

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

Policyholder / Driver's Signature

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

ADDENDON			
A)		MAKINGTHEAMENDMENTS:	
	Original Report No :	Vehicle Registration No: GBA5074A	
		NRIC/FIN/Passport No:	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate		
	Address :	Singapore()	
	Contact (Tel) :	Mobile No. :	
	Email Address :		
	Date of Accident :	Time of Accident :	
	Place of Accident :		
	Insurance Company :		
(B)	ADDITIONALINFORMAT	ON /AMENDMENTS:	
U	I have made a report on the above mentioned accident and would like to include additional information or		
	make the following amer		
	make the following affici	ments.	
	"THE DATE O	ACCIDENTSHOULD BE 17/03/2019 60:00.	
	THAT'S ALL!		
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Reporting Centre Personnel's Signature