**CONSENT FORM**

**Study title**: **Analysis of factors responsible for fraudulent claims in motor insurance business in**

**Nigeria**

**Researcher name**: Olatokunbo Sunday Shoyemi

**ERGO number**:

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (28/04/2021*/version no. 001*) and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw (at any time) for any reason without my participation rights being affected. |  |

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)…Olatokunbo Sunday Shoyemi…………………………………………

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..

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**I understand that if I withdraw from the study that it may not be possible to remove the data once my personal information is no longer linked to the data.**

**I understand that I can withdraw from the study at any stage without penalty.**

**I understand that I will not be directly identified in any reports of the research.**

Please tick (check) this box to indicate that you consent to taking part in this survey.