



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

**MOTOR ACCIDENT INTERVIEW FORM**

NAME : HO SHUI CHOY  
 VEHICLE NUMBER : SJP 7628R  
 DATE/ TIME OF ACCIDENT : 31/7/2023 09:25am  
 PLACE OF ACCIDENT : Multi-storey carpark at NCS Hub  
 THIRD PARTY VEHICLE (IF ANY) :

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

From Home to Office at NCS Hub

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?

Collided into wall at carpark

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

No

*Handwritten signature*

NAME: HO SHUI CHOY

**I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE**

## UNDERTAKING

I, HO SHUI CHOY (NRIC No. S7224686A), hereby confirm that the Singapore Accident Statement lodged by me on 1/8/2023 at 1223 hours pertaining to the accident involving motor car Reg. No: SJP7628R, 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 : HO SHUI CHOY  
NRIC No. : S7224686A  
Date : 1/8/2023