



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Lim Weisheng Vincent
VEHICLE NUMBER : 88N7318R
DATE/ TIME OF ACCIDENT : 21 Oct 2020 ~ 7:00pm
PLACE OF ACCIDENT : 8 Liang Seah St.
THIRD PARTY VEHICLE (IF ANY) : Unknown

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

Started from home to a restaurant at the street.

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?

side sweep.

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

No.

Vincent

NAME: Lim Weisheng Vincent

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Lim Weisheng Vincent, (NRIC No. S8805904B), hereby confirm that the Singapore Accident Statement lodged by me on 22 Oct 2020 at 1518h hours pertaining to the accident involving motor car Reg. No: SBH7318R, 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 : same as policyholder signature
Name of Insured / Driver : _____
Nric No. : _____
Date : _____

Signature : Vincent
Name of Policyholder : Lim Weisheng Vincent
Nric No. : S8805904B
Date : 27 Oct 2020