

## Veron Chen (LKKAUTO)

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**From:** MTCL@income.com.sg  
**Sent:** Thursday, 1 September 2022 2:35 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Classification: *Restricted*

Hi,

Claim created.

**Claim No : MT/1186898-001**

FYA

With Regards

**Samsia**

Senior Admin Assistant  
Operations, Motor & Personal Lines



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**From:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Sent:** Thursday, 1 September 2022 11:50 AM  
**To:** MTCL@income.com.sg  
**Subject:** RE: REQUEST CLAIM NUMBER

Dear Samsia,

**OI vehicle should be SMT 1365G.**

Sorry for the inconvenience caused

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** [MTCL@income.com.sg](mailto:MTCL@income.com.sg) <[mtcl@income.com.sg](mailto:mtcl@income.com.sg)>  
**Sent:** Thursday, 1 September 2022 11:45 AM  
**To:** Veron Chen (LKKAUTO) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>  
**Subject:** FW: REQUEST CLAIM NUMBER

Classification: *Restricted*

Dear Sir/Madam,

Our system records show that vehicle, SMT1265G is not insured with us at the time of accident.

Please provide us with the LTA search showing this vehicle to be our insured as it could be insured under a Motor Trade Policy .

Thank you.

*\* In view of the stricter measures impose on the Covid-19 situation, we would strongly request you to email all claims document to us at [mtcl@income.com.sg](mailto:mtcl@income.com.sg) so that we can attend to it. You may wish to know that we would not be able to receive any documents send to our office at Trade Union House or any of our branches during this period.*

With Regards

**Samsia**

Senior Admin Assistant  
Operations, Motor & Personal Lines



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**From:** Veron Chen (LKKAUTO) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>  
**Sent:** Wednesday, 31 August 2022 10:47 AM  
**To:** [MTCL@income.com.sg](mailto:MTCL@income.com.sg)  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Kindly provides claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1		STRIDES TAXI PTE LTD	SHB 591E	SMT 1265C
2				

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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