



# 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/WEB/UTI/19821/020626               |             |           |             |
| INSURED NAME                 | ENUGU STATE PASSENGERS MANIFEST SCHEME |             |           |             |
| EMAIL                        | ANTHONYOZORNWAFOR@GMAIL.COM            |             |           |             |
| PHONE NUMBER                 | 08032929396                            |             |           |             |
| VEHICLE REG. NUMBER          | AKL655YY                               |             |           |             |
| DEPARTURE ADDRESS            | NSUKKA                                 |             |           |             |
| DESTINATION ADDRESS          | ONITSHA                                |             |           |             |
| NUMBER OF PASSENGERS         | 13                                     |             |           |             |
| PERIOD OF INSURANCE          | START DATE:                            | 02/Jun/2026 | END DATE: | 02/Jun/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**