

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

MOTOR ACCIDENT INTERVIEW FORM

NAME	Ho Lai Foong
VEHICLE NUMBER	V
DATE/ TIME OF ACCIDENT PLACE OF ACCIDENT THIRD PARTY VEHICLE (IF ANY)	SGR 6336 P
	9/7/20 20:00
	Junction of AMK Central 2 3 Small Road
	SLB 2628 Z
**************************************	**************************************
From Voudland	
DID YOU DRINK ANY ALCOHOLIC DRINKS POLICE CONDUCT ANY BREATHE-ANALYSE	BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFICER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND THE	E EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S INJURI FOR INVESTIGATION?	ED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
HAT	
IAME: Khoo Hpng Chye	

LAFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE