



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

### MOTOR ACCIDENT INTERVIEW FORM

NAME : CAO CHANG  
VEHICLE NUMBER : SMX4006C  
DATE/ TIME OF ACCIDENT : 22/09/2021  
PLACE OF ACCIDENT : 1 Ghim Moh Road, 270001  
THIRD PARTY VEHICLE (IF ANY) :

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

Start from Home (232 Commonwealth Avenue)

Intend to park at 1 Ghim Moh Road HDB carpark

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?

When I tried to reverse the car to park, it hits back  
side into the pillar. ~~AS~~

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

No injury

CAO CHANG

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## UNDERTAKING

I, CAO CHANG, (NRIC No. S9076511F), hereby confirm that the Singapore Accident Statement lodged by me on 29/09/2021 at 3:41 PM hours pertaining to the accident involving motor car Reg. No: SMX4006C, 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

:

CAO CHANG

Nric No.

:

S9076511F

Date

:

22/09/2021

Signature

:

Name of Policyholder

:

Nric No.

:

Date

: