

Vehicle information			
Make		Year	
Model		Registration number	
VIN number		Retail value	R
Engine number		Financed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered owner			
Finance house		Current mileage reading	
Is a tracking or alarm system fitted? (If yes, please provide a copy of the certificate)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is the vehicle kept overnight?	<input type="checkbox"/> In a locked garage	<input type="checkbox"/> In a locked yard	
	<input type="checkbox"/> In a locked parking garage	<input type="checkbox"/> Other	
What purpose(s) will the vehicle be used for?	<input type="checkbox"/> Social, domestic and pleasure	<input type="checkbox"/> Commuting	
	<input type="checkbox"/> Business		
Named driver 1			
Full name		Date of birth	
Licence details	<input type="checkbox"/> Full	Date first obtained	
	<input type="checkbox"/> Learners	Dates renewed	
Named driver 2			
Full name		Date of birth	
Licence details	<input type="checkbox"/> Full	Date first obtained	
	<input type="checkbox"/> Learners	Dates renewed	
Details of insurance cover			
<input type="checkbox"/> Comprehensive unlimited mileage		<input type="checkbox"/> Comprehensive limited mileage	
<input type="checkbox"/> Third party, fire and theft		<input type="checkbox"/> Laid up cover	
Inception date			

Important information

Claims notification
<p>All claims are to be reported to Bryte Specialist Motor Proprietary Limited (Bryte) as soon as possible but no later than 30 days after the incident.</p> <p>In the event of theft or hijacking, the incident should be reported to Bryte as soon as possible or within 2 working days.</p> <p>Inform the South African Police Service as soon as possible or within 24 hours of an incident.</p> <p>Complete the claim form and provide Bryte with all material information as requested. The insurer will be under no obligation to proceed with the claim if you cannot provide the required information.</p> <p>Immediately forward to Bryte, any notice of a claim, communication, written summons or other legal process issued or commenced against you in connection with the incident.</p>
Alteration of risk
<p>Should there be a material change in the risk which increases the exposure to the insurer in any way during the period of insurance; the Insured shall immediately inform Bryte thereof, who will be entitled to review the terms of the policy.</p>

Debit order authorisation

Account details			
Account holder name			
Bank			
Branch code		Branch name	
Type of account		Account number	
Debit order date			
Day of the month on which deductions must be made – please select one:			
<input type="checkbox"/> 1 st	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 27 th
(If your debit date falls on a weekend or public holiday, your account will be debited on the following working day)			
(Please ensure that sufficient funds are available for the debit order. Banks will levy a penalty fee on your account if there are insufficient funds)			
Declaration			
<p>I/We hereby instruct and authorise you to draw against my/our account with the above bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the abovementioned insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.</p> <p>I/We understand that the withdrawals hereby authorised will be processed through an ACB system and I also understand that details of each withdrawal will be printed on my bank statement (abbreviated name visible will be Bryte).</p> <p>I/We agree to pay any bank charges relating to this debit order instruction.</p>			

This authority may be cancelled by me/us by giving you 31 days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amount which you withdraw while this authority was in force, if such amount were legally owing to you. I/We understand that cancellation of this authority does not cancel the related policy.

I/We confirm that the bank account provided is a valid account and I/we have complete authority to instruct Bryte Insurance Company Limited to process debit orders against this account.

Signature

Signed at _____ on the _____ day of _____ 20____

Name of insured/authorised representative

Signature

Designation

Declaration

Proposal declaration

The proposal form must be completed and signed by the proposer/insured.

The proposal shall form the basis of the insurance contract between the insured and the insurer, Bryte Insurance Company Limited, on acceptance thereof by both parties and shall be incorporated therein.

Making any false statement(s) or withholding any material facts may give the insurer the right to reject any claim made under the policy or may result in the policy being declared null and void from inception.

A material fact is any fact that will influence the acceptance of the risk.

I/We declare that the statements and particulars in this proposal form are true to the best of our knowledge and belief and that I/We have not misstated, suppressed or omitted any material facts.

I/We undertake to inform the insurers of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

I/We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Bryte Specialist Motor Proprietary Limited.

Protection of Personal Information

The Protection of Personal Information Act 4 of 2013 ("PoPI") gives effect to your constitutional right to privacy in relation to safeguarding your personal information when processed by a responsible party, namely Bryte Specialist Motor Proprietary Limited ("Bryte"). In this regard you give consent to Bryte to retain your personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.

Should you decide to cancel this insurance contract you further consent to Bryte retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Bryte confirms its commitment to ensure that your information is kept confidential and has implemented appropriate measures to prevent loss, damage, unauthorised and unlawful access thereto.

Should you, at any point, wish to revoke this consent/authorisation, please contact your local Bryte office or your broker who will contact Bryte. The appropriate action will be taken in line with your request.

Signature

Signed at _____ on the _____ day of _____ 20____

Name of insured/authorised representative

Signature

Designation