

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

## **MOTOR ACCIDENT INTERVIEW FORM**

NAME :	Yes Hui Yion Vivien
VEHICLE NUMBER :	SDP 89 M
DATE/ TIME OF ACCIDENT :	25/2/10 115
PLACE OF ACCIDENT :	15/8/19 1103 am Lorong Toa Payor 1000
THIRD PARTY VEHICLE (IF ANY)	SKP 4187 D
*****	
WHERE DID YOU START YOUR JOURNEY AND WHER	E WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
James Start - Home	
Destination - Toa Payon Central	,
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?	
WHAT IS THE TYPE OF COLLISION AND THE EXTENSIV	/ENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
Head to near collision.	
TAGE TO TAGE (SITISTICE)	Ž
	/
*	
WERE YOU OR YOUR PASSENGER/S INJURED? IF INJUFOR INVESTIGATION?	URED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
The	

NAME: Yes Hui You Vivien.

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## **UNDERTAKING**

1, Yeo Hui Yian	Viùes , (NRIC No. <u>\$8823395 F</u> ), hereb
confirm that the Singapore	Accident Statement lodged by me on 26 /8 /19
at 1045 hours per	rtaining to the accident involving motor car Reg. No
SDP 89 M, in which	h I was the driver are true and accurate to the best of my
knowledge, information and	belief.
	rers are not liable under the contract of insurance if there is
a breach of policy terms and	I conditions.
In the event that an arrest of	
	ed/unreported third party property or injury claim arises or
	that there is a breach of policy terms and conditions, I
	osolve my insurer from all liability under the contract of
	to re-pay any sums paid by my insurers pursuant to the
contract of mourance upon re	eceipt of written demand by my insurers.
Signature	: -
Name of Incomed / D.	
Name of Insured / Driver	Les Hui Yian Vivien
Nric No.	: S8823395 F
Date	
	26/8/19
Signature :	1/1
Signature	3/00/1
Name of Policyholder	Teo Mh Suan
Nric No.	_
Date :	S1256789 H
Jacc :	26 /8 /19