MOTOR ACCIDENT INTERVIEW FORM

NAME : SAFUAH BIH KAMHRODIN

VEHICLE NUMBER : GBH 5253M

DATE/ TIME OF ACCIDENT : 30/10/2020   0200 AM

PLACE OF ACCIDENT : ESPLANADE DRIVE

THIRD PARTY VEHICLE (IF ANY) :

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

HAVELOCK RD TO HOME

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?

YES ABOUT THREE GLASS, YES DID CHECKED, NOT SURE

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

N/A

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

I WAS BRING BACK TO CANTOMENT POLICE STATION AND WENT TO THE NUH BY MYSELF

NAME: SAFUAM B KAMHRODIN

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, SAFUAH B KAMARODIN , (NRIC No. S8227577 /J), hereby
confirm that the Singapore Accident Statement lodged by me on 01/11/2020
at 1904 hours pertaining to the accident involving motor car Reg. No:
GBH 5253M , 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   : SAFUAH BIN KAMARODIN

Nric No.   : S8227577/J

Date   : 01/11/2020

Signature   :

Name of Policyholder   :

Nric No.   :

Date   :