



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : DANIELS CHANDRA
 VEHICLE NUMBER : SMJ 5889 M
 DATE/ TIME OF ACCIDENT : 9.30 AM
 PLACE OF ACCIDENT : BUKIT KECIL GREEN & YIO CHU KANG RD
 THIRD PARTY VEHICLE (IF ANY) :

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

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?

FRONT TO REAR

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

NO

NAME: DANIELS CHANDRA

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, DANIELS CHANDRA, (NRIC No. S7388620A), hereby confirm that the Singapore Accident Statement lodged by me on 22/11/2019 at 9.30 am hours pertaining to the accident involving motor car Reg. No: SUJ 5889 M, 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 : DANIELS CHANDRA
Nric No. : S7388620A
Date : 22/11/2019

Signature : 
Name of Policyholder : AS ABOVE
Nric No. : _____
Date : _____