



AIG Asia Pacific Insurance Pte. Ltd
 AIG Building
 78 Shenton Way
 #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : TEOH LEONG YANG
 VEHICLE NUMBER : SKR 6778A
 DATE/ TIME OF ACCIDENT : 28/03/2019 1710hrs
 PLACE OF ACCIDENT : UP UNDERPASS ^{UPPER} PAYA LEBAR RD TWD SERANGOON
 THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

STARTED MY JOURNEY FROM 231, MOUNTBATTEN ROAD TOWARD
IS, BLOXHOME DRIVE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

COLLISION ON THE WALL OF THE UNDERPASS. DAMAGE TO
THE LEFT SIDE OF THE VEHICLE

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO, BOTH MY SON AND I WERE NOT INJURED

NAME: TEOH LEONG YANG

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, TEOH LEONG YANG, (NRIC No. S7828299A), hereby confirm that the Singapore Accident Statement lodged by me on 29th MARCH 2019 at 1040 hours pertaining to the accident involving motor car Reg. No: SKR6778A, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : TEOH LEONG YANG
Nric No. : S7828299A
Date : 29/03/2019

Signature : _____
Name of Policyholder : _____
Nric No. : _____
Date : _____