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
fconsultantslttd@yahoo.com
Web Site: www.fnib-insurance.com

7th May, 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/24/343
ACCIDENT TO TOYOTA HIGHLANDER REG. NO. LSD.767 JA ON 03/06/2024
INSURED: C&I LEASING PLC.

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

Estimate Submitted	-	N692,000.00
Amount Approved	-	N459,000.00
Less Policy Excess	-	N 22,950.00
Net Payable	-	N436,050.00

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

CSL/24/343

Claim No: ^ **Under policy No:**

(₦436,050=)

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 FOUR HUNDRED & THIRTY SIX THOUSAND, FIFTY NAIRA 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 indirectly as a result of ACCIDENT TO TOYOTA HIGHLANDER REG NO: LSD767JA 04/06/24

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. AKIN AKINBULUMO

Phone Number. 08037154024

Occupation. INSURANCE

Address 52, TIBOU ST, OFF ERIC MOORE S/LERE

Signature.....

Date. 07/05/25

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.