

INTERVIEW FORM



AIG Asia Pacific Insurance Pte. Ltd.  
410 Orchard Road  
7th Floor, #07-01  
NOC 12

MOTOR ACCIDENT INTERVIEW FORM

NAME: Teow Chek Seng  
VEHICLE NUMBER: 50649541E  
DATE/TIME OF ACCIDENT: 17/8/19 1620hrs  
PLACE OF ACCIDENT: Along PIE towards Tans  
THIRD PARTY VEHICLE (IF ANY):

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

Start from Aljunied sending relative home and going back home

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?

Oblique collision  
Damage front portion, left of right portion

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

Driver Injured  
Name of Hospital: N/A  
No traffic police investigation

  
NAME: TEOW CHEK SENG (SON)

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE