



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : TING HUONG TEK
VEHICLE NUMBER : SMF 2886 L
DATE/ TIME OF ACCIDENT : 25.04.2019
PLACE OF ACCIDENT : BASEMENT CARPARK ROSEWOOD CONDOMINIUM
THIRD PARTY VEHICLE (IF ANY) : -

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

Coming back .
Going out from my house

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?

No Third Party Involved.

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

No

Shin
NAME: TING HUONG TEK


I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE


UNDERTAKING

I, TING HUONG TEK, (NRIC No. ST476556D), hereby confirm that the Singapore Accident Statement lodged by me on 26.04.2019 at 1700 hours pertaining to the accident involving motor car Reg. No: SMF 2886 L, 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 : TING HUONG TEK
Nric No. : ST476556D
Date : 26.04.2019.

Signature : 
Name of Policyholder : TING HUONG TEK
Nric No. : ST476556D.
Date : 26.04.2019.