



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

**MOTOR ACCIDENT INTERVIEW FORM**

NAME : LEONG POK YIM  
 VEHICLE NUMBER : SMS 8120 C  
 DATE/ TIME OF ACCIDENT : 1300HRS / 28 NOV NOV 2019  
 PLACE OF ACCIDENT : 80 PLAYFAIR ROAD  
 THIRD PARTY VEHICLE (IF ANY) :

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

ACCIDENT HAPPENED AS I WAS REVERSING OUT OF CARPARK.

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?

DAMAGE TO MY VEHICLE (SMS 8120 C). NO OTHER VEHICLE INVOLVED.

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

NO.

NAME: LEONG POK YIM 

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## UNDERTAKING

I, LEONG POE YIM, (NRIC No. S8134775A), hereby confirm that the Singapore Accident Statement lodged by me on ~~09/11/19~~ 29/11/19 at 0935 hours pertaining to the accident involving motor car Reg. No: SMS 820C, 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 : LEONG POE YIM  
Nric No. : S8134775A  
Date : 29/11/19

Signature : \_\_\_\_\_  
Name of Policyholder : Same As Above  
Nric No. : \_\_\_\_\_  
Date : \_\_\_\_\_