



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : CHANG MIN CHIA
 VEHICLE NUMBER : S LB 2167L
 DATE/ TIME OF ACCIDENT : Oct 23, 2019, 8:10 AM
 PLACE OF ACCIDENT : AYE towards Tuas (Lane 1).
 THIRD PARTY VEHICLE (IF ANY) : SJK 8708 M

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

Started from Home 42 East Coast Rd, S 428762

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?

CHANG COLLISION
my car: minor damaged at front
the car in front SJK 8708 Rear - minor damaged, front - severe damaged
the car in front of (SJK 8708), SHD 4920 C (taxi), some damaged front and
Rear, the car in front of the taxi - SKG 4348, minor damage at rear

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

No injuries
the driver of car SJK 8708 was taken by ambulance.

Chang Min Chia
 NAME: CHANG MIN CHIA

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Chang Min Chia, (NRIC No. S2758588D), hereby confirm that the Singapore Accident Statement lodged by me on 26 Oct 2019 at 9:30 AM hours pertaining to the accident involving motor car Reg. No: SLB2167L, 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 : Chang Min Chia
Name of Insured / Driver : CHANG MIN CHIA
Nric No. : S 2758588D
Date : Oct 26, 2019

Signature : Chang Min Chia
Name of Policyholder : CHANG MIN CHIA
Nric No. : S 2758588D
Date : Oct 26, 2019