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	-	N 10,000.00
Net Payable	-	N160,000.00

Thank you for your usual co-operation.

Yours faithfully,
For: Franco Nigeria Insurance Brokers & Consultants Ltd.

Akin Akinbulumo
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:

PAYEE FULL NAME C & I LEASING PLC
(Must be completed by the Insured)

I/We the undersigned ..... hereby agree to accept the sum of ONE HUNDRED AND SIXTY THOUSAND NAIRA 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 MITS-L200 Reg. No. ABM 141 AA 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.....

Phone Number.....

Occupation.....

Signature.....

Date.....

Witness Name: Amaka Paschal

Phone Number: 08058627471

Occupation: Insurance

Address: 52 Idolo Street, Off Eric Moore, S/Line.

Signature.....

Date: 16/07/25

Affix ₦50.00 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.....

NUBAN A/c No.....

Authorized Name.....

Authorized Signature.....

Sort Code.....

Bank Name.....

Branch .....

Date .....

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