



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Lau Puay cheng
VEHICLE NUMBER : SBQ1006
DATE/ TIME OF ACCIDENT : 11/12/2020 @ ard 8:05pm
PLACE OF ACCIDENT : Serangoon garden carpark opposite HSBC Bank
THIRD PARTY VEHICLE (IF ANY) : ✓

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

Start: 47 Kaki Bukit Ave 1, S415983 (workplace)
End: Soi Thai Kitchen in Serangoon Garden (for dinner)

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?

Not at all

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

I reversed & hit the back car who was extremely near
me. His car is matt black & mercedes sports. The position
I am was very close, his car is matt black & very low
& smaller, I did not see him at all at my left & right
side mirrors. The car claimed I hit his front bumper, but
there was no residues left on the ground. Maybe there are scratches

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

I was alone.

dents.
My car
back
lower
bumper
just
received
scratches.
not other
damages.

Handwritten signature

NAME: Lau Puay cheng (S1777418B)


I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

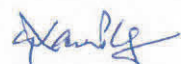
UNDERTAKING

I, Lau Puay Cheng, (NRIC No. S1777418B), hereby confirm that the Singapore Accident Statement lodged by me on 12/12/2020 at 12pm hours pertaining to the accident involving motor car Reg. No: SLF193C, 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 : Lau Puay Cheng
Nric No. : S1777418B
Date : 12/12/2020

Signature : 
Name of Policyholder : Lau Puay Cheng
Nric No. : S1777418B
Date : 12/12/2020