



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : DR SEE THO WAI YIN
 VEHICLE NUMBER : EN22D
 DATE/ TIME OF ACCIDENT : 14/10/2019 at 6.00pm.
 PLACE OF ACCIDENT : 281 Alexandra Road @ Audi Service Centre.
 THIRD PARTY VEHICLE (IF ANY) : NA

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

After servicing of car and driving out to go 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?

Hit stone kerb at exit barrier of the Audi Service Center

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

NO INJURY, NO Passenger.

DR SEE THO WAI YIN 

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, DR SEE THO WAI YIN, (NRIC No. SXXX 7013E), hereby confirm that the Singapore Accident Statement lodged by me on 15/10/2019 at 12 noon hours pertaining to the accident involving motor car Reg. No: EN22D, 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	:	<u></u>
Name of Insured / Driver	:	<u>SEE THO WAI YIN</u>
Nric No.	:	<u>SXXX 7013E</u>
Date	:	<u>17/10/2019</u>
Signature	:	<u></u>
Name of Policyholder	:	<u>same as above</u>
Nric No.	:	
Date	:	<u>17/10/2019</u>