



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Ng Hock Chuan
 VEHICLE NUMBER : SJW 5117A
 DATE/ TIME OF ACCIDENT : 20/9/2021 12:30pm.
 PLACE OF ACCIDENT : Car park - Suntec City
 THIRD PARTY VEHICLE (IF ANY) :

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

Home → Suntec City

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?

Car ~~got~~ doors got scratches. Make a left turn at the carpark of Suntec City B1.

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

No.

Ng Hock Chuan

NAME: Chuan.

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Ng Hock Chuan, (NRIC No. S7033340/F), hereby confirm that the Singapore Accident Statement lodged by me on 20/9/2021 at 5:26pm hours pertaining to the accident involving motor car Reg. No: SJW 5117A, 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 : Chuan
Name of Insured / Driver : Ng Hock Chuan
Nric No. : S7033340/F
Date : 20/9/2021

Signature : Chuan
Name of Policyholder : Ng Hock Chuan
Nric No. : S7033340/F
Date : 20/9/2021