Claim Form
Motor Accident

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			
Insured	Name and occupation						
	Address and day telephone number						
	Identity number/VAT number						
Vehicle Details	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?						
Damage	Damage to own vehicle			Indicate old damage on vehicle			
	Where is the vehicle at present? (state full address)						
Driver	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						

Please attach an enlarged clear copy of driver's licence

Passengers (Insured Vehicle)

Passengers in insured vehicle	Name	Residential address	Injury

For what purposes were they carried?

Are they employees? ☐ Yes ☐ No

Other Party

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

Independent Witnesses

Name, address and telephone number

Name, address and telephone number

Accident

Date, time and place		
Speed	Before accident kph	Moment of impact kph
(a) Weather conditions (b) Visibility	(a)	(b)
(a) Road surface (b) Width of road	(a)	(b)
(a) Which vehicle lights were on? (b) Street lighting	(a)	(b)
Was any warning given by you, e.g. hooting, indicators, etc?		

Accident (Continued)		
	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	

SKETCH OF ACCIDENT (if necessary use separate page) 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.	

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.

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

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