

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

MOTOR ACCIDENT INTERVIEW FORM

NAME	: Ling Ming Jan
VEHICLE NUMBER	SFT 77 10 L
DATE/ TIME OF ACCIDENT	: 30 Nov 2021 2300 HRS
PLACE OF ACCIDENT	: Carpark Lot behind , & Fianum Building
THIRD PARTY VEHICLE (IF ANY)	:
**************************************	**************************************
DID YOU DRINK ANY ALCOHOLIC DRINKS B POLICE CONDUCT ANY BREATHE-ANALYSER	BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND THE I	EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S INJURE FOR INVESTIGATION?	D? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
LIM Mily Jun 182	
I AFFIRMED THE ABOVE INFORMATION IS O	GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

1, Tan Boon	(NRIC No. 5/777038 D), hereby
at 430 hours per	Accident Statement lodged by me on Ist Dac 2021 rtaining to the accident involving motor car Reg. No: h I was the driver are true and accurate to the best of my
I acknowledge that my insura a breach of policy terms and	rers are not liable under the contract of insurance if there is disconditions.
there is evidence emerges irrevocably undertake to a insurance and I undertake	ed/unreported third party property or injury claim arises or that there is a breach of policy terms and conditions, I bsolve my insurer from all liability under the contract of to re-pay any sums paid by my insurers pursuant to the receipt of written demand by my insurers.
Signature	: WE
Name of Insured / Driver Nric No. Date	: Lrn Ming Jun : S9935365 (: 1st Dec
Signature	: gur
Name of Policyholder	: Tan Boon Soo
Nric No.	517170 280
Date	1/12/2/