



vap-sure



Bryte

**MOTOR VEHICLE THEFT CLAIM FORM:**

**INSURED:**

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ HP ACCOUNT No: \_\_\_\_\_

**BROKER:**

Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

**INSURED:**

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area Code: \_\_\_\_\_

Telephone (w): \_\_\_\_\_

Telephone (cell): \_\_\_\_\_

**Vehicle:**

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_

Registration: \_\_\_\_\_

Km's Completed: \_\_\_\_\_

Identification No: \_\_\_\_\_

Chassis No: \_\_\_\_\_

Engine No: \_\_\_\_\_

Exterior Colour: \_\_\_\_\_

Interior Colour: \_\_\_\_\_

**Finance:**

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Acc No: \_\_\_\_\_

Agreement Type: \_\_\_\_\_

Outstanding: \_\_\_\_\_

**Owner:**

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_



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**Theft:**

Date & Time: \_\_\_\_\_

Theft Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area Code: \_\_\_\_\_

Police Station and Reference No: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Reported By: \_\_\_\_\_

Please explain circumstances of theft in full:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tracking Device:**

Make: \_\_\_\_\_

Fitted By: \_\_\_\_\_

Date: \_\_\_\_\_

**Window Markings:**

Details of Window Markings \_\_\_\_\_

Number: \_\_\_\_\_

Applied by whom: \_\_\_\_\_

Details of dents, scratches, other features of identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

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## **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.