

This Claim Form should be completed in accordance with the instructions on the following pages. If your Claim against the Company arises under an Insurance Contract with the Company please complete parts **A**, **B** and **D** of this Claim Form. If your Claim does not arise under an Insurance Contract, please complete parts **A**, **C** and **D**.

Claim Forms must be received by the Scheme Administrators by no later than the Final Claims Submission Date which is 23:59 London time on 23 October 2006.

PART A

SCHEME CREDITOR NAME
ADDRESS
.....
.....
.....
.....
TELEPHONE NO.
EMAIL

In general, dividend payments will be paid by cheque. However, if you wish your dividend to be paid by telegraphic transfer (at your cost) please tick this box:

In accordance with clause 5.1(d) of the Scheme, Dividends of US\$50 and £25 or less will not be paid unless you request otherwise. This is because the administration costs (to both the Company and yourselves) of processing such a Dividend may outweigh the value of the Dividend itself. Should your dividend be less than US\$50 or £25 and you still wish it to be paid, please tick this box:

PART B

The numbers at the head of the columns correspond to the numbered instructions contained on the following pages of this form. **You should read the instructions carefully.**

Business ceded to the Company at 30 June 2004

CURRENCY: US\$

(1) Contract reference number	(2) Participation percentage (%)	(3) Inception date	(4) Broker	(5) Broker reference	(6) Paid Loss Claims	(7) Notified Outstanding Claims	(8) IBNR Claims	(9) Security or trusts	(10) Total (6+7+8-9)
GROSS CLAIM									Total (10a)

Business ceded by the Company at 30 June 2004

CURRENCY: US\$

(1) Contract reference number	(2) Participation percentage (%)	(3) Inception date	(4) Broker	(5) Broker reference	(6) Paid Loss Claims	(7) Notified Outstanding Claims	(8) IBNR Claims	(9) Security or trusts	(10) Total (6+7+8-9)
AVAILABLE SET-OFF									Total (10b)

CURRENCY: US\$

GROSS CLAIM AFTER SET-OFF⁽¹¹⁾ (10a – 10b)	
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LESS DISCOUNT FOR TIME VALUE OF MONEY⁽¹²⁾	
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ASCERTAINED CLAIM⁽¹³⁾	
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PART C

If your Claim against the Company does not arise under an Insurance Contract, please insert the value of your Claim against the Company here: US\$/GBP.....

Please provide information and documentation in support of your Claim. Please also provide details both of any Security you have in relation to the Company and any sums owed by you to the Company.

PART D

DECLARATION – TO BE SIGNED BY AN AUTHORISED PERSON (AS DEFINED IN THE SCHEME)⁽¹⁴⁾

I hereby certify that (i) the information on this form is accurate, (ii) that sufficient enquiries and investigations to ascertain the accuracy of the information on this form have been carried out and (iii) that the sums on this form in respect of Notified Outstanding Claims and IBNR Claims are a true and fair quantification of the Company's indebtedness in respect of those categories of claims to the Scheme Creditor.

Signed: Name: Position/capacity:

For and on behalf of (Scheme Creditor name): Date:.....

SEE THE FOLLOWING PAGES FOR "INSTRUCTIONS FOR THE COMPLETION OF THE CLAIM FORM"

INSTRUCTIONS FOR THE COMPLETION OF THE CLAIM FORM

The defined words and expressions contained within these instructions and the Claim Form bear the same meaning as given to them in the Scheme.

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

All claims in other currencies must be converted into US dollars or GBP at the rates of exchange set out in the currency conversion table which can be located at www.pwc.com/uk/aamii. If your claim is in a currency not shown in the table, please contact the Joint Administrators at PricewaterhouseCoopers LLP, Plumtree Court, London, EC4A 4HT, UK (email: caroline.j.turnbull@uk.pwc.com). Please use photocopied pages as required.

(1) **Contract reference number**

Specify the contract reference numbers in relation to each of the policies under which each of your claims against the Company arise and 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). Your insurance or reinsurance broker, intermediary or other agent should be able to assist you in identifying contracts and reference numbers.

(2) **Participation percentage (%)**

The participation percentage for each contract represents the percentage line underwritten or assumed by the Company under the contract. Insert the relevant percentage line for each contract to apportion the value of each of your claims against the Company when completing columns (6), (7) and (8).

(3) **Inception date**

Specify the date when each contract commenced. In the case of continuous contracts or contracts of more than 12 months plus odd time, each annual renewal should be shown as a separate contract.

(4) **Broker**

Specify the name of the broker who placed the contract or, if the placing broker is not known, any other broker, agent or intermediary (if known) who acted on your behalf in relation to the contract. Enter, in addition, either "Placing broker" or "Other" as applicable.

(5) **Broker reference**

Specify the broker's (or agent's or intermediary's) contract reference for each contract.

(6) **Paid Loss Claims**

Specify the amount of any Claim or (where there is more than one Claim) the aggregate amount of any Claims you have arising under each Insurance Contract underwritten by the Company in respect of losses which are certain in amount, have been paid or are due and payable by the Scheme Creditor as at the Ascertainment Date (30 June 2004). Please provide supporting documentation in relation to your Paid Loss Claims in accordance with clause 3.3 (d) of the Scheme and paragraph 11 of the short form Explanatory Statement.

(7) **Notified Outstanding Claims**

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 which as at the Ascertainment Date (30 June 2004) have been reported to the Scheme Creditor but have not yet become Paid Loss Claims. Please provide particulars of your estimate(s) in supporting schedules in accordance with clause 3.3 (d) of the Scheme.

- (8) **IBNR Claims**
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 losses which as at the Ascertainment Date have been incurred but have not been reported to the Scheme Creditor. Please provide particulars of your estimate(s) in supporting schedules in accordance with clause 3.3 (d) of the Scheme.
- (9) **Security or trusts**
Specify **in brackets** the amount of any Security or trusts, which you believe exists in relation to each contract under each claim(s) and which is available in respect of such claim(s). Provide an analysis of the amount and provide any supporting documentation, including bank references in respect of Letters of Credit.
- (10) **Total (6+7+8-9)**
Enter the net total of columns (6) to (8) inclusive (deducting any amount specified in column (9)).
- (10a) Enter the total sum of all column (10) amounts at the foot of the column in the box marked “Total”.
or (10b)

PLEASE NOTE THAT THE INSTRUCTIONS DETAILED ABOVE APPLY TO THE BUSINESS CEDED TO THE COMPANY. TO COMPLETE THE BUSINESS CEDED BY THE COMPANY SECTION PLEASE ALSO FOLLOW THESE INSTRUCTIONS BUT USE THE REVERSE SIGNAGE TO THAT SPECIFIED ABOVE.

- (11) Please insert the net total of the business ceded to the Company and the business ceded by the Company in the box marked “Gross Claim after set-off”.
- (12) To reflect the time value of money to the Ascertainment Date, each Scheme Creditor is required to apply a present value discount of 5% per annum compounded annually to their Notified Outstanding Claims and IBNR Claims as entered in columns (7) and (8). An analysis should be included with details of their Claims. The amount of discount to apply needs to be entered in the box marked “Less Discount for time value of money”.
- (13) Please insert the amount representing the Gross Claim after set-off, less discount for time value of money if applicable, in the box marked “Ascertained Claim”.
- (14) The Scheme requires the information provided on the Claim Form to be certified by an Authorised Person. Failure to do so may result in the value of your claim being deemed to be zero. An Authorised Person is defined to be a director, administrator, provisional liquidator, liquidator (or such equivalent in any other jurisdiction) or employee of the Scheme Creditor whose position is of sufficient seniority and whose knowledge of the Claim against the Company is sufficient to allow such person to accurately represent to the Company the amount and nature of the Scheme Creditor’s Claim.