

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

## MOTOR ACCIDENT INTERVIEW FORM

NAME	I AT DVIN MONTUA	MAN	
VEHICLE NUMBER	SLW 9126 Z		
DATE/ TIME OF ACCIDENT	4/1/23-1930hs		
PLACE OF ACCIDENT	10 HAST CONST TERRACE		
THIRD PARTY VEHICLE (IF ANY)	_	120	
**************************************			
RETURNING home	CON OFFICE MEETING		
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?			
	,	-40	
WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?			
		3000	
AND THE RESTRICTION OF THE PARTY OF THE PART			
NAME: \ ANTHONY MINK F.	NAME: / ANTHONY MINK FAI MAN		

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

## **UNDERTAKING**

I, ANNOW MINK FA IMAN , (NRIC No. 572 89497), hereby confirm that the Singapore Accident Statement lodged by me on 2/2/23 at 13 08 hours pertaining to the accident involving motor car Reg. No: 5249726 7, 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
- 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

NRIC No.

Date

ANTON INU FAI MAN

572894971

2/FEB/2023