

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

## **MOTOR ACCIDENT INTERVIEW FORM**

NAME :	YISHAL AGARWAL
VEHICLE NUMBER	SMK 9638P
DATE/ TIME OF ACCIDENT	6/8/20 12:20PM
PLACE OF ACCIDENT :	PIE (BEFORE ENG 260 ROIT)
THIRD PARTY VEHICLE (IF ANY)	No
**************************************	**************************************
From Bayshove Rd	to 903 Butit Timeh Road
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE POLICE CONDUCT ANY BREATHE-ANALYSER TEST O	E YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC ON YOU? IF YES, WHAT WAS THE RESULTS?
Hit the large mel	SIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?  Id friece lying on the road.  majed and sims dated Possibliage
WERE YOU OR YOUR PASSENGER/S INJURED? IF IN FOR INVESTIGATION?	NJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
NAME: YISHAL AGARWAL	

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## **UNDERTAKING**

I, <u>VISHM</u> AGARWM, (NRIC No. <u>5 74816976</u> , hereby confirm that the Singapore Accident Statement lodged by me on <u>6/8/20</u> at <u>2:00 PM</u> hours pertaining to the accident involving motor car Reg. No: <u>5MK9678 P</u> , in which I was the driver are true and accurate to the best of my knowledge, information and belief.		
I acknowledge that my insu	urers are not liable under the contract of insurance if there is	
a breach of policy terms an	nd conditions.	
In the event that an unrela	nted/unreported third party property or injury claim arises or	
there is evidence emerges	s that there is a breach of policy terms and conditions, I	
irrevocably undertake to a	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	: Cule	
Name of Insured / Driver	: VISHM AGARWAL	
Nric No.	S7481697E 6/8/20	
Date	:	
	6/8/20	
Signature	: Vert	
Name of Policyholder	VISHOL AGARWA	
Nric No.		
Data	1 + 48   69 7 /2	
Date	6/8/20	