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

0[illegible] 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/25/096
ACCIDENT TO TOYOTA CONQUEST REG. NO.SMK.131 YE ON 24/06/2025
INSURED: C&I LEASING PLC.

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

Estimate Submitted	-	N460,000.00
Amount Approved	-	N385,000.00
Less Policy Excess	-	N 19,250.00
Net Payable	-	N365,750.00

Thank you for your usual co-operation.

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

Akin [illegible]mbulumo
Manager

Cc: Custodian & Allied Ins. Ltd (Attn: Favour Fagbolade)
We enclose herewith the Estimate of Repairs, Photographs, Driver's Report, Completed Claim Form.

Custodian

(₦365,750)

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 AND SIXTY FIVE THOUSAND SEVEN hundred and fifty 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 Toyota Conquest Reg-No' SMK 131YE on 24/04/25

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 Amadi Paschal

Phone Number.. Phone Number 08056362741

Occupation.. Occupation Insurance

Signature.. Address 52 Tobo STR. OFF ERIC MOORE, S/Lere.

Date.. Signature [signature]

Date 09/07/25

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.................................... 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.