

APPENDIX C

**SPECIMEN CLAIM FORM AND INSTRUCTIONS FOR ITS COMPLETION
DEUTSCHE RÜCK UK REINSURANCE COMPANY LIMITED**

Words and phrases defined in the Scheme shall have the same meaning in this Claim Form.

PLEASE COMPLETE AND RETURN THIS CLAIM FORM, TOGETHER WITH APPROPRIATE SUPPORTING EVIDENCE BY POST OR EMAIL MARKED FOR THE ATTENTION OF DAVID BURNS AT CHILTINGTON INTERNATIONAL LIMITED, ("CHILTINGTON"), HOLLAND HOUSE, 1-4 BURY STREET, LONDON EC3A 5AW, UNITED KINGDOM AS SOON AS POSSIBLE AND BY NO LATER THAN THE CLAIMS SUBMISSION DATE AFTER WHICH NO NEW OR REVISED CLAIM FORM WILL BE ADMITTED OR ANY REVISED OR FURTHER INFORMATION ACCEPTED, EXCEPT, IN THE LATTER CASE, OF A REQUEST FROM THE SCHEME MANAGER OR THE SCHEME ADJUDICATOR.

For each claim arising under a Scheme Reinsurance Contract, in relation to which you are a Scheme Creditor, please complete this Claim Form following the instructions on the following pages. **You should read the instructions and notes carefully.** Failure to follow them may result in a claim being rejected in whole or in part. If you need help in filling in this form, please submit your question to David Burns of Chiltington by email to druk@chiltington.co.uk, by phone on +44 (0)207 621 6354 or by fax on +44 (0)207 621 6344.

Please complete a separate form for each Scheme Creditor and each currency. Use photocopied pages as required. The numbers at the head of the columns correspond to the numbered instructions contained on the following pages of this form.

(1) To the best of my knowledge and belief the information on this Claim Form as completed and any supporting evidence is correct and fair.	
Signed: Name:	
Position/Capacity:	
For and on behalf of:	
(Scheme Creditor name)	Creditor Reference :
Date:	E-mail
Telephone	Fax
Address	
.....	

SEE PAGES 4 TO 7 FOR INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM.

2. Currency

Currency of Scheme Claim

Please tick the appropriate box below.

EUROS POUNDS STERLING US DOLLARS

Other: (please specify)

Currency of settlement

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

EUROS POUNDS STERLING US DOLLARS

Any amounts not in a Scheme Currency will be shown in Pounds Sterling unless otherwise agreed.

Form of payment: Payments will be made by bank transfer to an account for which the Scheme Creditor has provided details on this Claim Form or by cheque sent by Post to the Scheme Creditor.

Please complete the payment election form at page 8.

DEUTSCHE RÜCK UK REINSURANCE COMPANY LIMITED – CLAIM FORM

(1) Creditor Name : _____

Creditor Reference _____

(2) Currency: _____

(3) Scheme Reinsurance Contract reference numbers	(4) Inception Date	(5) Broker	(6) Broker Reference	(7) Unpaid Claims	Agreed Claims	(8) Unpaid Claims	Unagreed Claims	(9) Outstanding Claims	(10) IBNR Claims	(11) Subtotal	(12) Security, Letters of Credit or any other counter- claims	(13) Net (11-12)	Total

INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

Please note that the terms used within these instructions and in the Claim Form bear the same meanings as given to them in the Scheme.

A Claim Form should be completed in respect of all Scheme Claims by a Scheme Creditor.

The numbers below refer to the numbered columns in the Claim Form.

You are requested to return this Claim Form, together with any supporting evidence to Chilmington International Limited, Holland House, 1-4 Bury Street, London EC3A 3AW, United Kingdom, marked for the attention of David Burns to be received by the Claims Submission Date. There are two ways in which you may return the Claim Form (together with any supporting evidence to Chilmington:

- **by Post; or**
- **by E-mail with an attachment in a pdf format showing a scanned image of the completed Claim Form to druk@chilmington.co.uk (but note that a scanned signature is required if Email is the method adopted).**

Any telephone queries regarding the Claim Form, its completion or submission should be addressed to David Burns on +44 (0)20 7621 6354.

(1) **Scheme Creditor details**

Enter the name and address of the Scheme Creditor in block capitals unless it is already correctly stated. Please correct any mis-stated information. If you are the duly authorised agent and/or attorney of a number of Scheme Creditor(s), complete a separate Claim Form in respect of each Scheme Creditor (photocopying the form as many times as necessary). Please note that each Scheme Creditor which is a company within a group of companies or a participant in an underwriting pool or similar arrangement should complete a separate Claim Form.

(2) **Currency of Scheme Claim and Currency of Settlement**

Please state the amount of all Scheme Claims in the currency of the original contract. A Scheme Creditor may, however, elect for payment of its Net Ascertained Claim in a

single Scheme Currency by ticking the appropriate box. Where the Claim Form is submitted in a currency or currencies other than a Scheme Currency (Pounds Sterling/US Dollars/Euros), amounts to be shown on the Valuation Statement will be converted into Pounds Sterling at the Scheme Exchange Rate and shall, (unless otherwise agreed between the Scheme Creditor and the Scheme Manager), be denominated in Pounds Sterling. If a Scheme Creditor has Scheme Claims in separate currencies, please enter the total amount of such claims in each currency on a separate form.

(3) Scheme Reinsurance Contract reference number

Claim Forms will be accompanied by a schedule containing details of each of the Scheme Reinsurance Contracts of which the Scheme Manager is aware and which, in its reasonable opinion, might give rise to a Scheme Creditor having a Scheme Claim and with claims or reinsurance contract details of which were provided, at contract level, by creditors for voting purposes. Deutsche Rück has provided each potential Scheme Creditor of which it is aware with a schedule of all relevant Scheme Reinsurance Contracts. If a Scheme Creditor believes any of this information is incorrect, the Scheme Creditor should alter the schedules as necessary. Each Scheme Claim should be identified against a contract on this list and Deutsche Rück's reference entered on the Claim Form.

If a Scheme Creditor believes any of this information is incorrect, the Scheme Creditor should alter the schedules as necessary. Each Scheme Claim should be identified against a contract on this list and Deutsche Rück's reference entered on the Claim Form.

Specify the reference number of the Scheme Reinsurance Contract under which the claim(s) arise and, for any contracts not included in the details provided by the Scheme Manager, please provide a copy of the policy schedule or cover note and the schedule of insurers with particulars of each claim in supporting schedules (where applicable). If you do not have a record of these numbers please obtain them from your broker.

(4) **Inception date**

Specify the date when each Scheme Reinsurance Contract commenced. In the case of continuous Scheme Reinsurance Contracts or Scheme Reinsurance Contracts of more than 12 months plus odd time, each annual renewal should be shown as a separate Scheme Reinsurance Contract in a separate row.

(5) **Broker**

Specify the name of the Broker who placed the Scheme Reinsurance Contract or, if the placing Broker is not known, any other Broker or intermediary (if known) who acted on your behalf in relation to the Scheme Reinsurance Contract.

(6) **Broker reference**

Specify the Broker's contract reference for each Scheme Reinsurance Contract.

(7) **Unpaid Agreed Claims**

Any balance in relation to a Scheme Reinsurance Contract recorded in Deutsche Ruck's books as at the Effective Date as due for payment having been agreed in writing by or on behalf of Deutsche Rück and by the relevant other party or parties, but which has not been paid or discharged (including by the operation of set-off or otherwise).

This field is populated by the Scheme Manager in respect of Unpaid Agreed Claims recorded in Deutsche Ruck's records. If you consider that these values are incorrect, state the Unpaid Agreed Claims you believe are due under each Scheme Reinsurance Contract.

(8) **Unpaid Unagreed Claims**

The value of any additional Scheme Claim which, according to the Scheme Creditor's records, is paid and discharged by them and is due for payment by Deutsche Ruck.

(9) **Outstanding Claims**

Specify the estimated total value of any claim or (where there is more than one claim) of Scheme Claims as per your records, in respect of losses notified to you for which

you assert that an amount will become due for payment by Deutsche Rück (excluding any amounts in (7) and (8)). These values must be before discounting.

(10) IBNR Claims

Specify the amount of any IBNR Claims you have arising under each Scheme Reinsurance Contract that has been incurred by you but not reported and provide particulars of your estimate(s) in a supporting schedule. For information on, amongst other things, the estimation of IBNR Claims and guidance as to the supporting information a Scheme Creditor should provide, please refer to the Claims Valuation Methodology at Appendix B to the Scheme Document. These values must be before discounting.

(11) Subtotal

Enter the total of columns (7), (8), (9) and (10) to obtain the subtotal of each Scheme Reinsurance Contract.

(12) Security Letters of Credit or any other set-off counter-claims

Specify the amount of any Security, Letter of Credit, trust, set-off or cross-claim which you believe exists in relation to each Scheme Reinsurance Contract under each claim(s) and which is available in respect of such claim(s). Provide a description of the amount and provide any supporting documentation, including bank references in respect of Letters of Credit. In the event the relevant set-off or cross-claim item arises under another Scheme Reinsurance Contract which has not already been included on the Claim Form, please provide separately details of the relevant Scheme Reinsurance Contract including the reference number, the inception date, broker, broker reference and a breakdown of the amounts of the cross-claim.

(13) Net Total

Enter the total of column (11) less the amount specified in column (12) to achieve the Net Total in respect of each Scheme Reinsurance Contract.

ELECTION AS TO FORM OF PAYMENT OF NET ASCERTAINED CLAIM(S)

Subject to the processes outlined in the Scheme regarding the agreement of Scheme Claims, please indicate in the table below (*by ticking one box only*) the manner in which you would like to receive payment of any Net Ascertained Claim in accordance with the Scheme.

Scheme Creditor name:		Creditor Reference No.:
<input type="checkbox"/>	£: By bank transfer – Pounds Sterling account Name of bank: Address of bank: Account in the name of: IBAN: SWIFT BIC Bank sort code:	\$: By bank transfer – US Dollar account Name of bank: Address of bank: Account in the name of: IBAN: SWIFT BIC: Bank sort code:
<input type="checkbox"/>	€: By bank transfer –Euro account Name of bank: Address of bank: Account in the name of: IBAN: SWIFT BIC: Bank sort code:	
<input type="checkbox"/>	By cheque sent by Post Cheque Payable to: Address:	

Please note that Deutsche Rück and the Scheme Creditor shall each bear its own costs of payment (whether by cheque or telegraphic transfer).