

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

## MOTOR ACCIDENT INTERVIEW FORM

NAME	: Ny Zi Hoo
VEHICLE NUMBER	5LV 5989 C
DATE/ TIME OF ACCIDENT	: 19/6/19 13:10
PLACE OF ACCIDENT	: 83 Forleigh Avere
THIRD PARTY VEHICLE (IF ANY)	:
	**************************************
was travelly from Bedok	to forleigh Avenue to doop a friend off
	FORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC FEST ON YOU? IF YES, WHAT WAS THE RESULTS?
No	
My car hit into somethy prot side of my car got dan	EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?  while in turny left  today out at the site of the door, and the right  right  aged as a result of it
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION?	? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
7	
NAME: NAME:	현실 경기가 보는 없었다. 그런 이번 이 사람들은 사람들이 있다고 있다.

9 2. Han

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## UNDERTAKING

I, Ng Zi Hoo	, (NRIC No. <u>\$9019694D</u> ), hereby
confirm that the Singapore	Accident Statement lodged by me on
at 1335 hours pe	rtaining to the accident involving motor car Reg. No:
<u>Scu 5949C</u> , in whic	h I was the driver are true and accurate to the best of my
knowledge, information and	belief.
I acknowledge that my insu	rers are not liable under the contract of insurance if there is
a breach of policy terms and	d conditions.
In the event that an unrelat	red/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	eceipt of written demand by my insurers.
contract of insurance upon i	eceipt of written demand by my insurers.
	receipt of written demand by my insurers.
contract of insurance upon i	ecceipt of written demand by my insurers.
Signature  Name of Insured / Driver	: Ng Zi Hau
Signature  Name of Insured / Driver  Nric No.	: Ng Zi Hau
Signature  Name of Insured / Driver	: Ng Zi Hau
Signature  Name of Insured / Driver  Nric No.	
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Signature  Name of Insured / Driver  Nric No.  Date  Signature	: Ng Zi Hau
Signature Name of Insured / Driver Nric No. Date  Signature Name of Policyholder	: Ng Zi Hau
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