

SAMPLE

**APPENDIX C
Specimen Claim Form**

**PLEASE READ THE GENERAL INSTRUCTIONS
AND NOTES PRIOR TO COMPLETING THIS FORM**

CLAIM FORM

EAUA POOLS SCHEME COMPANIES:

**ENGLISH & AMERICAN INSURANCE COMPANY LIMITED
THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED
BALOISE INSURANCE LTD
CITY INTERNATIONAL INSURANCE COMPANY LIMITED
DOWA INSURANCE COMPANY (EUROPE) LIMITED
EAST WEST INSURANCE COMPANY LIMITED
FUJI INTERNATIONAL INSURANCE COMPANY LIMITED
HISCOX INSURANCE COMPANY LIMITED
THE HOME INSURANCE COMPANY (IN LIQUIDATION)
KX REINSURANCE COMPANY LIMITED
METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED
MOORGATE INSURANCE COMPANY LIMITED
NIPPON INSURANCE COMPANY OF EUROPE LIMITED
POLYGON INSURANCE COMPANY LIMITED
SWISS RE INTERNATIONAL SE, UK BRANCH
TOWER INSURANCE LIMITED**

The EAU Pool Companies each underwrote insurance and reinsurance business in pooling arrangements through one or more of the following pools: English & American Underwriting Agency Limited Pools ("EAU Pools"), the Transglobe Aviation Underwriting Syndicate Limited Pool ("TAUS Pool"), the Transglobe Re Pool and the E&A Re Pool (together referred to as the "EAU Pools"). English & American Insurance Company Limited and City International Insurance Company Limited also underwrote business for their own accounts which is included in the Scheme. All such business is fully described in Appendix A of the Scheme Document.

This form is to be used by Scheme Creditors (as that term is defined in the Scheme Document) in order to submit a claim in the English and American Pools Scheme.

SAMPLE

FORM A: SIGNING FORM

(1)	Scheme	Creditor	Name:
.....			

Scheme	Creditor	Address:
.....		

.....

Contact	Name:
.....	

E-mail	address:
.....	

EAUA Reg Ref:

To be signed by a duly authorised individual on behalf of the Scheme Creditor. If you are the duly authorised representative, agent or attorney of the Scheme Creditor or a number of Scheme Creditors, enter the capacity in which you have signed the form (for example director, partner or agent and/or attorney) below.

A signature on this form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on their behalf.

Print name:	Signed:	Position:
	Date:	(2) Authorised Employee / Agent / Attorney / Other (please specify)

Currency of Settlement.

If you wish the total on your Valuation Statement to be converted to a single Scheme Currency, please tick the appropriate box below.

CAD	GBP	USD
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If you would like the total to be in any other currency please indicate this preference in the box marked 'Other'.

Other: (please specify)

If you do not indicate a settlement currency the Valuation Statement will be prepared by the Scheme Manager on the basis that balances arising in a Scheme Currency will be shown in that currency.

Any amounts not in a Scheme Currency will be converted at the Scheme Rate and shown in GBP, CAD or USD.

SAMPLE

FORM B:

CLAIM FORM VALUES

SCHEME CREDITOR: _____	SCHEME COMPANY REG REF: _____	CURRENCY CODE: _____
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Please complete this form based on the position as at the most accessible data point according to your records (please state date __/__/____). Please complete a separate form for each currency.

Please complete this form by adding the value of the Additional Unpaid Claims, Outstanding Claims, IBNR Claims and discounts for all EAUA Pools Companies combined.

(3) PART 1: ALL EAUA POOL COMPANIES (i.e. including ACE European Group Limited and Swiss Re Europe S.A., UK Branch, which are Non Scheme Companies)

	(4) Unpaid Agreed Claims per Scheme Manager's records	(5) Additional Unpaid Claims	(6) Outstanding Claims* (Undiscounted)	(7) Value of Discount for Outstanding Claims*	(8) IBNR Claims* (Undiscounted)	(9) Value of Discount for IBNR Claims*	(10) Less sums available to be set-off
ALL EAUA POOL COMPANIES							

Note: The Scheme Manager may hold data relating to business where the EAUA Pool Companies are reinsured by you. This means that the amounts shown above may not be the settlement amount but could be subject to set-off, for example of reinsurance balances.

If you wish to enter values at EAUA Pool level only, you are authorising the Scheme Manager to allocate the values to the individual EAUA Pool Companies according to the Scheme Managers records. Please tick the box below if you wish to proceed on this basis.

(11) I authorise the Scheme Manager to allocate the above values to the EAUA Pool Companies according to the Scheme Manager's records.

If you wish to allocate the values per individual EAUA Pool Company please complete 'Part 2' overleaf. Please note if allocating at individual EAUA Pool Company level the overall total must equal the value entered in 'Part 1' above.

Values entered for 'Non Scheme Companies' are not binding on either those companies or the Creditor but may be utilised to offer commutation.

SAMPLE

FORM B:

CLAIM FORM VALUES (Continued)

SCHEME CREDITOR: _____	SCHEME COMPANY REG REF: _____	CURRENCY CODE: _____
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(12) PART 2: INDIVIDUAL EAUA POOL COMPANY (Completion Optional)

Please complete this form by adding the value of the Additional Unpaid Claims, Outstanding Claims, IBNR Claims and discounts split across the relevant EAUA Pools Companies. Please complete a separate form for each currency.

	EAUA Pools Companies	(4) Unpaid Agreed Claims per Scheme Manager's records	(5) Additional Unpaid Claims	(6) Outstanding Claims* (Undiscounted)	(7) Value of Discount for Outstanding Claims*	(8) IBNR Claims* (Undiscounted)	(9) Value of Discount for IBNR Claims*	(10) Less sums available to be set-off
SCHEME COMPANIES								
ENGLISH & AMERICAN INSURANCE COMPANY LIMITED								
THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED								
THE HOME INSURANCE COMPANY IN LIQUIDATION								
HISCOX INSURANCE COMPANY LIMITED								
BALOISE INSURANCE LTD								
CITY INTERNATIONAL INSURANCE COMPANY LIMITED								
DOWA INSURANCE COMPANY (EUROPE) LIMITED								
EAST WEST INSURANCE COMPANY LIMITED								
FUJI INTERNATIONAL INSURANCE COMPANY LIMITED								
KX REINSURANCE COMPANY LIMITED								

SAMPLE

FORM B:

CLAIM FORM VALUES (Continued)

SCHEME CREDITOR: _____	SCHEME COMPANY REG REF: _____	CURRENCY CODE: _____
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PART 2: INDIVIDUAL EAUA POOL COMPANY (Continued)

	EAUA Pools Scheme Companies	(4) Unpaid Agreed Claims per Scheme Manager's records	(5) Additional Unpaid Claims	(6) Outstanding Claims* (Undiscounted)	(7) Value of Discount for Outstanding Claims*	(8) IBNR Claims* (Undiscounted)	(9) Value of Discount for IBNR Claims*	(10) Less sums available to be set-off
METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED								
MOORGATE INSURANCE COMPANY LIMITED								
NIPPON INSURANCE COMPANY OF EUROPE LIMITED								
POLYGON INSURANCE COMPANY LIMITED								
SWISS RE INTERNATIONAL SE, UK BRANCH								
TOWER INSURANCE LIMITED								
(13) Sub Total Scheme Companies								
<u>NON SCHEME COMPANIES</u>								
ACE EUROPEAN GROUP LIMITED								
SWISS RE EUROPE S.A., UK BRANCH								
(14) Sub Total Non Scheme Companies								
(15) Overall Total								

* Such term is as defined in the Estimation Guidelines

SAMPLE

FORM C: DETAILED CLAIM FORM

SCHEME CREDITOR: _____	SCHEME COMPANY REG REF: _____	CURRENCY CODE: _____
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Please complete this form by adding the relevant details for each item that makes up the overall total on the Claim Form Values Form (Form B) for the appropriate currency.

(16) Ref.	(17) Your Insurance Contract reference number	(18) EAUA Pools Insurance Contract reference number	(19) Claim Type	(20) Policy Type	(21) Policy Period	(22) Ultimate Signed Line	(23) Date of Loss	(24) Additional Unpaid Claims	(25) Outstanding Claims* (Undiscounted)	(26) Value of Discount for Outstanding Claims*	(27) IBNR Claims* (Undiscounted)	(28) Value of Discount for IBNR Claims*	(29) Less sums available to be set-off
1													
2													
3													
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17													
18													
19													
20													

* Such term is as defined in the Estimation Guidelines

SAMPLE

FORM C:

DETAILED CLAIM FORM (Continued)

SCHEME CREDITOR: _____	SCHEME COMPANY REG REF: _____	CURRENCY CODE: _____
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Please complete this form by adding the relevant details for each item that makes up the overall total on the Claim Form Values Form (Form B) for the appropriate currency.

(16) Ref.	(17) Your Insurance Contract reference number	(18) EAUA Pools Insurance Contract reference number	(19) Claim Type	(20) Policy Type	(21) Policy Period	(22) Ultimate Signed Line	(23) Date of Loss	(24) Additional Unpaid Claims	(25) Outstanding Claims* (Undiscounted)	(26) Value of Discount for Outstanding Claims*	(27) IBNR Claims* (Undiscounted)	(28) Value of Discount for IBNR Claims*	(29) Less sums available to be set-off

* Such term is as defined in the Estimation Guidelines

If utilising the Continuation Sheet please insert sequential numbers in the Ref. field (16)

SAMPLE

GENERAL INSTRUCTIONS FOR THE COMPLETION OF CLAIM FORMS

Please note that capitalised words or phrases not defined in this form have the same meanings as their definitions in the Scheme Document. Unless otherwise stated, references to Appendices are to those at the end of this Claim Form.

Please note: we believe it will generally be easier to complete the claim form on the Website (www.englishandamericanpools.com). Calculations of time value discount and allocations of claims across Scheme Companies will be done automatically where the necessary level of information is available. This manual form should only be used if you do not have access to or do not wish to use the Website. If you wish to use the Website and do not already have your Website Password and user name please contact the EAUA Pools Scheme helpline details shown below.

Values

Values need to be entered for all EAUA Pool Companies (i.e. including ACE European Group Limited and Swiss Re Europe S.A., UK Branch, which are Non Scheme Companies) and not just the Scheme Companies. You then have the option of allocating this value by individual EAUA Pool Company or authorising the Scheme Manager to allocate the values to the individual EAUA Pool Companies according to the Scheme Manager's records.

All values must be entered to the nearest whole number – no decimal places are required.

Where a value is due to you, this should be entered as a positive figure; any values due to the EAUA Pool Companies should be entered as a negative figure.

Return of Claim Forms

The Claim Forms must be signed and returned to the Scheme Manager (PRO) on or before the Bar Date (17:00 hours (UK Time) on the day falling 180 days after the Effective Date or, if that is not a Business Day, then the next Business Day following).

You may post, e-mail or fax your form to PRO Insurance Solutions Limited ('PRO'), utilising the below details.

- Post: EAUA Pools
PRO Insurance Solutions Limited
Bruton Court
Bruton Way
Gloucester GL1 1DA
United Kingdom
- E-mail: pro_eauapools@pro-ltd.co.uk
- Fax: +44 (0)1452 523 437

Where you have faxed or e-mailed your Claim Form, please also post the original to the Scheme Manager within 7 days of submission.

Forms returned by facsimile transmission / e-mail will only be accepted if they are legible.

If a Scheme Creditor does not submit its Claim Form via the Website or return a manual Claim Form, together with appropriate supporting documentation in accordance with the instructions accompanying the Claim Form, by 17:00 pm on the Bar Date, the information on the Website at that point in time concerning its claim values shall be deemed to have been submitted immediately before the Bar Date. In such circumstances the Scheme Creditor will lose its entitlement to assert any Scheme Claims additional to those present on the Website.

Currency

Please enter your claims in the appropriate original currency. Please indicate on the forms the relevant currency code as listed in Appendix D1. Please ensure separate forms are used for each different currency.

Presented and Additional Data

The Claim Form provided by the Scheme Manager will be based on the information in the Scheme Manager's systems and will contain to the extent of such information:

- details of Unpaid Agreed Claims or other unpaid agreed balances arising under such Insurance Contracts as they are recorded on the Scheme Manager's accounting records at the Effective Date as being due for payment by or to the Scheme Company;
- notification of the Effective Date and the Bar Date; and
- any details of claims or Insurance Contracts entered by the Scheme Creditor onto the Website for voting purposes where the Scheme Creditor had requested (by ticking the appropriate box in its Voting Form) that this be carried forward onto their claim form.

All values relating to English & American Insurance Company Limited and The Insurance Corporation of Singapore (U.K.) Limited must be entered in full without allowance for any payments made under their original Schemes ('Scheme Payment'). Any adjustments made to your Scheme Claim in respect of payments made by English & American Insurance Company Limited and The Insurance Corporation of Singapore (U.K.) Limited under the original Scheme for English & American Insurance Company Limited and for The Insurance Corporation of Singapore (U.K.) Limited or subsequently will be reflected on the Valuation Statement that will be sent to you as part of the Scheme process.

Claim Forms

There are three forms:

- Form A: Signing Form Complete only one form for your claim.
- Form B: Claim Form Values Please complete Part 1 'All EAU Pool Companies' and then complete Part 2 'Individual EAU Pool Company' if you wish. Please complete one form per currency.
- Form C: Detailed Claim Form Each claim must be supported by a breakdown at policy and Claim Type level. This Schedule must be completed in order for the Scheme Claim to be agreed. Please complete one form per currency.

Supporting Documentation

Where additional policies and values have been added to the Claim Forms then these additions must be substantiated by appropriate supporting documentation. This documentation should accompany the Claim Forms when sent to the Scheme Manager and should be received within 7 days of the Bar Date.

Failure to provide appropriate supporting documentation could result in your claim being rejected or valued at a lower amount. Any supporting evidence provided by a Scheme Creditor not received by the Scheme Manager within 7 days after the Bar Date will be disregarded.

Examples of appropriate documentation are as follows:

- **Additional Unpaid Claims and Outstanding Claims**

Supporting documentation should be in the same or substantially the same form as is customary for the insured/reinsured to send to the broker or the Scheme Manager in the normal course of business and, where applicable, stating the Scheme Companies' policy references and percentage share of the relevant policy(ies).

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- **IBNR Claims**

Supporting documentation should include details of the following:

- the policies in respect of which IBNR is being asserted;
- the amount of the IBNR claimed by policy;
- details of each individual loss, loss type and amount of claim(s) for each policy in respect of which IBNR Claims are being asserted; and
- details supporting the methodology, assumptions and calculations used to estimate the value of IBNR Claims.

Where the assumptions used are based, partly or wholly, on external data (i.e. not the Scheme Creditor's own data submitted as part of the Scheme process) then that data, and the associated analysis and rationale behind the selected assumptions, should also be supplied.

Additional Guidance for IBNR Claims is given in Section 3.4 of the Scheme Document and a detailed list of the supporting documentation required by claim type is given in Attachment G of the Scheme Document.

Privilege

Particulars as to estimates of the amount of any Outstanding Claims or IBNR Claims provided by a Scheme Creditor may not be protected by privilege under English law (or other relevant laws) and may be discoverable by a third party with a claim against the Scheme Creditor in any action or proceeding to which the Scheme Creditor may be a party. You should consult your legal adviser as to the consequences for you of providing such particulars in relation to any litigation in which you are or may become involved.

Additional Notes

- (A) For any one policy, claims relating to the same Claim Type may be added together and shown as one data row on the Detailed Claim Form (Form C). If a claim value is composed of more than one Claim Type then each Claim Type must be shown separately on this form.
- (B) Any alteration to the data entered by you on the form must be initialled by the person who signed it.
- (C) The Claim Forms display a number within each field which is supported by explanatory text within the Notes sections.
- (D) For English & American Insurance Company Limited and City International Insurance Company Limited, the Scheme Claim amount also includes 'Other Liabilities'. These are all Liabilities of EAIC and City International Insurance Company Limited which are neither Pool Liabilities nor Liabilities excluded in paragraph 4 of Appendix A of Part II of the Scheme Document. Full details of the business covered by the Scheme can be found in Schedule 1 of Part I and Appendix A of Part II of the Scheme Document.

SAMPLE
NOTES FOR COMPLETION OF CLAIM FORMS

FORM A: SIGNING FORM

- (1) Enter the Name and Address of the Scheme Creditor and provide details of a Contact Name and E-mail address in block capitals.
- (2) Please sign and date the form when you have completed the Claim Forms. This should be signed by an appropriately authorised person from within your organisation.

Please confirm your exact capacity by deleting the descriptions which do not apply (Authorised Employee / Agent / Attorney / Other (please specify)).

A signature on the form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on their behalf.

SAMPLE
FORM B: CLAIM FORM VALUES

This section is split into two parts, please complete 'Part 1' then if you wish to allocate the values per individual EAUA Pool Company also complete 'Part 2'. Please enter the total values for all EAUA Pool Companies and not just for the Scheme Companies.

The Scheme Manager will allow claims to be presented on the basis of the most accessible data point as per your records; please advise the date of the presented data to the Scheme Manager.

You will need to complete a separate form for each currency in which you are making a claim.

The form(s) will include pre-populated data based on the Scheme Manager's records, being any Unpaid Agreed Claims on the relevant currency form and any details of claims or Insurance Contracts entered by you onto the Website for voting purposes where you requested that this be carried forward onto your claim form

(3) PART 1: ALL EAUA POOL COMPANIES

Enter your total claim values for all EAUA Pool Companies (i.e. including for ACE European Group Limited and Swiss Re Europe S.A., UK Branch, which are Non Scheme Companies). For English and American Insurance Company Limited and City International Insurance Company Limited you should also include claim values in respect of 'Other Liabilities'. Full details of the business covered by the Scheme is explained in Schedule 1 of Part I and Appendix A of Part II of the Scheme Document.

(4) Unpaid Agreed Claims per Scheme Manager's records: The value of a Scheme Claim which according to the Scheme Manager's records has been agreed as due to the relevant Scheme Creditor, but not paid or discharged by the operation of set-off or otherwise, and in the case of English & American Insurance Company Limited and/or The Insurance Corporation of Singapore (U.K.) Limited before taking account of any Scheme Payments.

This field will already be populated. If you consider the value shown does not reflect your records, please refer to field (5).

(5) Additional Unpaid Claims: If field (4) does not reflect your records, enter the value, as per your records, of Claims that you assert are due for payment to you by the EAUA Pool Companies which are not included in the Unpaid Agreed Claims field. The value you enter must represent the difference between your records and that presented in field (4).

(6) Outstanding Claims (Undiscounted): Enter the estimated total value, as per your records, of Claims in respect of losses notified to you for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (4) and/or (5) above. These values must be before discounting.

(7) Value of Discount for Outstanding Claims: Enter the discount amount to reflect the time value of money to be applied to the Outstanding Claims, all of which are shown undiscounted in field (6). Please refer to Appendix D2 for the 'Claim Type' and the associated discount percentage and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by the Scheme Manager based upon Appendix D2 of the Scheme Document.

(continued)

SAMPLE
FORM B: CLAIM FORM VALUES (Continued)

- (8) **IBNR Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses which have been incurred by you but not notified to you, for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (4) and/or (5) and/or (6) above. These values must be before discounting.
- (9) **Value of Discount for IBNR Claims:** Enter the discount amount to reflect the time value of money to be applied to the IBNR Claims, all of which are shown undiscounted in field (8). Please refer to Appendix D2 for the discount percentage for each Claim Type and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document
- (10) **Less sums available to be set-off:** This refers to amounts in respect of reinsurance due from Creditors as well as any other amounts due from Creditors in respect of EAUA Pool business. This should include Scheme Debts, Security and other adjustments.
- (11) **Authorising the Scheme Manager to allocate the values to the EAUA Pool Companies:** Place a tick within this box if you wish to enter the values at EAUA Pool level only and are authorising the Scheme Manager to allocate the values to the EAUA Pool Companies according to their records. If you do not place a tick in the box you must also complete Part 2.

SHOULD YOU WISH TO ALLOCATE THE VALUES PER INDIVIDUAL EAUA POOL COMPANY PLEASE COMPLETE PART 2.

(12) **PART 2: INDIVIDUAL EAUA POOL COMPANY**

Only enter a value against a Scheme or Non Scheme Company where you are an overall creditor of that Company (i.e. where the value is due to you). Leave all other Scheme or Non Scheme Companies fields blank.

Please note the overall total entered in 'Part 2' must equal the total entered in 'Part 1' above.

Values entered for Non Scheme Companies are not binding on either the companies concerned or the Creditor but may be utilised to offer commutation

- (13) **Sub Total Scheme Companies:** The sum of the total for the Scheme Companies.
- (14) **Sub Total Non Scheme Companies:** The sum of the total for the Non Scheme Companies.
- (15) **Overall Total:** The sum of the sub totals for the Scheme and Non Scheme Companies

For the avoidance of doubt all agreed values relating to business ceded by the Scheme Companies to you will be valued and included on the Valuation Statement.

SAMPLE
FORM C: DETAILED CLAIM FORM

You will need to complete one Detailed Claim Form for each currency in which you are making a claim. You have been provided with up to three forms populated with Unpaid Agreed Claims – one for each of the three Scheme Currencies – where the Scheme Companies' records indicate an involvement. There is also one blank form with no currency identified for you to copy if required. Ensure you add your data to the correct currency form.

Where additional policies and values have been added to this form then these additions must be substantiated with appropriate supporting documentation. This supporting documentation should accompany the Claim Forms when sent to the Scheme Manager, or should be sent separately, to be received no later than 7 days after the Bar Date.

Failure to provide appropriate supporting documentation could result in your claim being rejected or valued at a lower amount.

- (16) **Ref:** This is a sequential reference number, one for each row of data. The form has pre-numbered reference numbers with the exception of the continuation page which has no numbers. This continuation page can be used for photocopying where additional rows of data are required to be submitted. The sequential reference number must be added.
- (17) **Your Insurance Contract reference number:** Specify your reference number which relates to the Insurance Contract under which the claim(s) arise(s).
- (18) **EAUA Pools Insurance Contract reference number:** Specify the EAUA Pool Companies' reference number which relates to the Insurance Contract under which the claim(s) arise(s) if known.
- (19) **Claim Type:** Please refer to Appendix D2 for a list of Claim Types. The breakdown of Claims by Claim Type will determine the calculation of any discount.
- (20) **Policy Type:** Please refer to Appendix D3 for a list of 'Business Types'.
- (21) **Policy Period:** Specify the inception and expiry date (dd/mm/yy - dd/mm/yy) for each Insurance Contract. Insurance Contracts of more than 12 months plus odd time (for example, an extension by endorsement of 3 months) should be treated as one contract. For continuous contracts, each annual renewal should be shown as a separate Insurance Contract.
- (22) **Ultimate Signed Line:** Specify the EAUA Pool Companies' total participation percentage (maximum 6 decimal places) on each Insurance Contract. Should there be more than one stamp covering the EAUA Pool Companies' on the Insurance Contract, please show the total percentage for all EAUA Pool Company stamps on the Schedule.
- (23) **Date of Loss:** the date of the loss / event expressed as "dd/mm/yy".
- (24) **Additional Unpaid Claims:** Enter the value, as per your records, of Claims that you assert are due for payment to you by the EAUA Pool Companies. Specify the amount for each claim or, where there is more than one claim, the aggregate amount of any claims you have, at individual Claim Type level arising under each Insurance Contract.

(continued)

SAMPLE
FORM C: DETAILED CLAIM FORM (Continued)

- (25) **Outstanding Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses notified to you for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (24) above. Specify the estimated amount of each outstanding claim or, where there is more than one claim, the aggregate estimated amount of any such outstanding claims, at an individual Claim Type level arising under each Insurance Contract. These values must be before discounting.
- (26) **Value of Discount for Outstanding Claims:** Enter the discount amount to reflect the time value of money to be applied to the Outstanding Claims, all of which are shown undiscounted in field (25). Please refer to Appendix D2 for the Claim Type and the associated discount percentage and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document.
- (27) **IBNR Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses which have been incurred by you but not notified to you, for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (24) and/or (25) above. Specify the estimated amount of each IBNR Claim or, where there is more than one claim the aggregate estimated amount of any such IBNR Claims, at an individual Claim Type level arising under each Insurance Contract. These values must be before discounting.
- (28) **Value of Discount for IBNR Claims:** Enter the discount amount to reflect the time value of money to be applied to the IBNR Claims, all of which are shown undiscounted in field (27). Please refer to Appendix D2 for the discount percentage for each Claim Type and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document.
- (29) **Less sums available to be set-off:** This refers to amounts in respect of reinsurance due from Creditors as well as any other amounts due from Creditors in respect of EAUA Pool business. This should include Scheme Debts, Security and other adjustments.

SAMPLE**APPENDICES****Appendix C1: Currency codes**

CURRENCY CODE	CURRENCY DESCRIPTION
AED	UAE DIRHAM
AFA	AFGHANI
ALL	ALBANIAN LEK
ANG	ANTIL GUILDER
AOK	ANGOLAN KWANZA
ARP	ARGENTINE PESO
AUD	AUS DOLLAR
BBD	BARBADOS DOLLAR
BDT	BANGLADESH TAKA
BGL	BULGARIAN LEV
BIF	BURUNDI FRANC
BMD	BERMUDAN DOLLAR
BND	BRUNEI DOLLAR
BOP	BOLIVIAN PESO
BRC	BRAZIL CRUZEIRO
BSD	BAHAMAN DOLLAR
BTN	NGULTRUM
BUK	BURMESE KYAT
BWP	BOTSWANA PULA
BZD	BELIZE DOLLAR
CAD	CANADIAN DOLLAR
CHF	SWISS FRANC
CLP	CHILEAN PESO
CNY	CHINA RENM YUAN
CRC	COSTA RIC COLON
CSD	SERBIAN DINAR
CSK	CZECH KORUNA
CUP	CUBAN PESO
CVE	CAP VER ESCUDO
CYP	CYPRUS POUND
DJF	DJIBOUTI FRANC
DKK	DANISH KRONE
DOP	DOMINICAN PESO
DZD	ALGERIAN DINAR

SAMPLE

CURRENCY CODE	CURRENCY DESCRIPTION
ECS	ECUADOR SUCRE
EGP	EGYPTIAN POUND
ETB	ETHIOPIAN BIRR
EUR	EURO CCY UNIT
FJD	FIJI DOLLAR
FKP	FALKLAND POUND
GBP	UK POUND STERLING
GHC	GHANAIAN CEDI
GIP	GIBRALTAR POUND
GMD	GAMBIAN DALASI
GNS	GUINEA SYLI
GQE	EQ GUIN EKWELE
GTQ	GUAT QUETZAL
GWP	GUIN-BISS PESO
GYD	GUYANA DOLLAR
HKD	HK DOLLAR
HNL	HONDU LEMPIRA
HRD	CROATIAN DINAR
HTG	HAITI GOURDE
HUF	HUNGARY FORINT
IDR	INDON RUPIAH
ILS	ISRAEL SHEKEL
INR	INDIAN RUPEE
IQD	IRAQI DINAR
IRR	IRANIAN RIAL
ISK	ICELAND KRONA
JMD	JAMAICAN DOLLAR
JOD	JORDANIAN DINAR
JPY	JAPANESE YEN
KES	KENYA SHILLING
KHR	KAMPUCHEA RIEL
KMF	COMOROS FRANC
KPW	NTH KOREAN WON
KRW	S KOREAN WON
KWD	KUWAITI DINAR
KYD	CAYMAN DOLLAR
LAK	LAOS KIP

SAMPLE

CURRENCY CODE	CURRENCY DESCRIPTION
LBP	LEBANESE POUND
LKR	SRI LANKA RUPEE
LRD	LIBERIAN DOLLAR
LSM	LESOTHO MALOTI
LYD	LIBYAN DINAR
MAD	MOROCCAN DIRHAM
MGA	MALAGASY ARIARY
MLF	MALI FRANC
MNT	MONGOL TUGRIK
MOP	MACAU PATAKA
MRO	MAURIT OUGUIYA
MTP	MALTA POUND
MUR	MAURITIUS RUPEE
MVR	MALDIVE RUPEE
MWK	MALAWI KWACHA
MXP	MEXICAN PESO
MYR	MALAY RINGGIT
MZM	MOZAMB METICAL
MZN	NEW MOZAMBIQUE METICAL
NAD	NAMIBIAN DOLLAR
NGN	NIGERIAN NAIRA
NIC	NICARAG CORDOBA
NOK	NORWEGIAN KRONE
NPR	NEPALESE RUPEE
NZD	NZ DOLLAR
OMR	OMANI RIAL
PAB	PANAMA BALBOA
PES	PERUVIAN SOL
PGK	PAPUA NG KINA
PHP	PHILIPPINE PESO
PKR	PAKISTAN RUPEE
PLZ	POLISH ZLOTY
PYG	PARAG GUARANI
QAR	QATAR RIAL
ROL	ROMANIAN LEU
RON	NEW ROMANIAN LEU 1/7/05
RWF	RWANDA FRANC

SAMPLE

CURRENCY CODE	CURRENCY DESCRIPTION
SAR	SAUDI RIYAL
SBD	SOLOMON DOLLAR
SCR	SEYCHELLE RUPEE
SDP	SUDANESE POUND
SEK	SWEDISH KRONA
SGD	SING DOLLAR
SHP	ST HELENA POUND
SLL	SIERRA L LEONE
SOS	SOMALI SHILLING
SRD	SURINAM DOLLAR
STD	SAO TOME DOBRA
SUR	C.I.S. ROUBLE
SVC	EL SALV COLON
SYP	SYRIAN POUND
SZL	SWAZI LILANGENI
THB	THAI BAHT
TND	TUNISIAN DINAR
TOP	TONGAN PA'ANGA
TPE	E TIMOR ESCUDO
TRY	NEW TURKISH LIRA
TTD	TRINIDAD DOLLAR
TWD	TAIWAN DOLLAR
TZS	TANZ SHILLING
UGS	UGANDA SHILLING
USD	US DOLLAR
UYP	URUGUAYAN PESO
VEB	VENEZ BOLIVAR
VEF	VENEZUELA BOLIVAR FUERTE
VND	S VIETNAM DONG
VUV	VANUATU VATU
WST	W SAMOA TALA
XAF	CFA FRANC
XCD	E CARIB DOLLAR
XPF	CFP FRANC
YER	YEMENI RIYAL
ZAR	S AFRICA RAND
ZMK	ZAMBIAN KWACHA

SAMPLE

CURRENCY CODE	CURRENCY DESCRIPTION
ZRZ	ZAIRE ZAIRE/CONGO FRANC
ZWD	ZIMBABWE DOLLAR
ZWL	ZIMBABWE DOLLAR FEB 2009

SAMPLE

Appendix C2: Claim Type codes and discount percentages

Claim Type	Claim Type Category	Mean Term Selected	Discount Factor
ASD	Asbestos Direct	8.00	32.5%
ASR	Asbestos Reinsurance	10.00	40.6%
POD	Pollution - Direct	7.10	29.5%
POR	Pollution - Reinsurance	9.00	34.1%
HHD	Health Hazard	6.90	28.8%
OTH	Other	3.70	15.6%
UNS	Unspecified	8.00	32.5%

SAMPLE

Appendix C3: Policy Type codes

BUSINESS_TYPE_CODE	BUSINESS_TYPE_DESC
AVC	Direct/Fac Aviation Hull/Liabilities (Combined)
AVH	Direct/Fac Aviation Hull
AVL	Direct/Fac Aviation Liabilities
AVR	Direct/Fac Aviation All Risks
AVX	Aviation Excess of Loss
AVP	Aviation Quota Share/Surplus treaties
MAC	Direct/Fac Marine Cargo / Cargo Liabilities
MAH	Direct/Fac Marine Hull / Hull Liability
MAW	Direct/Fac Marine War
MAE	Direct/Fac Marine Energy & Energy Liability
MAX	Marine Excess of Loss
MAP	Marine Quota Share/Surplus treaties
NMC	Direct/Fac Non Marine Casualty/Liability/Long Tail
NMP	Direct/Fac Non Marine Property
NMA	Direct/Fac Non Marine Personal Accident
NMF	Direct/Fac Non Marine Pecuniary
NMM	Direct/Fac Non Marine Motor
NMX	Non Marine Excess of Loss
NMP	Non Marine Quota Share/Surplus treaties