



S P E C T R U M
Since 1976

PUBLIC LIABILITY CLAIM

Insurance Company

Policy number

INSURED

Name

ID No

Phone No

Address

OCCURRENCE

Date

Time

Place

Description of Accident

Reported to police ?

Police Case Number

Police Station

Witness name

Address

Tel

PROPERTY DAMAGE

Owner name

Address

Tel

Details of damage

PERSONAL INJURIES

Name

Address

Tel

Details of injury

If person is related to you, your tenant or employee, please give details

DECLARATION

I hereby declare that all the details in this document are true and correct.

Insured signature

Date