



## UNDERTAKING

I, CAROL GOH SU LIN, (NRIC No. \_\_\_\_\_), hereby confirm that the Singapore Accident Statement lodged by me on 04 MARCH 21 at 13:00 hours pertaining to the accident involving motor car Reg. No: SLJ 3489J, 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 : CAROL GOH SU LIN  
Nric No. : \_\_\_\_\_  
Date : 04 MARCH 2021

Signature :   
Name of Policyholder : CAROL GOH SU LIN  
Nric No. : \_\_\_\_\_  
Date : 04 MARCH 2021



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

### MOTOR ACCIDENT INTERVIEW FORM

NAME : CAROL EOH SU LIN  
VEHICLE NUMBER : SLJ 3489J  
DATE/ TIME OF ACCIDENT : 03 MARCH 20:30  
PLACE OF ACCIDENT : CECIL STREET  
THIRD PARTY VEHICLE (IF ANY) : SLR 79 20 X

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

From Class at International Plaza to Home.

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?

Head to Rear

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

No

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE