

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

MOTOR ACCIDENT INTERVIEW FORM

NAME :	Ankit Khetan
VEHICLE NUMBER :	SNF3735X
DATE/ TIME OF ACCIDENT :	3 Sch 2022 / 12:00 pm
PLACE OF ACCIDENT :	Aria Square Tours 2
THIRD PARTY VEHICLE (IF ANY)	
***********	*************
WHERE DID YOU START YOUR JOURNEY AND WH	HERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
Started from home Asia Square tower	(21 kin yam Road), destination
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE POLICE CONDUCT ANY BREATHE-ANALYSER TEST	RE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC ON YOU? IF YES, WHAT WAS THE RESULTS?
what is the type of collision and the extensiveness of the Damages to all vehicles involved? No other Vehicle involved. Front of the Vehicle got- brushed with the wall on right hand side.	
WERE YOU OR YOUR PASSENGER/S INJURED? IF FOR INVESTIGATION?	INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE

NAME: Ankit Khetan

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

1, Ankit K	(NRIC No. 96410566W), hereby confirm that the
Singapore Accident States	ment lodged by me on See at 1800pm hours pertaining to
the accident involving me	otor car Reg. No: SNF3735K, in which I was the driver are true and
	y knowledge, information and belief.
1, Anki	+ Khetan, (NRIC No. G6410.566W), am the owner of motor car
Reg. No: _SNF3735K	and the policyholder of policy no. 722 0 056111
We acknowledge that the	insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of
insurance if there is (a) a	breach of policy terms and conditions and/or (b) cover under the policy is
excluded due to the opera	tion of an exclusion(s) under the policy terms and conditions.
	ted/unreported third party property or injury claim arises or evidence emerges
that:	
	f policy terms and conditions; and/or
	olicy is excluded due to the operation of an exclusion(s) under the policy terms
and conditions,	
	severally undertake to absolve my insurer from all liability under the contract
	r jointly and severally undertake to re-pay any and all sums paid by my insurers
pursuant to the contract of	f insurance upon my /our receipt of a written demand from the insurers.
Signature	Aughan to
Name of Policyholder	: Antit Khetan
NRIC No.	
Date	= 96410,566 W
Date	: 3 Sch 2022
Signature	: Anileant
Name of Driver	: ANKIT KHETAN
NRIC No.	= 96410566W
Date	: 3 Sep 2022