

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: S66SS0020G / GST Reg. No.: M400017735

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

			P		DUM					
PARTIC	CULARS OF PER	SONMAK	NGTHEAM	ENDMEN	TS:					
Origina	al Report No :				Vehicle F	Registrati	on No: _	GBB 5	2021D	
	as shownin NRIC):									
(*Vehi	cle Driver / Vel	icle Owne) (*) Please	delete as	appropriate					
Addres	ss :		- <u> </u>	,				Singapo	ore(
Contac	ct (Tel) :				Mobile N	No. :				
Email /	Address :									
Date o					Time of A					
Place c	of Accident :									
Insura	nce Company :									
	made a report of the following an	nendments	::		nt and would					
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	::	ed accider						
make t	the following ar	nendments	kcape	ed accider						
make t	the following ar	nendments	::	ed accider						

Date: