

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:

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<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.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MLL 19095762 Original Report No: Vehicle Registration No: Name(as shown in NRIC): NRIC/FIN/Passport No (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(())) Address Contact (Tel) Mobile No.: MYCHOOS shund-iom sa **Email Address** 10:00 Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personners Date: Name:

NRIC/FINNo.: Date: