

Accident Photo



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Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : _____ Vehicle Registration No: 5JN6186R
Name (as shown in NRIC) : Chew Chiu Har NRIC/FIN/Passport No : 501216265
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 173B Punggol Field #07-601 Singapore (822173)
Contact (Tel) : _____ Mobile No. : 97855037
Email Address : _____
Date of Accident : 9/3/18 Time of Accident : 13:30
Place of Accident : Robertson Quay
Insurance Company : FXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Owner wish to claim own insurance to repair the vehicle.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Addendum Sheet Pg. 1



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ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : _____ Vehicle Registration No: SJN 6186R
Name (as shown in NRIC) : Choy Hoi Min NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT B4C 173B Punggol Field Singapore (622173)
Contact (Tel) : _____ Mobile No. : 91855108
Email Address : choyhoimin@yahoo.com.sg
Date of Accident : 9/3/18 Time of Accident : 13:30
Place of Accident : Robertson Quay
Insurance Company : AXIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend relationship

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: