MOTOR EXTENSION CLAIM
(Locks and Keys/Radio)

INSURED and BROKER DETAILS

Policy no. _____ Name of Insurer _____

Insured Name _____ ID no./Co. reg. no. _____

Occupation _____ Tel. no. W _____ H _____

Email address _____ Cell _____ Fax _____

Physical address _____

_____ Code _____

VEHICLE

Make _____ Model _____

Year _____ Registration no. _____

DESCRIPTION OF INCIDENT

Damage

Area of damage to own vehicle _____

Estimate for repairs or attach quotation R _____

Repairer's name _____ Contact no. _____

Repairer's address _____

Date of incident (DD/MM/YYYY) _____ Time of incident (hh:mm) _____

Place where incident occurred _____

Full description of incident

_____

_____

_____

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that Bryte Insurance Company Limited has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

_____ _____

Signature of Insured Date (DD/MM/YYYY)

Howdie Insurance Administrators (Pty) Ltd (Reg. No. 2006/007917/07) is an authorised Financial Services Provider