



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Bethany Wang
 VEHICLE NUMBER : SNB3856A
 DATE/ TIME OF ACCIDENT : 16 Dec 2022 4pm
 PLACE OF ACCIDENT : Sengkang TPE
 THIRD PARTY VEHICLE (IF ANY) : —

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

After lunch and heading back to fetch kids to Birthday Party.
↳ (From AMK Centre to Rivervale Drive)

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?

Went over a foreign object on the road at the
expressway

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

No

NAME: Bethany Wang

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Wang Huimin Bethany, (NRIC No. S8818868C), hereby confirm that the Singapore Accident Statement lodged by me on _____ at _____ hours pertaining to the accident involving motor car Reg. No: SNG 3856 A, 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 : 
Name of Policyholder : Wang Huimin Bethany
NRIC No. : S8818868C
Date : 19/12/22