



**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

11th August, 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/25/128
ACCIDENT TO TOYOTA COROLLA REG. NO. APP.578 FQ ON 29/07/2025
INSURED: C&I LEASING PLC.

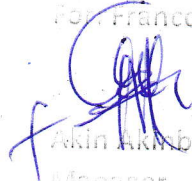
We refer to the above claim and give hereunder our settlement offer.

Estimate Submitted	-	N480,000.00
Amount Approved	-	N350,000.00
Less Policy Excess	-	<u>N 17,500.00</u>
Net Payable	-	<u>N332,500.00</u>

Thank you for your usual co-operation.

Yours faithfully,

For Franco Nigeria Insurance Brokers & Consultants Ltd.


Akin Akimbulumo
Manager

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

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



DISCHARGE FORM

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 THREE HUNDRED
9 THIRTY TWO THOUSAND FIVE HUNDRED NAKRA ONLY 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 29/04/22
indirectly as a result of ACCIDENT TO TOYOTA COROLLA REG NO. APP 578 FQ ON ^

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 AKIN AKINBULLIMO

Phone Number.....

Phone Number 08037154024

Occupation.....

Occupation INSURANCE

Signature.....

Address 52, ITOLO ST, OFF ERIC MOORE
SLERE

Date.....

Signature [Signature]

Date 11/08/22

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.**