

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

MOTOR ACCIDENT INTERVIEW FORM

NAME	: .	YERIC LIM WEI LIANG
VEHICLE NUMBER	:	SLV 4898 S.
DATE/ TIME OF ACCIDENT	:	2016 HE 28 20 2023 2026HKS
PLACE OF ACCIDENT	:	Jalan Euros tavardo ECP before Jahn Kechot
THIRD PARTY VEHICLE (IF ANY)	:	`
WHERE DID YOU START YOUR JOURNEY AND	WHERE	**************************************
J. J. Harrison on E.	7	borth 7 (home) to 333 Joo Chiest Rd, Pingapure 427588
POLICE CONDUCT ANY BREATHE-ANALYSER TO	EST ON	OU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC YOU? IF YES, WHAT WAS THE RESULTS? VENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
Chain-collipions, Cor front		
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION?	? IF INJ	URED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
n.		

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

NAME: PERIC LIM WEI CIANG

UNDERTAKING

1, Deric Lin Wei	Liang, (NRIC No. <u>\$98262495</u>), hereby confirm that the
Singapore Accident Statement lod	ged by me on $\frac{2/3}{23}$ at $\frac{100}{20}$ hours pertaining to
the accident involving motor car	Reg. No: $\underline{SLV48985}$ in which I was the driver are true and
accurate to the best of my knowle	dge, information and belief.
1, Dennis Lim Kar	$\frac{\text{Neny}}{\text{NNIC No.}}$, (NRIC No. $\frac{\text{S1527083 G}}{\text{10027627}}$), am the owner of motor car d the policyholder of policy no. $\frac{7210027627}{\text{10027627}}$.
Reg. No: SLV 48985 an	d the policyholder of policy no. 7210027627
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 operation of a	an exclusion(s) under the policy terms and conditions.
In the event that an unrelated/unr	eported 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 e	excluded due to the operation of an exclusion(s) under the policy terms
and conditions,	
we irrevocably jointly and severall	ly undertake to absolve my insurer from all liability under the contract
of insurance and we further jointly	and severally undertake to re-pay any and all sums paid by my insurers
pursuant to the contract of insura	nce upon my /our receipt of a written demand from the insurers.
	I Am Maria
Signature	90100000000000000000000000000000000000
Name of Policyholder :_	LIMICAYE HENG DEANLS
NRIC No.	S1527033 Ct.
Date :_	2 MARCH 2023
	0
Signature :_	γ`
Name of Driver :_	PERLL LIM NEL LIANG
NRIC No. :_	\$ 59 \$ 112 4 9J
Date :_	2 MARCH 2023