

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

MOTOR ACCIDENT INTERVIEW FORM

| NAME SU HAO BO |
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| VEHICLE NUMBER : SNC.481514 |
| DATE/ TIME OF ACCIDENT : 13/2/2022 |
| PLACE OF ACCIDENT : Carpark at Laure tree |
| THIRD PARTY VEHICLE (IF ANY) |
| where DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? From Car park at Laurel tree toward to home, 26 Backit batch east avez, > 25-03. |
| 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? |
| what is the type of collision and the extensiveness of the damages to all vehicles involved? I was making a reversing and hit onto the curren of the wall which behind of my car at the carpank. The damages was the rear of the car. |
| WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION? |
| 163-3H |
| NAME: |

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

| confirm that the Singapore at _1515 hours per | , (NRIC No. 872873591), hereby Accident Statement lodged by me on |
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| I acknowledge that my insur a breach of policy terms and | rers are not liable under the contract of insurance if there is d conditions. |
| there is evidence emerges irrevocably undertake to all 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 ecceipt of written demand by my insurers. |
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| Signature Name of Insured / Driver Nric No. Date | ST2873591 15/2/2022 |
| Name of Insured / Driver Nric No. | : , , |