



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : YAP CHO HIAN VICTOR
VEHICLE NUMBER : SBK 3168Z
DATE/ TIME OF ACCIDENT : 23/02/2021 @ 1305 hrs
PLACE OF ACCIDENT : 8, Boon Lay Drive
THIRD PARTY VEHICLE (IF ANY) :

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

Start : Marina Bay Sands
End : 8, Boon Lay Drive

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 collision. No other vehicles involved.
Collided onto a slanted pillar.

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

NO

Cafu
NAME: YAP CHO HIAN VICTOR


I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE


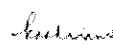
UNDERTAKING

I, YAP CHO HIAN VICAR, (NRIC No. S1127078-F), hereby confirm that the Singapore Accident Statement lodged by me on 24/02/2021 at 2040 hours pertaining to the accident involving motor car Reg. No: SBK 3168 Z, 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 : 
Name of Insured / Driver : YAP CHO HIAN VICAR
Nric No. : S1127078-F
Date : 03/03/2021

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