

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

MOTOR ACCIDENT INTERVIEW FORM

| NAME | : lan yen geng |
|---|---|
| VEHICLE NUMBER | 35620207 |
| DATE/ TIME OF ACCIDENT | 31/10/2/0 1830 |
| PLACE OF ACCIDENT | Outside 81 Lucky Heights |
| THIRD PARTY VEHICLE (IF ANY) | NA. |
| ********* | ************************************** |
| WHERE DID YOU START YOUR JOURNEY A | AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? |
| From my office | towards home. |
| and the second second | co. absolve the immer from all debites are all the second and |
| matrizate and hunder | the to re-pay any stars pain by my imporers tryinger to the |
| | S BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC SER TEST ON YOU? IF YES, WHAT WAS THE RESULTS? |
| | |
| The same same / De | |
| | e area of the damages to all vehicles involved? |
| | |
| | |
| Si as alian | |
| | |
| WERE YOU OR YOUR PASSENGER/S INJUSTING FOR INVESTIGATION? | JRED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE |
| | |
| | |
| J. A. | |

NAME: Fan Yen Seng

LAFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

| 1. Jan Yen 8 | Beng, (NRIC No. 876191007 Zhereb |
|--|---|
| confirm that the Singapore Ad | ccident Statement lodged by me on 14121 |
| 1110 | aining to the accident involving motor car Reg. No |
| | I was the driver are true and accurate to the best of my |
| knowledge, information and b | pelief. |
| I acknowledge that my insure a breach of policy terms and | ers are not liable under the contract of insurance if there is conditions. |
| | |
| there is evidence emerges irrevocably undertake to all insurance and I undertake | 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 eccipt of written demand by my insurers. |
| Name of Insured / Driver | 1/01 |
| | ton Yen Seng S76191007 |
| Nric No. | : s7619100Z |
| Date | : 14/12/21 |
| | |
| Signature | |
| Name of Policyholder | |
| | |
| Nric No. | |
| Date | |