



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

### MOTOR ACCIDENT INTERVIEW FORM

NAME : TEO CHER IN  
VEHICLE NUMBER : SLW 2202H  
DATE/ TIME OF ACCIDENT : 30th April, 2.50 pm (approx)  
PLACE OF ACCIDENT : Orchard Cinetone carpark  
THIRD PARTY VEHICLE (IF ANY) : N/A

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

From home address, park at the car park.

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?

Own vehicle, rear door & bumper scratched.

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

No.

Cher In  
TEO CHER IN  
NAME: TEO CHER IN

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE