

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:
