

## 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.

	AD	DENDUM	
) PARTICULARS OF F	ERSON MAKING THE AMEN	DMENTS:	
Original Report No	:	Vehicle Registration No: YN5146k	<
Name(as shownin NRIG	c):	NRIC/FIN/Passport No:	
(*Vehicle Driver/\	/ehicle Owner) (*) Please del	ete as appropriate	
Address	:	Singapor	e(
Contact (Tel)	:	Mobile No. :	
Email Address	:		
Date of Accident	: 11/07/2018	Time of Accident :	
Place of Accident			
Insurance Compan			
" THE COUNT	RY/STATE OF LOSS SHO	OULD BE SINGAPORE. THAT'S ALL! "	
Policyholder / Drive	er's Signature	Reporting Centre Personnel's Signat Name: NRIC/FINNo.:	 ure:

Date: