

Bryte Insurance Company Limited
A Fairfax Company

Olive Insurance Brokers (Pty) Limited
is an authorised Financial Services Provider

Please send the completed claim form to
info@olivebrokers.co.za

Tel: 011 462 3393

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.

Broker/Agent		Claim Number		
Policy Number				
Insured	Claim number			
	Policy number			
	Company name/Surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Business or occupation			
	Physical address			
	Postal address			
	Telephone numbers	Business	Home	Cell
Vehicle	Make			
	Peculiar identification marks e.g. dents and stickers			
	Model			
	Year			
	Pre-existing damage			
	Registration number			
	Kilometres completed			
	Vehicle identification number (VIN)			
	Chassis number			
	Engine number			
	Exterior colour			
Interior colour				
Finance company	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			
Owner	Name			
	Identity number			

Theft	Date	
	Time	
	Place	
	Police station	
	Case number	
	Date reported	
	Reported by	
	Circumstances	
	Was the vehicle locked? If not, give reasons	
	Details of stolen accessories (Please attach invoices)	
	Are these separately insured?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
	Anti-theft/vehicle recovery device details	
	Please attach proof of device	
Details of window markings	Number	
	Applied by whom	
Details of scratches, dents, defects		
Details of other features which would assist in identification		

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	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 _____
Declaration	I/We hereby declare the foregoing particulars to be true in every respect.	
	Signature of Driver _____	Capacity _____ Date _____