

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

MOTOR ACCIDENT INTERVIEW FORM

NAME :	Koh Eng Hwee
VEHICLE NUMBER :	SME FLORR
DATE/ TIME OF ACCIDENT :	5th Nov 2019, 12.43pm atternoon
PLACE OF ACCIDENT :	Opposite "Kopitiam Square' along 10 Sengkang Squa
THIRD PARTY VEHICLE (IF ANY) :	5JR 329 P
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Started my journey from a drive home "Jewel @ buon	ompassione and was going to
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE Y POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON	YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC N YOU? IF YES, WHAT WAS THE RESULTS?
•	- No
WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVE HEAD to rear.	VENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S INJURED? IF INJ FOR INVESTIGATION? No passenger,	URED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
NAME: Koh Eng Huce	

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

1, Koh Eng	Hwee, (NRIC No. $57805301/A$), hereby Accident Statement lodged by me on54000 2019
confirm that the Singapore	Accident Statement lodged by me on5# Nov 2019
at $2.42 \rho m$ hours pe	rtaining to the accident involving motor car Reg. No
SME 4188R, in which	h I was the driver are true and accurate to the best of my
knowledge, information and	
I acknowledge that my insur	rers are not liable under the contract of insurance if there is
a breach of policy terms and	d conditions.
In the event that an unrelat	ed/unreported third party property or injury claim arises or
there is evidence emerges	that there is a breach of policy terms and conditions,
irrevocably undertake to al	bsolve 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
	eceipt of written demand by my insurers.
Signature	: Yell
Name of Insured / Driver	: It I fan Hugg
Nric No.	KON ENG PIWEE
MIIC MO.	54805301/A
Date	: Koh Eng Hwee : S7805301/A : 05/11/19
	,
Signature	: All
Name of Policyholder	: Same as above
Nric No.	:
Date	: