

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

MOTOR ACCIDENT INTERVIEW FORM

NAME		:	CEE CER WAN				
VEHICLE NUMBER		;	SMD 9022 C				
DATE/ TIME OF ACCIDENT		:	18/4/	19 at	ound	9 rm	
PLACE OF ACCIDENT		: -	BUCIT ME	nait Law	e 1 can	e PARIC No.	BMAVI
THIRD PARTY VEHICLE (IF ANY)		·:		1	VIL		
**************************************				************	************	**************************************	******** Г?
STANTED JOURNEY PROM HOME. INTENDED DESTINATION WAS BULLT MERAH LANE I CAN PARK NO.							
INTENDED	DESTINATION	VM	s BULIT	MERAH	LANE	1 CAN VAN	CK NO.
BMAV1.							
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.							
V							
WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?							
ACCIDENTAL COMISION							
1							
WERE YOU OR YOUR PFOR INVESTIGATION?	'ASSENGER/S INJURED)? IF INJ	URED, WHICH	HOSPITAL? \	WERE YOU T	AKEN TO THE TRA	AFFIC POLICE
1							

NAME: LEGICEC WAN

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE