proposer/ins.  The proposal shall form the basis of the insurance contract between thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may g	he insured and the insurer, E		
The proposal form must be completed and signed by the proposer/instruction.  The proposal shall form the basis of the insurance contract between thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may go the policy being declared null and void from inception.	he insured and the insurer, E ive the insurer the right to re	eject any claim made under t	he policy or may result in
The proposal form must be completed and signed by the proposer/instance contract between the thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may gethe policy being declared null and void from inception.  A material fact is any fact that will influence the acceptance of the risk I/We declare that the statements and particulars in this proposal form misstated, suppressed or omitted any material facts.  I/We undertake to inform the insurers of any material alteration of these	the insured and the insurer, E ive the insurer the right to re are true to the best of our k se facts whether occurring b	eject any claim made under t	he policy or may result in
The proposal form must be completed and signed by the proposer/instance contract between the thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may gethe policy being declared null and void from inception.  A material fact is any fact that will influence the acceptance of the risk I/We declare that the statements and particulars in this proposal form misstated, suppressed or omitted any material facts.	the insured and the insurer, E ive the insurer the right to re are true to the best of our k se facts whether occurring b	eject any claim made under t	he policy or may result in
The proposal form must be completed and signed by the proposer/instance contract between the thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may gethe policy being declared null and void from inception.  A material fact is any fact that will influence the acceptance of the risk I/We declare that the statements and particulars in this proposal form misstated, suppressed or omitted any material facts.  I/We undertake to inform the insurers of any material alteration of these	he insured and the insurer, E  ive the insurer the right to re  are true to the best of our k  se facts whether occurring k is insurance.  surance will be subject to the	eject any claim made under to knowledge and belief and that pefore or after completion of te terms and conditions as se	he policy or may result in it I/We have not the contract of insurance.
The proposal form must be completed and signed by the proposer/instance proposal shall form the basis of the insurance contract between the thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may gethe policy being declared null and void from inception.  A material fact is any fact that will influence the acceptance of the risk I/We declare that the statements and particulars in this proposal form misstated, suppressed or omitted any material facts.  I/We undertake to inform the insurers of any material alteration of the Signing this proposal form does not bind the proposer to complete the I/We acknowledge that if this proposal is accepted, the contract of instance in the statement of the s	he insured and the insurer, E  ive the insurer the right to re  are true to the best of our k  se facts whether occurring k is insurance.  surance will be subject to the	eject any claim made under to knowledge and belief and that pefore or after completion of te terms and conditions as se	he policy or may result in it I/We have not the contract of insurance.
The proposal shall form the basis of the insurance contract between thereof by both parties and shall be incorporated therein.  Making any false statement(s) or withholding any material facts may gethe policy being declared null and void from inception.  A material fact is any fact that will influence the acceptance of the risk I/We declare that the statements and particulars in this proposal form misstated, suppressed or omitted any material facts.  I/We undertake to inform the insurers of any material alteration of the Signing this proposal form does not bind the proposer to complete the I/We acknowledge that if this proposal is accepted, the contract of insas issued or as otherwise specifically varied in writing by Bryte Special	the insured and the insurer, Edive the insurer the right to reduce the insurer the right to reduce the insurer the best of our known are true to the best of our known are true true to the best of our known are true true to the best of our known are true true true true true true true tr	eject any claim made under to knowledge and belief and that pefore or after completion of the terms and conditions as se ed.  ght to privacy in relation to so prietary Limited ("Bryte"). In t	he policy or may result in  It I/We have not  the contract of insurance.  t out in the policy wording  afeguarding your this regard you give
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Designation

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# TRANSPORTER INSURANCE - TRUCKS

# PROPOSAL FORM - SCHEDULE OF VEHICLES - MOTOR FLEET INFORMATION

#	Year	Make	Model	Registration	Registered Owner	VIN Number	Current Retail Value	Details of Accessories	Value of Accessories	Mechanical Breakdown Towing Limits *
1							R		R	R
2							R		R	R
3							R		R	R
4							R		R	R
5							R		R	R
6							R		R	R
7							R		R	R
8							R		R	R
9							R		R	R
10							R		R	R
11							R		R	R
12							R		R	R
13							R		R	R
14							R		R	R
15							R		R	R

<sup>\*</sup> For Mechanical Breakdown Towing, please insert amount required: Min R20,000, Max R30,000

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