UNDERTAKING

1, Thaw Ti	, (NRIC No. <u>SXXXXE47J</u>), hereby
confirm that the Singapore A	accident Statement lodged by me on 3(8(30)0
	aining to the accident involving motor car Reg. No:
SKR33 K , in which	I was the driver are true and accurate to the best of my
knowledge, information and	belief.
I acknowledge that my insur-	ers are not liable under the contract of insurance if there is
a breach of policy terms and	conditions.
In the event that an unrelate	ed/unreported third party property or injury claim arises or
	that there is a breach of policy terms and conditions, I
	psolve my insurer from all liability under the contract of
	to re-pay any sums paid by my insurers pursuant to the
contract of insurance upon re	eceipt of written demand by my insurers.
	Q
Signature	
Name of Insured / Driver	: THAW TINT
Nric No.	: s8472847J
Date	: S8472847J : 04 AUG 2020
Signature	
Name of Policyholder	: THAW TINT
Nric No.	: 58472847]
Date	: 04 Aug 2020



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

MOTOR ACCIDENT INTERVIEW FORM

NAME	: _	Thaw	Tint				
VEHICLE NUMBER	:	SLT 258 B					
DATE/ TIME OF ACCIDENT	:	3/8	2020				
PLACE OF ACCIDENT	:				in Car p	ark Exit.	
THIRD PARTY VEHICLE (IF ANY)		SKQ 33 K					

FROM PARAGON		TO 1	10mE				
DID YOU DRINK ANY ALCOHOLIC DRINKS BE POLICE CONDUCT ANY BREATHE-ANALYSER T	FORE YO	OU DRIVE ON YOU? IF YES, \	THE DAY O	F THE ACCID THE RESULTS	ENT? IF YES, [?	DID THE TRAFFIC	
NO.			2				
WHAT IS THE TYPE OF COLLISION AND THE EX	KTENSIVE	ENESS OF THE	DAMAGES 1	O ALL VEHIC	LES INVOLVED	?	
THE OTHER VEHIC	LE I	HAS DA	RIVEN	THROU	IGH M	4 FRONT	
RIGHT FENDER WI	HLE	my	CAR	WAS	STATIO	NARY	
						1 11	
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION? \land \circlearrowleft ,	? IF INJU	JRED, WHICH	HOSPITAL?	WERE YOU	TAKEN TO THE	TRAFFIC POLICE	
00.				1			
NAME: THAW TINT							

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE