

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

## MOTOR ACCIDENT INTERVIEW FORM

NAME	•	AND HUILING
VEHICLE NUMBER	:	SKN 25718
DATE/ TIME OF ACCIDENT	•	22/09/2022 8.04 pm.
PLACE OF ACCIDENT	•	MAS BUILDING CARPARE EXIT
THIRD PARTY VEHICLE (IF ANY)	:	
WHERE DID YOU START YOUR JOURNEY AND	WHER	**************************************
		BLK99A, LOR 4, TOA PAYOH, \$10-35,
SINGAPORE 310099 (HON	NE)	
	,	
DID YOU DRINK ANY ALCOHOLIC DRINKS BE POLICE CONDUCT ANY BREATHE-ANALYSER		YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC N YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND THE E	XTENSI	VENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
CONTACT WITH WALL . A	10 0	OTHER VEHICLES INVOLVED.
	-	
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION?	)? IF IN	JURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
B-		

NAME: ANG HUICING

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## **UNDERTAKING**

I, ANG HUILI	NO (NRIC No. S8534067J), hereby	
confirm that the Singapore	Accident Statement lodged by me on 23/09/2022	
	taining to the accident involving motor car Reg. No:	
SKN 25718, in which	I was the driver are true and accurate to the best of my	
knowledge, information and	belief.	
I acknowledge that my insur 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 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 posolve 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.	
Signature	:	
Signature  Name of Insured / Driver	: ANG HUILING	
•	ANG HUILING	
Name of Insured / Driver	S 8534067 J	
Name of Insured / Driver Nric No.	:	
Name of Insured / Driver Nric No.	S 8534067 J	
Name of Insured / Driver Nric No.	S 8534067 J	
Name of Insured / Driver Nric No. Date	S 8534067 J	
Name of Insured / Driver Nric No. Date Signature	\$8534067 ) 23/09/2022. ANG HUILING	₫ H
Name of Insured / Driver Nric No. Date Signature Name of Policyholder	38534067 J 23/09/2022	₫ 1