## **UNDERTAKING**

	Accident Statement lodged by me on
at hours per	taining to the accident involving motor car Reg. No:
SFQ 1282 K, in which	n I was the driver are true and accurate to the best of my
knowledge, information and	belief.
I acknowledge that my insur	ers are not liable under the contract of insurance if there is
a breach of policy terms and	I conditions.
In the event that an unrelat	ed/unreported third party property or injury claim arises or
there is evidence emerges	that there is a breach of policy terms and conditions, $\boldsymbol{I}$
irrevocably undertake to al	osolve 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 r	eceipt of written demand by my insurers.
	: Sunthath
Signature	: /////Wille
Name of Insured / Driver	527328811) 7
Nric No.	WIDER HELMUT
Date	06/01/2021
Signature	: Marilling land
Name of Policyholder	- Juni yo www
	WIDDEN HELMUT
Nric No.	527328817
Date	00/01/2021



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

## MOTOR ACCIDENT INTERVIEW FORM

NAME	and the second of the second o	WIDDEK HELMUT
VEHICLE NUMB		CFQ 1282 K
DATE/ TIME OF	ACCIDENT :	05/01/2021 08.30
PLACE OF ACCII	DENT :	16 SIMEL STREET 1 CARPARK
THIRD PARTY V	EHICLE (IF ANY) :	(MELVILLE PARK)
WHERE DID YO	U START YOUR JOURNEY AND WHE	IERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
267	OCEAN DRIVE	TO MELVILLE PARK 16 SIME, I
	CARPAR	
		NSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
R	EVERSE THE	CAR BACK IN A PARKING LOT
704.) HIT	TING THE COM	NCRETE BARRIER WITH THE
BOT		C
WERE YOU OF FOR INVESTIG		FINJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLIC
Mu	al Wester	
NAME: /	VIDAEK HELMU	
INCIDIE,	VIIII WELL	