## **UNDERTAKING**

I, LOW KNOK SHINON KEMMETIT , (NRIC No. 57303532 F, hereby
confirm that the Singapore Accident Statement lodged by me on 21 / 16 /2026
at 11.30 hours pertaining to the accident involving motor car Reg. No:
significantly 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	: Sach
Name of Insured / Driver	: LOW KNOIC SHION KENNETT
Nric No.	: S7303532£
Date	: 21/10/2020
Signature	: Little
Name of Policyholder	: LOW ICWOIC SHION ICENNETH
Nric No.	57303582E
Date	: 21/10/2020



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

## **MOTOR ACCIDENT INTERVIEW FORM**

NAME	: LOW KNOK SHIGH KENMETH
VEHICLE NUMBER	- LJ8986 L
DATE/ TIME OF ACCIDENT	13/10/2020 / 1300 PM
PLACE OF ACCIDENT	PLAZA SINGAPURA CARPARI
THIRD PARTY VEHICLE (IF ANY)	NIL
	**************************************
HOME AND R	ETURNING HOME
INTENDER DESTINE	TION WAS PLAZA SIMEATURA
SHUPPING CEN	TRE
	RE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC
NO.	
WHAT IS THE TYPE OF COLLISION AND THE EXTER	NSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
	y OTHER PROPERTY EXCEPT My
CAR	
WERE YOU OR YOUR PASSENGER/S INJURED? IF FOR INVESTIGATION?	INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
LOW KWOR SHION K	EMMETH
NAME:	
I AFFIRMED THE ABOVE INFORMATION IS GIVEN	TO MY BEST KNOWLEDGE