



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

MOTOR ACCIDENT INTERVIEW FORM

NAME : Clara Leo Xinying
VEHICLE NUMBER : SNC 1899 K
DATE/ TIME OF ACCIDENT : 23 Apr 2023
PLACE OF ACCIDENT : Hoagany Ave 8 H634 Carpark
THIRD PARTY VEHICLE (IF ANY) : -

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

My vehicle was parked in the carpark. Encountered
hit & run which caused damages to my left
bumper, body & headlight.

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?

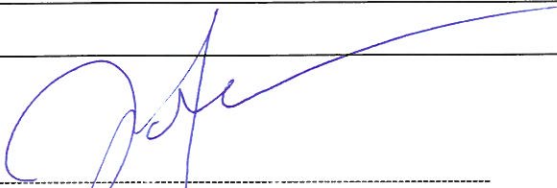
NA.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Unknown - hit & run situation.

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

NA.


NAME: Clara Leo

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Clara Yeo Xinying, (NRIC No. S8205635A), hereby confirm that the Singapore Accident Statement lodged by me on 24/4/23 at 3.30 pm hours pertaining to the accident involving motor car Reg. No: SNC1899K, 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,

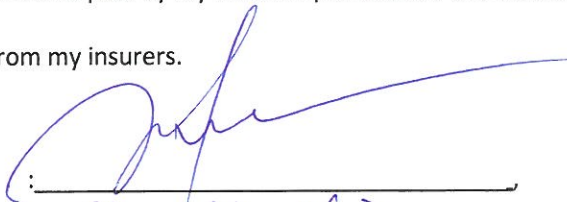
I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature

Name of Policyholder

NRIC No.

Date

: 
: Clara Yeo Xinying
: S8205635A
: 24/4/23