

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.

| | |
|--|--|
| Broker/Agent | |
| Policy number | |
| ID number | |
| Insured | |
| Home address | |
| Telephone number (day) | |
| Date and time of loss/damage | |
| Place where loss/damage occurred if different from above | |
| Details of how loss/damage occurred | |
| Have you previously suffered loss/damage? | |
| Police station and reference number | |
| Is there any other insurance covering this loss/damage? | |

| Details of property lost, stolen or damaged | | |
|---|-------|----------------|
| Description of property | Value | Amount claimed |
| | | |
| | | |
| | | |

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.

Please supply a quotation in respect of items claimed

Payment method
 You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please complete details below.

Name of bank _____ Branch _____

Name of account _____ Branch number _____

Type of account _____ Account number _____

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Insured's signature _____ Date _____