



# UNIVERSAL INSURANCE PLC

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## POLICY SCHEDULE/CERTIFICATE

This is to certify that  
the person whose name and details appear below is covered under  
LOCAL TRAVEL INSURANCE

|                              |  |             |            |             |
|------------------------------|--|-------------|------------|-------------|
| POLICY NO                    | UIC/HRO/LT/161526/03/26                |             |            |             |
| INSURED NAME                 | ENUGU STATE PASSENGERS MANIFEST SCHEME |             |            |             |
| EMAIL                        | ANTHONYOZORNWAFOR@GMAIL.COM            |             |            |             |
| PHONE NUMBER                 | 08032929396                            |             |            |             |
| VEHICLE REG. NUMBER          | 532                                    |             |            |             |
| DEPARTURE ADDRESS            | ENUGU                                  |             |            |             |
| DESTINATION ADDRESS          | BENIN                                  |             |            |             |
| NUMBER OF PASSENGERS         | 5                                      |             |            |             |
| PERIOD OF INSURANCE          | START DATE:                            | 23/Mar/2026 | END DATE:  | 23/Mar/2026 |
| COVER BENEFITS PER PASSENGER | MEDICAL                                |             | N20,000.00 |             |
|                              | PERMANENT DISABILITY                   |             | N80,000.00 |             |
|                              | DEATH                                  |             | N80,000.00 |             |

On behalf of **UNIVERSAL INSURANCE PLC**

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**Examined**

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**Authorized Signatory**