



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

3, Itole Street,
Off Eridu 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

15th 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/25/121
ACCIDENT TO TOYOTA HILUX REG. NO. SMK.150 XS ON 03/07/2025
INSURED: C&I LEASING PLC.

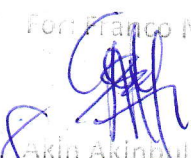
We refer to the above claim and give hereunder our settlement offer.

Estimate Submitted	-	N590,000.00
Amount Approved	-	N420,000.00
Less Policy Excess	-	N 21,000.00
Net Payable	-	<u>N399,000.00</u>

Thank you for your usual co-operation.

Yours faithfully,

For Franco Nigeria Insurance Brokers & Consultants Ltd.


Akin Akinbulumo
Manager

C&I Custodian & Allied Ins. Ltd (Attn: Favour Fagbade)

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

Custodian
SOLUTIONS

DISCHARGE FORM

(H399,000.00)

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 THREE HUNDRE
AND NINE THOUSAND 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 Hilux Reg. No. SMK150 X5

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.**