



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : RAHIMAH BTE MOHAMED OMAR
VEHICLE NUMBER : SLG5352Y
DATE/ TIME OF ACCIDENT : 15/12/2020 2000HRS
PLACE OF ACCIDENT : NEAR GEK POH SHOPPING CTR
THIRD PARTY VEHICLE (IF ANY) : NIL

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

FROM SENJA TO JURONG THEN TO GEK POH SHOPPING CTR

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?

REAR BUMPER HIT HUMP WHILE REVERSING

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

NO

Rahimah Omar

NAME: RAHIMAH BTE MOHAMED OMAR

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE


UNDERTAKING

I, RAHIMAH BTE MOHAMED OMAR, (NRIC No. S7227485G), hereby confirm that the Singapore Accident Statement lodged by me on 16/12/2020 at 3.07pm hours pertaining to the accident involving motor car Reg. No: SLG5352Y, 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 : Rahimah Omar
Name of Insured / Driver : RAHIMAH BTE MOHAMED OMAR
Nric No. : S7227485G
Date : 23/12/2020

Signature :  hockrimo
Name of Policyholder : _____
Nric No. : _____
Date : _____