



vap-sure



Bryte

RADIO/KEYS CLAIM FORM:

INSURED:

Full Name & Surname: _____

ID Number: _____

Policy Number: _____ Claim No: _____

Telephone (w): _____ Telephone (h): _____

Occupation: _____

Address: _____

Area Code: _____

Driver:

Full Name & Surname: _____

ID Number: _____

Telephone (w): _____ Telephone (h): _____

Occupation: _____

Address: _____

Area Code: _____

Vehicle:

Make: _____ Year: _____

Model: _____

Registration: _____

SAP Details:

Police Reference No: _____

Police Station: _____

Date Reported: _____



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Details of loss:

Date of loss:

place of loss:

Area Code:

Description:

Damage:

Repairers Name:

Estimate:

Declaration:

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of Insured _____

Date: _____

Signature of Driver _____

Date: _____