



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Leong Hui Min
VEHICLE NUMBER : SKN 50492
DATE/ TIME OF ACCIDENT : 13/10 1920hr
PLACE OF ACCIDENT : Bayshore Road
THIRD PARTY VEHICLE (IF ANY) :

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

Start from home and I'm going out

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?

Head to right rear

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

No



NAME: Leong Hui Min

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Leong Hui Min, (NRIC No. S [REDACTED] 7223B), hereby confirm that the Singapore Accident Statement lodged by me on 14/10/19 at 1045 hours pertaining to the accident involving motor car Reg. No: SEN 50492, 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

:

Leong Hui Min Jole

Nric No.

:

S [REDACTED] 7223B

Date

:

14/10/19

Signature

:

Same as above

Name of Policyholder

:

Nric No.

:

Date

: