

UNDERTAKING

I, Feng Zeping, (NRIC No. S 791F), hereby confirm that the Singapore Accident Statement lodged by me on 26/9/2019 at 6.10 PM hours pertaining to the accident involving motor car Reg. No: SMM 8660U, 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 : 冯泽平
Name of Insured / Driver : Feng Zeping
Nric No. : S 791F
Date : 27/9/2019

Signature : 冯泽平
Name of Policyholder : Feng Zeping
Nric No. : S 791F
Date : 27/9/2019



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Feng Zeping
 VEHICLE NUMBER : SMM 8660U
 DATE/ TIME OF ACCIDENT : 26/9/2019
 PLACE OF ACCIDENT : Junction from Boon Lay Way to Jurong Town Hall Road
 THIRD PARTY VEHICLE (IF ANY) :

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

Started from Block S19, Jurong West, destination is
12 Choa Chu Kang Grove.

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?

Hit the rear.

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

No.

Feng Zeping 冯泽平

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE