

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

MOTOR ACCIDENT INTERVIEW FORM

NAME	: MUHAMANAO PRIESTA BIH APPENDY
VEHICLE NUMBER	: GRE VIEW
DATE/ TIME OF ACCIDENT	2210 JANSVARG 1430-1700.
PLACE OF ACCIDENT	TAKASH IMAYA LUADING WHOWING MANDARIN
THIRD PARTY VEHICLE (IF ANY)	ALLEY
WHERE DID YOU START YOUR JOURNEY AND V	VHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
FROM MANDARIN MALL	try to TAKAS I MAYA
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFI POLICE CONDUCT ANY BREATHE-ANALYSER TE	ORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC ST ON YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND THE EXT	ENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WFRE YOU OR YOUR PASSENGER/S INJURED? FOR INVESTIGATION?	IF IN.UR&D, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
NAME:	10 LPE IN

LAFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

<u>UNDERTAKING</u>

I, WHAMMAD ASUPINS , (NRIC No. 291-9.1497), hereby

confirm that the Singapore A	Accident Statement lodged by me on 22 No January 20%		
	taining to the accident involving motor car Reg. No:		
GRA 4584 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 re	eceipt of written demand by my insurers.		
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Cimpakuun			
Signature			
Name of Insured / Driver	makener word by		
Nric No.			
Date	- 10 MALO		
Date	05 PEBELANDY 2521		
	2002 Va		
	Continued to the second		
Signature			
Name of Policyholder	•		
Nric No.			
Date	:		