



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

### MOTOR ACCIDENT INTERVIEW FORM

NAME : KANG JIAN HAN  
VEHICLE NUMBER : SGJ 5104R  
DATE/ TIME OF ACCIDENT : 5/11/19 19:30  
PLACE OF ACCIDENT : Bukit Timah Road / Swiss Club Rd  
THIRD PARTY VEHICLE (IF ANY) :

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

from Office to meeting. Office 2 Kallang Avenue, meeting  
@ Bukit Timah Road. IES Building

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?

Front part of vehicle directly hitting on the central divider  
front part damaged.

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

No passengers.

Kang Jian Han

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE



## UNDERTAKING

I, Kang Jianhan, (NRIC No. S7975596F), hereby confirm that the Singapore Accident Statement lodged by me on 5/11/19 at 19:30 hours pertaining to the accident involving motor car Reg. No: SGJ5104R 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

:

Kang Jianhan

Name of Insured / Driver

:

KANG JIANHAN

Nric No.

:

SGJ5104R

Date

:

7/11/19

Signature

:

Same as above

Name of Policyholder

:

Nric No.

:

Date

: