

**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.

Insurer		
Policy number		Claim number
Broker/Agent		
<b>Insured</b>	Name	
	Address and telephone number	
	Business or occupation	
<b>Description of accident</b>	Date and time	
	Place where accident occurred	
	State exactly how the accident occurred	
<b>Witnesses</b>	Name, address and telephone number	
	Witness 1	
	Witness 2	
<b>Police</b>	If reported to police, state which station and reference number	
	Police station	
	Reference number	

<b>Property damage</b>	Name and address of owner
	Description of damage
<b>Personal injuries</b>	Name, address and age of injured person 1
	Details of injury
	Name, address and age of injured person 2
	Details of injury
<b>Relationship</b>	If persons named above is/are in your service, or your tenant, or related to you, give full details
<b>Claim</b>	If claim made against you, give details and attach any correspondence
<b>Declaration</b>	I/We declare that to the best of my/our knowledge the above statements are true.
	Insured's signature _____ Capacity _____ Date _____