



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Liew Chee Yen
VEHICLE NUMBER : SNF 2025 T
DATE/ TIME OF ACCIDENT : 7/10/22 1AM
PLACE OF ACCIDENT : The Centrepoint
THIRD PARTY VEHICLE (IF ANY) : -

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

Multi-storey car park @ The Centrepoint, heading home.

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?

Only own vehicle is affected. Damage to front left side of the car.

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

No injuries.

NAME: Liew Chee Yen

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

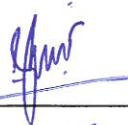
I, Liew Chee Yen, (NRIC No. S72603396), hereby confirm that the Singapore Accident Statement lodged by me on 7/10/22 at 11.30am hours pertaining to the accident involving motor car Reg. No: SNF2025 T, in which I was the driver are true and accurate to the best of my knowledge, information, and belief.

I acknowledge that my 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 operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third-party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature	:	<u></u>
Name of Policyholder	:	<u>Liew Chee Yen</u>
NRIC No.	:	<u>S72603396</u>
Date	:	<u>7/10/22</u>