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Bryte

MOTOR VEHICLE CLAIM FORM:

CLAIM NUMBER: _____ HP ACCOUNT No: _____

INSURED:

Full Name & Surname: _____

ID Number: _____

Address: _____

Area Code: _____

PO Box: _____

Area Code: _____

Occupation: _____

Telephone (w): _____

Telephone (cell): _____

Bank Account No: _____

Vehicle:

If Vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:

Make: _____ Year: _____

Model: _____

Registration: _____

Value: _____

VIN: _____

G.V.M: _____

Km Reading: _____

Date of Purchase: _____

Purchase Price: _____



Damage:

Damage to own vehicle: _____

Estimate for repairs/attach quote: _____

Repairer Name: _____

Repairer Tel: _____

Repairer Address: _____

Area Code: _____

Inspection location: _____

Was vehicle towed- by whom? _____

Driver:

Full Name: _____

Address: _____

Area Code: _____

Occupation: _____

Date of Birth: _____

License No: _____

License Date: _____

Location Obtained: _____

License Code: _____

Learners of Full: _____

Purpose for which vehicle was being used: _____

Learners of Full: _____

Inspection location: _____

Was he/she driving with your permission? _____

Is he/she in your employ? _____

Has he/she any motor insurance on own car? If yes, state policy No. & Company?:

Details of any convictions for motoring offences:

Has licence been endorsed? _____

Has he/she any physical defects? _____

Details of previous accidents: _____



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Passengers:

Full Name:

Address:

Area Code:

Injury:

Full Name:

Address:

Area Code:

Injury:

Full Name:

Address:

Area Code:

Injury:

For what purpose where they being transported?:

Are they employed?:

Other Party:

Other Vehicles:

Property other than vehicles:

Make:

Year:

Model:

Registration:

Driver Address:

Area Code:

Owner Address:

Area Code:



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Driver Name: _____

ID Number: _____

Owner Name: _____

ID Number: _____

Insurance Company: _____ Claim No: _____

Details of damage: _____

Personal Injuries (Names, details and hospital names):

Relationship to accident.eg. Driver, Passenger:

Witnesses:

Name: _____

Phone Number: _____

Address: _____

Area Code: _____

Name: _____

Phone Number: _____

Address: _____

Area Code: _____

Name: _____

Phone Number: _____

Address: _____

Area Code: _____



Theft:

To be completed in the event of a vehicle theft claim

Date & Time: _____

Address: _____

Area Code: _____

Was the vehicle left locked?

Who now has the vehicle keys?

Police Station & Reference No

Vehicle engine, chassis No and colour

If accessories stolen, provide full details

Incident:

Date & Time: _____

Address: _____

Area Code: _____

Speed:

Kmph before: _____

kmph at impact: _____

Weather:

General: _____

Visibility: _____

Road Surface:

Surface: _____

Width of road: _____

Lights:

Vehicle Lights: _____

Street Lighting: _____

Was any warning given by you e.g. Hooting, indicators, etc?

Police Details Date Reported

Name of Police/Traffic office who recorded details of accident

Police Station & Reference No:

Was driver tested for alcohol or drugs? :

Results :

Description of Incident (Use separate page if necessary):

Sketch of Accident. 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 vicinity of scene of accident (use separate page if necessary)

Declaration:

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of driver _____ Date: _____

Signature of
Policy Holder _____ Date: _____

NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.



THIRD PARTY INFORMATION TO BE OBTAINED

PART A (to be completed in the event of the other party being insured against incidents of this nature)

Name of Insurer: _____

Name of Broker: _____

Policy holder name: _____

Policy number: _____

Claim number: _____

Contact person: _____

Contact person's email address: _____

Contact person's number: _____

PART B (to be completed in the event of the other party not being insured against incident of this nature)

Full name & surname of the vehicle owner: _____

Full name & surname of the vehicle driver: _____

ID of the vehicle owner: _____

ID of the vehicle driver: _____

Vehicle registration number: _____

Residential address: _____

Email address: _____

Employer name: _____

Employer address: _____

Description of Incident (Use separate page if necessary): Yes No

Home tel number: _____

Work tel number: _____

Cell number: _____

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

Personal Information

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 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 claims.

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 on 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 the 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 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.