

UNDERTAKING

I, Siow Di Lin, (NRIC No. S0095048C), hereby confirm that the Singapore Accident Statement lodged by me on 19/12/2019 at 16.00pm hours pertaining to the accident involving motor car Reg. No: SGV 16167, 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 : [Signature]
Name of Insured / Driver : Siow Di Lin
Nric No. : S0095048C
Date : 19/12/19

Signature : [Signature]
Name of Policyholder : Siow Di Lin
Nric No. : S0095048C
Date : 19/12/19



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : SION OI LIN
VEHICLE NUMBER : SGV 1216T
DATE/ TIME OF ACCIDENT : 11:30am 19/12/19
PLACE OF ACCIDENT : B2 Carpark Triple One
THIRD PARTY VEHICLE (IF ANY) : NONE

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

Clementi to Triple One

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?

COLLIDED TO PROPERTY

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

NO


NAME: SION OI LIN

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE