

## 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

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

## **ADDENDUM**

	AD	DENDUM	
PARTICULARS OF	PERSONMAKINGTHEAMEN	DMENTS:	
Original Report No :		Vehicle Registration No:	SLF7034H
Name(as shown in NRIC):		NRIC/FIN/Passport No:	
(*Vehicle Driver/	Vehicle Owner) (*) Please de	lete as appropriate	
Address	:		Singapore(
Contact (Tel)	:	Mobile No. :	
Email Address	:		
Date of Accident	: 13/11/2018	Time of Accident :	
Place of Accident	:		
Insurance Compa	ny:		
THE NAME OF	THE DRIVER SHOULD BE	SUNDARAMURTHY THANIKA	NIVELAN. THAT'S ALI
Policyholder / Dri	ver's Signature	Reporting Centre Pers	onnel's Signature

Date: