



**FRANCO NIGERIA INSURANCE
BROKERS AND CONSULTANTS
LIMITED** RC: 40788

52, Itolo Street,
Off Eric Moore Road,
Surulere
P.O. Box 10206
Lagos, Nigeria.

Phone: (234-1) 2913281, 2913282
Fax:
Email: info@fnib-insurance.com
fconsultantsltd@yahoo.com
Web Site: www.fnib-insurance.com

16TH July, 2025

The Managing Director,
C&I Leasing Plc
C&I Leasing Drive
Off Bisola Durosimi Etti Street
Off Admiralty Way
Lekki Phase 1
Lagos.

Attention : Oluwatosin Abati,

Dear Sir,

RE: CLAIM NO. C&I/25/106
ACCIDENT TO MITSUBISHI L200 REG. NO. ABM.141AA ON 18/06/2025
INSURED: C&I LEASING PLC.

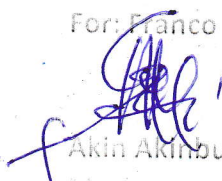
We refer to the above claim and give hereunder our settlement offer.

Estimate Submitted	-	N400,000.00
Amount Approved	-	N170,000.00
Less Policy Excess	-	<u>N 10,000.00</u>
Net Payable	-	<u>N160,000.00</u>

Thank you for your usual co-operation.

Yours faithfully,

For: Franco Nigeria Insurance Brokers & Consultants Ltd.


Akin Akintulumo
Manager

CC: Custodian & Allied Ins. Ltd (Attn: Favour Fagbolade)

We enclose herewith the Estimate of Repairs, Photographs, Driver's Report,
Completed Claim Form.

Custodian

DISCHARGE FORM

(#160,000.00)

Claim No: Under policy No:

INSURED:

C & I LEASING PLC

PAYEE FULL NAME (Must be completed by the Insured)

I/We the undersigned hereby agree to accept the sum of ONE HUNDRED AND SIXTY THOUSAND NAKRA in full and final settlement of all claims whatsoever in respect of damage or losses now and in the future to be manifested directly or indirectly as a result of Accident to Nuts-L200 Reg. No ABM141AA on 18/06/25

I/We declare further that I/We have no further claim whatsoever against CUSTODIAN AND ALLIED INSURANCE LTD and any recovery of losses/damaged property made on this claim shall belong to the insurer (s)

Full Name

Witness Name

Phone Number

Phone Number

Occupation

Occupation

Signature

Address

Date

Signature

Date

Affix N50.00 Postage Stamp (official stamp and/or company seal only not acceptable)

If Payee wants payment by bank e-transfer, kindly avail us of the payee Bank details as requested below to enable us transfer the amount due in settlement of your claim.

Account Name

Sort Code

NUBAN A/c No

Bank Name

Authorized Name

Branch

Authorized Signature

Date

NOTE: In case of Foreign Currency Transfer, please indicate Corresponding Bank and Beneficiary Bank details in a separate sheet.