

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			
Policy number		ID number	
Insured	Name and occupation		
	Address and (day) telephone number		
Loss/damage occurrence	Date and time of loss/damage		
	When was loss/damage discovered?		
Loss/damage place	Place where loss/damage occurred		
	Were premises occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
	If not occupied, when last occupied?		
	Purpose of occupation		
Cause of loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises		
	If loss/damage was caused by another party give name and address		
Previous loss/damage	Have you previously suffered loss/damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details		
	If insured, provide name of insurer		
Police	Police reference number, station and date reported		
Other interest	Has any other party an interest in the insured property, e.g. credit agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance	Is there any other insurance covering this loss/damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, give name of insurer		
Value	Estimated total value of all the property insured under the policy		
	When last valued?		
Payment method	You may select, for added security, for payment of any amount due to you to be made 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 solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	Insured's signature _____ Capacity _____ Date _____		

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

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.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed