



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : WU LINGMIN
VEHICLE NUMBER : SF09199 U
DATE/ TIME OF ACCIDENT : 25/01/19
PLACE OF ACCIDENT : Banda street carpark
THIRD PARTY VEHICLE (IF ANY) : Hit & Run

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

Near Meeting. location. Car parked in a public carpark

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?

Parked. Hit and run.

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

No

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

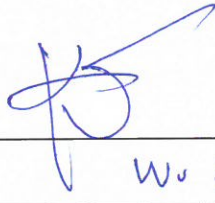
I, Wu Lingmin, (NRIC No. S8064084F), hereby confirm that the Singapore Accident Statement lodged by me on 24/9/19 at 1000 hours pertaining to the accident involving motor car Reg. No: SFU 9199U, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

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

:

Wu Lingmin

Nric No.

:

SXXX 4084 F

Date

:

23/9

Signature

:



Name of Policyholder

:

Nric No.

:

SXXX 4084 F

Date

:

23/9