

Bryte Insurance Company Limited

A Fairfax Company

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 |
|--------|-------------------------|---------------|---------------------------------|-------|---|----------------|
| | | | | | | |