

INITIAL INCIDENT REPORTING SHEET

At Affinity, we aim to offer you a personal service. With this in mind, please give us your initial incident details and we will report to your insurers and forward you the necessary claim form (if applicable)

INSURED: _____

ADDRESS: _____

DATE OF INCIDENT: _____

TYPE OF INCIDENT: _____

GIVE BRIEF DETAILS OF OCCURRENCE: _____

CONTACT NAME: _____

OFFICE NO: _____

MOBILE NO: _____

E MAIL ADDRESS: _____