

**Part 1: Scheme
Creditor Details**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

Please complete this Claim Form following the instructions at Part 4 of this Claim Form, the guidance in the letter accompanying this form and the Estimation Guidelines at Appendix 1 to the Scheme. **You should read the instructions and notes carefully. Failure to follow them may result in a Claim being rejected in whole or in part. Claim values are to be given as at the Ascertainment Date, 31 December 2007. However, Scheme Creditors should include in their supporting information details of developments since the Ascertainment Date.**

Creditor Name: _____ **Policyholder Name Code:** _____

**Policyholder Name
(as shown in the policy):** _____

Postal Address: _____ **Bank Details:** _____

_____ **Bank Name:** _____

_____ **Bank Postal
Address:** _____

_____ **Account Number:** _____

Telephone: _____ **Sort Code:** _____

Fax: _____ **ABA Code:** _____

E-Mail: _____ **SWIFT Code:** _____

To the best of my knowledge and belief the information on this voting form, and any supporting schedules, is correct.

Signed: _____ **Date:** _____

Name: _____ **Position/capacity:** _____

**Part 2:
Contract Information**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

Policyholder Name Code:

Currency:

	(1) Contract reference	(2) Broker	(3) Broker reference	(4) Inception date	(5) Class of Business/ Type of Claim	(6) Policy limits	(7) Signed line (%)
1							
2							
3							
4							
5							
6							
7							
8							

**Part 3:
Claims Information**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

Policyholder Name Code:

Currency:

	(8) Notified Outstanding Claims	(9) IBNR Claims	(10) Subtotal (8)+(9)	(11) Security, Letters of Credit or cross claims	(12) Net Total (10)-(11)
1					
2					
3					
4					
5					
6					
7					
8					

Total					
--------------	--	--	--	--	--

**Part 4:
Instructions for Completion**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

General

Please note that the defined terms contained within these instructions and in the Claim Form bear the same meanings as given to them in the scheme of arrangement (“Scheme”).

If you have Claims in more than one currency, please photocopy the form and use a separate form for each currency, specifying in the box provided the relevant currency (for example US Dollars or USD). If there are insufficient lines for any one currency, please photocopy the form and complete the photocopy.

You should insert your policyholder name code, which you will find on the covering letter enclosing this form, where indicated on each page of the form.

You should insert in Part 2: Contract Information details of the Insurance Contracts under which your Claims arise. Details of your Notified Outstanding Claims and your IBNR Claims under each Insurance Contract should be inserted in the corresponding row in Part 3: Claims Information. For example, Claims under an Insurance Contract details of which have been inserted in row 1 in Part 2 should be inserted in row 1 in Part 3.

Any amendments to the Claim Form should be initialled by the person completing it.

Part 1: Scheme Creditor Details

Please insert in this section the name of the Scheme Creditor and, if different, the name of the policyholder as given in the policy under which you are claiming. Where the name of the policyholder given on the policy is different from the name of the Scheme Creditor, please explain the reason for this e.g. change of name, assignment etc. You should insert the name code allocated by The Meadows Indemnity Company Limited (the “**Company**”) to the policyholder to whom this form was addressed, which you will find in the covering letter. Insert an address and contact details for the individual who will be dealing with the Scheme Creditor’s Claims against the Company. Inclusion of up to date contact details will assist the Company in quickly resolving any queries it may have in relation to the information provided on the form.

The individual completing the form should sign and date the form to confirm the accuracy of the information provided, printing his/her name in BLOCK CAPITALS where indicated. If that individual is the duly authorised representative of a corporation or a partnership or other unincorporated body or person, or the duly authorised agent and/or attorney of a Scheme Creditor, enter the capacity in which

you have signed the Claim Form (for example, director, partner or agent and/or attorney).

Part 2: Contract Information

The numbered instructions below relate to the numbers at the head of the columns in Part 2.

(1) Contract reference

Please specify if possible the Company’s reference numbers on the Insurance Contracts under which you are claiming. If you do not have a record of these numbers you may be able to obtain them from your broker or other insurance intermediary. If, having contacted your broker, you are still experiencing difficulty in identifying details of Insurance Contracts, the Company may be able to provide assistance. Please write to the Company c/o Ambant Limited, Lloyd’s Avenue House, 6 Lloyd’s Avenue, London, EC3N 3ES (for the attention of Philip Grant) or by email to meadowsenquiries@ambant.com or call the helpline on +44(0) 20 7264 0807. Provide if possible a copy of the policy document or cover note and the schedule of insurance (also known as the policy coverage schedule).

(2) Broker

Please specify the name of the broker who placed the Insurance 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 contract. Enter, in addition, either “Placing broker” or “Other” as applicable.

(3) Broker reference

Please specify the broker’s contract reference.

(4) Inception date

Please specify the date when the Company’s liability under each Insurance Contract commenced. In the case of continuous Insurance Contracts of more than 12 months plus odd time, each annual renewal should be shown as a separate contract.

(5) Class

Please specify the class of business e.g. casualty, property, marine etc.

**Part 4:
Instructions for Completion**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

(6) Policy Limits

Please specify the policy limits. Please include details of layers and, where relevant, excess or attachment points.

(7) Signed Line

Please specify the percentage share of total liability under the Insurance Contract underwritten or assumed by the Company.

Part 3: Claims Information

The numbered instructions below relate to the numbers at the head of the columns in Part 3.

(8) Notified Outstanding Claims

Please specify the estimated amount of any Claim or (where there is more than one Claim) the aggregate estimated amount of any Claims you have arising under each Insurance Contract in respect of:

- (i) losses of which you are aware but which are not yet certain in amount; and/or
- (ii) losses you have incurred that are certain in amount, or Liabilities you have to third parties that are certain in amount and have either been paid or are due and payable by you.

Please enter the total for the column in the box marked "total" at the foot of the column.

Please provide details of the loss(es) together with supporting evidence in accordance with the instructions contained in the Estimation Guidelines at Appendix 1 and the Supporting Evidence Guidelines at Appendix 2 to the Scheme. This will assist us to deal with your Claims as quickly as possible.

(9) IBNR Claims

Please specify the estimated amount or (where there is more than one Claim) the aggregate estimated amount of any IBNR Claims you have arising under each Insurance Contract. Please enter the total for the column in the box marked "total" at the foot of the column.

An IBNR Claim is an incurred but not reported claim:

- for the amount payable by the Company in respect of a loss which as at the Ascertainment Date has been incurred but has not been reported to the Scheme Creditor; plus
- an estimate of the amount payable by the Scheme Creditor in respect of a general excess over a Notified Outstanding Claims, to the extent that the current estimate of claims included as Notified Outstanding Claims may prove to be inadequate.

Estimates of IBNR Claims should be valued in accordance with and subject to the provisions of the Scheme and the Estimation Guidelines, and in seeking to agree (or if necessary adjudicate) a Scheme Creditor's IBNR Claims, the principles, policies and assumptions contained within the Estimation Guidelines will be applied.

Please provide supporting evidence for your estimate(s) in accordance with the instructions contained in the Estimation Guidelines at Appendix 1 and the Supporting Evidence Guidelines at Appendix 2 to the Scheme as this will assist us in dealing with your Claims as quickly as possible. Please provide in your Supporting Evidence the basis for the calculation of IBNR Claims (including, but not limited to, the number and cost of applicable reinstatements) and provide documentation in support of this calculation. Please confirm in your Supporting Evidence if your IBNR calculation is subject to an independent actuarial report and, if so, please provide a copy.

(10) Subtotal

Please enter the total of columns (8) and (9) for each Insurance Contract. Enter the total for the column in the box marked "total" at the foot of the column.

(11) Security (which includes Letters of Credit) and cross claims

Please specify **in brackets** the amount of any Security, such as a deposit, retained funds, reserve, trust, etc or a Letter of Credit which you have which is available in respect of Claim(s) under the relevant Insurance Contract and any applicable set-off or cross claim (being a debt owed by you to the Company). You should enter the value of the Security available in respect of an Insurance Contract, up to the aggregate amount of your Claim[s] under that contract, in the relevant row for that contract in column (11).

**Part 4:
Instructions for Completion**

CLAIM FORM

**The Meadows Indemnity
Company Limited**

Please also provide in a supporting schedule an analysis of the amount of the Security, set-off or cross-claim and any supporting documentation, including bank references in respect of Letters of Credit and contract details in respect of liabilities arising under reinsurance or retrocession contracts (to the extent that these have not already been provided).

Please enter the total value for column (11) in the box marked "total" at the foot of the column.

(12) Net Total

In this column enter the total for each Insurance Contract having deducted the amount in column (11) from the sub-total in column (10). Enter the total of column (12) at the foot of the column in the box marked "Total".

PLEASE RETURN THIS CLAIM FORM TO THE ADDRESS AND BY THE DEADLINE GIVEN IN THE LETTER ENCLOSING THIS CLAIM FORM