

**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.

<b>To</b>	Claims Maintenance	<b>From</b>	
<b>Fax</b>	0860 37 2022	<b>Telephone number</b>	
<b>Date</b>		<b>Fax</b>	
<b>Number of pages</b>		<b>Email</b>	

<b>Broker</b>	
<b>Broker's claim number</b>	
<b>Bryte policy number (Compulsory)</b>	
<b>Bryte claim number</b>	

<b>Insured details</b>	Insured details		Telephone number	
	Insured ID number		Sales area	
	Date of accident		Excess	
	Vehicle		Model	
	Registration		Year	
	VIN number		Sum insured	
	Hire purchase (if any)			
	Inspect vehicle at		Date	
	Repairs can be authorised subject to compliance with policy conditions and finalisation of quantum <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Brief details of accident including point of impact on vehicle			
	Is the vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Assessment Centre		Driver alleges mechanical/tyre failure <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details			
Vehicle towed after accident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by which company?				
Telephone number		From	To	
Name of driver		Driver's ID number		

**N.B. Enlarged copy of insured driver's licence as well as group scheme policy schedule to be attached**