



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. TM GLU 18082744-21 Vehicle Registration No. GLU 50865
 Name (Last, first, middle) Glenn E. Scott, Jr. Company/Reg. ID Number 201617258H
 (If Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Signature: _____

Contact (Tel)	Mobile No.
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Email Address: _____

Date of Accident _____ Time of Accident _____

Place of Accident _____

Insurance Company _____

(III) 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:

We wish to amend the claim to a third party
claim

Policyholder / Driver's Signature _____
Date: _____

Reporting Center: PH Officer's Signature: _____
Name: _____
MARC File No.: _____
Date: 2/8/61