

AUS Auto Pacific Insurance Iron Led AUS Building 78 Shaneun Way

MOTOR ACCIDENT INTERVIEW FORM

NAME	: Berenice G Low
AESPECTE WOWINES	SmG3c41 X
DATE! TIME OF ACCIDENT	: 5/2/2021,6 pm
PLACE OF ACCIDENT	: Basement carpark
THEO PARTY VEHICLE (IF ANY)	:
WHERE DID YOU START YOUR JOURNEY AND T Acra Drive, Dahlia Pa	WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
Intended destination: H	cine
DIO YOU DRINK ANY ALCOHOUG DRINGS BE POUCE CONOUCT ANY EXEATHE-ANALYSER T NO	EFFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
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	with the pillar, Panage to tail-lights,
that and back honger.	
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WERE YOU OR YOUR PASSENGER/S INJURED? FOR INVESTIGATION? NO CORE WAS INJURED!	? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
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LAFFRANCO THE ABONE INFORMATION IS GIVEN TO MY REST KNOWLEDGE

<u>UNDERTAKING</u>

1 Porenice G	Low , (NRIC No. 576227697), hereby TA	
confirm that the Singapore	Accident Statement lodged by me on _6/2/20>+ 6/2/20.	
at 10 20 hours per	rtaining to the accident involving motor car Reg. No:	
SMA 3041X , In which	h 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.		
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Signature	: Plu	
Name of Insured / Driver	· Berenice or Low	
Nric No.	57622-2692	
Date	16/2/2021	
Signature	· ple	
Name of Policyholder	· Berenice Gr Low	
Nric No.	S7622269Z	
Date	14/2/2021	