



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : SONNONTHEE ORAPHIN
 VEHICLE NUMBER : SLL 9101 C
 DATE/ TIME OF ACCIDENT : 8 Nov 2020 8.00 pm
 PLACE OF ACCIDENT : D' Leedon Condo Address Blk 13 Leedon Height 266224
 THIRD PARTY VEHICLE (IF ANY) :

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

I drove from House No. 10 Jalan Serengam 769412 to
 D' Leedon Condo Address Blk 13 Leedon Height 266224

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. I didn't

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Damage by wheel clamp

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

No

Sonnonthee
 NAME: Sonnonthee Oraphin

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Sonnonthee Oraphin, (NRIC No. S8168517G), hereby confirm that the Singapore Accident Statement lodged by me on Blk 13 Leedon Height 266224 at 8.00 pm hours pertaining to the accident involving motor car Reg. No: SLL9101C, 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 : 
Name of Insured / Driver : SONNONTHEE ORAPHIN
Nric No. : S8168517G
Date : 13/11/2020

Signature : 
Name of Policyholder : SONNONTHEE ORAPHIN
Nric No. : S8168517G
Date : 13/11/2020