

Bryte Insurance Company Limited

A Fairfax Company

Registration number: 1965/006764/06 VAT number: 4530103581

Licensed insurer and an authorised FSP (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.

With respect to item 7 below, if the space does not allow you to list all injured or deceased persons, please attach a separate form for those details. Where blocks are provided for the purpose of replying to a question, please place a (X) in the appropriate block.	
1. Broker details	
(a) Name	
(b) Agency number	
2. Policy details	
Number	
3. Insured	
(a) Full name and residential address of policyholder	
(b) Contact details	
(i) Work	(ii) Home
(iii) Cell	
4. Particulars of motor vehicle in which injured person(s) was travelling	
(a) Make and model	
(b) Registration number	
(c) Type of body	
(d) Name and address of the driver at the time of the accident	
(e) If the identity of neither the owner nor the driver has been established, state	
(i) Any additional information about motor vehicle	
(ii) What steps were taken to establish the identity of the owner of the motor vehicle	
5. Particulars of the accident	
(a) Date	
(b) Time	
(c) Place	
(d) Police station at which reported and police reference number	
(e) Name of the driver	
(f) Driver's licence number (please supply us with a copy)	
6. Particulars of any other vehicles involved in accident	
(a) Registration numbers	
(b) Name and address of the third party driver at time of accident	

7. Particulars of injured or deceased person(s)		
(a) Full name(s) and address(es)		
(b) Date of birth(s)		
(c) At the time of the accident, was (were) the person(s) travelling in the passenger compartment of the motor vehicle described in item 4 above? ☐ Yes ☐ No		
(d) Name and address of usual medical practitioner		
(e) Name and address of medical practitioner who attended him/her after the accident		
(f) Was he/she suffering from any physical defect or infirmity immediately prior to the accident? ☐ Yes ☐ No		
(g) If yes, give details		
(h) Was the injured or deceased person wearing a seat belt at the time of the accident? ☐ Yes ☐ No		
8. If the person mentioned in item 7 is deceased, the following additional information is required in respect of such person		
(a) Place where death occurred		
(b) Date of death		
(c) Is it known whether an inquest was held? ☐ Yes ☐ No		
(d) If known, state in what court		
(attach a copy of the relevant inquest record if available) (Please attach copy of the death certificate as well)		
I hereby declare that to the best of my knowledge and belief the information set out in this form is true and correct in every respect.		
Signed at		this day of
As witnesses:	1.	
	2.	
Signature of Insured		

Medical Certificate

Must be completed by the doctor consulted.

The patient must obtain, at his/her expense, the following certificate from a duly qualified and registered medical practitioner.

Name of patient	
1. Date when you first treated the patient in consequence of the injury sustained in a motor accident	
2. Are you still in attendance? ☐ Yes ☐ No	
3. Did you treat him/her at any time before the accident? ☐ Yes ☐ No	
If yes, give date of last such treatment and nature of ailment	
4. If you are the usual medical attendant of the patient, are you aware of anything in his/her previous medical history which might have contributed directly or indirectly, to the occurrence of the accident, or which may be likely to retard in any way recovery from it?	
5. Parts of the body injured ☐ Head ☐ Chest ☐ Neck ☐ Abdomen ☐ Back ☐ Upper limbs ☐ Lower limbs ☐ Pelvis	
6. (a) Give full details of the nature of the injuries and any complications (e.g. fractured ribs with haemothorax etc)	
7. Is permanent disability expected? ☐ Yes ☐ No	
If yes, give full details	
8. Have you any reason to suspect that the patient was not perfectly sober at the time of the accident? ☐ Yes ☐ No	
9. Is the patient now, or was he/she at the time of the accident subject to or suffering from any illness or diseases irrespective of the accident? ☐ Yes ☐ No	
If yes, state the nature of the same, and to what extent the recovery of the patient may be affected thereby	
10. Are you prepared to certify that the patient is TOTALLY DISABLED from attending to any portion of his/her business or occupation? ☐ Yes ☐ No	
I/We declare the above particulars are true in every respect.	
Name	Qualifications
Signature	Date
Address	
Signature of Insured	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 _____