

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 **same** Authorized Reporting Centre With whom you submitted the Original Report.

ADDENDUM	
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
Original Report No: MOR118059226 Vehi	icle Registration No: <u>SJV6309L</u>
Name (as shown in NRIC) BEENAI RAI NRIC/FIN/Passport No: S2189866Z (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
Address: BLK 671 CHOA CHU KANG CRESCENT #16-367 Singapore (<u>\$680671</u>)	
Contact (Tel): Mobile No.:	98227920
Email Address:	
Date of Accident: 27/04/2018 Time of Accident:	1530 HRS
Place of Accident: CLEMENTI AVE 6 BEFORE SLIP RD TOWARDS JLN BOON LAY	
Insurance Company: AXA INSURANCE	
(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:	
1) ADDITIONAL STATEMENT: DURING THE IMPACT I WAS UNCON	NSCIOUS AND VEHICLE SWAY TO THE LEFT AND
I BELIEVE IT HIT ONTO SOMETHING. I ONLY REALIZED MY REAR PORTION BUMPER AND SIDE WHERE ALSO DAMAGE	
WHEN I LEFT THE ACCIDENT SCENE.	
	44.00
Policyholder / Driver's Signature	Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date:

GIARMC addendumform_V3

Date: