

**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.

(Delete sections not applicable)

| Policy number                 |  | Claim number             |              |                               |                                |                      |
|-------------------------------|--|--------------------------|--------------|-------------------------------|--------------------------------|----------------------|
| <b>Insured</b>                | Name and occupation  |                          |              |                               |                                |                      |
|                               | Address and day telephone number   |                          |              |                               |                                |                      |
|                               | Identity number/VAT number   |                          |              |                               |                                |                      |
| <b>Vehicle Details</b>        | Vehicle details  | Make                     | Registration | Model                         | Year                           | Kilometers completed |
|                               |  |                          |              |                               |                                |                      |
|                               | State if subject to hire purchase, credit or leasing agreement                     |                          |              |                               |                                |                      |
|                               | If yes, name, address and account number of finance company                        |                          |              |                               |                                |                      |
|                               | Chassis/VIN number   |                          |              |                               |                                |                      |
|                               | In whose name is the vehicle registered?   |                          |              |                               |                                |                      |
| <b>Damage</b>                 | Damage to own vehicle  |                          |              |                               | Indicate old damage on vehicle |                      |
|                               | Where is the vehicle at present? (state full address)                              |                          |              |                               |                                |                      |
| <b>Driver</b>                 | 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 |  |                          |              |                               |                                |                      |

|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|-------------------------------------|--|--|-----------------|--|------------|--------------------------|-----------------------------|--------------------------------|-------------------|-----------------|-----|--|
| <b>Passengers (Insured Vehicle)</b> | Passengers in insured vehicle  | Name   |                 | Residential address                                  |            | Injury                   |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     | For what purposes were they carried?   |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     | Are they employees? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
| <b>Other Party</b>                  | 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        |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
| <b>Independent Witnesses</b>        | Name, address and telephone number   |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  | Name, address and telephone number                           |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
| <b>Accident</b>                     | Date, time and place   |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     | Speed  |  | Before accident |  |            |                          | kph                         |                                | Moment of impact  |                 | kph |  |
|                                     | (a) Weather conditions   |  | (a)             |  |            |                          | (b)                         |                                | (b)               |                 |     |  |
|                                     | (b) Visibility   |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     | (a) Road surface   |  | (a)             |  |            |                          | (b)                         |                                | (b)               |                 |     |  |
|                                     | (b) Width of road  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     | (a) Which vehicle lights were on?  |  | (a)             |  |            |                          | (b)                         |                                | (b)               |                 |     |  |
| (b) Street lighting                 |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  | Was any warning given by you, e.g. hooting, indicators, etc? |                 |  |            |                          |                             |                                |                   |                 |     |  |
|                                     |  |  |                 |  |            |                          |                             |                                |                   |                 |     |  |

|                             |   |  |
|-----------------------------|---|--|
| <b>Accident (Continued)</b> | Name of Police/Traffic officer who recorded details of accident |  |
|                             | Police station, case number and date reported                   |  |
|                             | Police details  |  |
|                             | Was driver tested for alcohol or drugs?                         |  |
|                             | DESCRIPTION OF ACCIDENT   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |

|  |  |
|--|--|
| <p>SKETCH OF ACCIDENT<br/>(if necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident.</p> |  |
|--|--|

|                          |   |
|--------------------------|---|
| <b>Payment method</b>    | <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> <p>Name of bank _____ Branch _____</p> <p>Name of account _____ Account number _____</p> |
| <b>Licence inspected</b> | <p>I have inspected the driver's licence and it is free of endorsements/endorsed as shown.</p> <p>Signature of insured _____ Capacity _____ Date _____</p>  |
| <b>Declaration</b>       | <p>We hereby declare the foregoing particulars to be true in every respect.</p> <p>Signature of driver _____ Capacity _____ Date _____</p> <p>Signature of insured _____ Capacity _____ Date _____</p>  |

**N.B. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand**