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FW: request claim number

**samsia**  
Senior Admin Assistant  
Operations, Motor & Plines



**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Friday, 19 February 2021 8:15 AM  
**To:** MTCL@income.com.sg  
**Subject:** request claim number

Hi,

REQUEST CLAIM NUMBER

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1120895-002	CITYCAB PTE LTD	SHC 334B	SML 4967S	09/2/2021

*Thanks and regards,*  
**Denise**  
*Case handler*  
*LKK Auto Consultants Pte Ltd*  
*Tel: ' 62563561 Fax: 6 6256 4315*  
*Email: [✉ sur@lkkauto.com](mailto:sur@lkkauto.com)*

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