

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

## MOTOR ACCIDENT INTERVIEW FORM

NAME	:	Yvonne Wong
VEHICLE NUMBER	:	SMP7790T
DATE/ TIME OF ACCIDENT	:	04/02/2021 12.30pm
PLACE OF ACCIDENT	:	118 Arthur Road
THIRD PARTY VEHICLE (IF ANY)	:	NA
		E WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
		nside my condo. Upon reversing, I didn't hear any beeping
		a light impact from the rear. I found out that the rear of the vehicle
had already lightly hit the pillar at the p	arking	lot.
DID YOU DRINK ANY ALCOHOLIC DRINKS BE POLICE CONDUCT ANY BREATHE-ANALYSER T		OU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC YOU? IF YES, WHAT WAS THE RESULTS?
No.		
WHAT IS THE TYPE OF COLLISION AND THE EX	(TENSI)	VENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
, , , , , , , , , , , , , , , , , , , ,		
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION?	? IF IN.	JURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
No injury involved.		
Greene Yvonne Wong		
NAME:		

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## <u>UNDERTAKING</u>

I, Yvonne Wong	, (NRIC No. <u>\$7146804F</u> ), hereby
confirm that the Singapore A	ccident Statement lodged by me on 4 Feb 2021
at <sup>7pm</sup> hours perta	aining to the accident involving motor car Reg. No:
SMP7790T , in which	I was the driver are true and accurate to the best of my
knowledge, information and b	pelief.
l acknowledge that my insure a breach of policy terms and	ers are not liable under the contract of insurance if there is conditions.
In the event that an unrelate	d/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 ab	solve my insurer from all liability under the contract of
insurance and I undertake to	o re-pay any sums paid by my insurers pursuant to the
contract of insurance upon re	ceipt of written demand by my insurers.
Signature	: Gvonne
Name of Insured / Driver	
Nric No.	Yvonne Wong :
D-4-	S7146804F
Date	1 Mar 2021
Signature	: Lestino
Name of Policyholder	•
Nric No.	•
Date	•