

**CLAIM FORM AND INSTRUCTIONS FOR ITS COMPLETION**  
**OSLO REINSURANCE COMPANY (UK) LIMITED ("OSLO RE UK") AND**  
**OSLO REINSURANCE COMPANY ASA ("OSLO RE ASA")**

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

THIS CLAIM FORM, ALONG WITH APPROPRIATE SUPPORTING EVIDENCE, MUST BE RETURNED TO OSLO REINSURANCE COMPANY ASA, P.O. Box 1753 Vika, N-0122 OSLO, NORWAY, BY POST, FAX OR EMAIL MARKED FOR THE ATTENTION OF BJØRN MORTEN SKORDAL AS SOON AS POSSIBLE AND BY NO LATER THAN 5PM UK TIME ON 17 DECEMBER 2007 (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, IN RESPONSE TO A REQUEST FROM THE SCHEME MANAGER OR THE SCHEME ADJUDICATOR.

For each claim arising under a Scheme Insurance 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 carefully.**

The numbers in the brackets correspond to the numbered instructions contained on the following pages of this form.

**Please complete a separate table for each currency. Use photocopied pages as required.**

**SEE PAGES 5 to 7 FOR INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM**

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): .....

Date: ..... E-mail .....

Telephone ..... Fax .....

**SCHEME CLAIMS ARISING AGAINST OSLO REINSURANCE COMPANY (UK) LIMITED**

**AS AT 30 JUNE 2006**

**CURRENCY:** \_\_\_\_\_

(1) Scheme Insurance Contract reference numbers	(2) Type of business	(3) Participation percentage (%)	(4) Inception date	(5) Broker	(6) Broker reference	(7) Agreed claims	(8) Outstanding claims	(9) Value of discount	(10) IBNR claims	(11) Value of discount	(12) Subtotal	(13) Security, letters of credit or any other set-off or counter- claims	(14) Net total
													(C)
													(B)
													(A)

**SCHEME CLAIMS ARISING AGAINST OSLO REINSURANCE COMPANY ASA, OSLO**

**AS AT 30 JUNE 2006**

**CURRENCY:** \_\_\_\_\_

(1) Scheme Insurance Contract reference numbers	(2) Type of business	(3) Participation percentage (%)	(4) Inception date	(5) Broker reference	(6) Broker reference	(7) Agreed claims	(8) Outstanding claims	(9) Value of discount	(10) IBNR claims	(11) Value of discount	(12) Subtotal	(13) Security, letters of credit or any other set-off or counter- claims	(14) Net total
													(C)
													(B)
													(A)

## 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 determined in accordance with the Scheme. Please complete a separate table for each currency.

Currency: _____	
<input type="checkbox"/>	<b>By bank transfer to the following account:</b> Name of Bank: _____ Address of Bank: _____ _____
Account in the name of : _____	
Account number: _____	
Account Sort Code: _____	
<b>Please note that if you elect to be paid by bank transfer the Scheme Companies will not be liable for any costs of the transfer.</b>	
<input type="checkbox"/>	<b>By cheque sent by post:</b> Cheque payable to: _____ Address: _____ _____

## **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 numbers in the Claim Form. Please state amounts of all Scheme Claims in original currency.

**(1) Scheme Insurance Contract reference number**

Specify the Scheme Insurance Contract reference numbers under which each of your Scheme Claims may arise against Oslo Re UK or Oslo Re ASA 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). If you do not have a record of these numbers please obtain them from your broker.

**(2) Type of Business**

Specify the type of business to which the Scheme Insurance Contract relates.

**(3) Participation percentage**

The participation percentage for each Scheme Insurance Contract represents the percentage line underwritten or assumed by Oslo Re UK or Oslo Re ASA under the Insurance Contract. If known, insert the percentage line for each Scheme Insurance Contract to apportion the value of each of your claims against Oslo Re UK or Oslo Re ASA when completing columns (7), (8) and (9).

**(4) Inception date**

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

**(5) Broker**

Specify the name of the broker who placed the Scheme 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 Scheme Insurance Contract. Enter, in addition, either "placing broker" or "other" as applicable.

**(6) Broker reference**

Specify the broker's contract reference for each Scheme Insurance Contract.

**(7) Agreed 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 Scheme Insurance

Contract underwritten by Oslo Re UK or Oslo Re ASA that has been established by agreement, or otherwise, but not yet paid.

**(8) Outstanding Claims**

Enter the estimated total value, as at the Ascertainment Date, as per your records, of Scheme Claims in respect of losses notified to you for which you assert that an amount will become due for payment to you by the Scheme Companies (excluding any amounts included in (7) above). These values must be before discounting.

**(9) Value of discount**

Specify the amount to be deducted from the Outstanding Claims value as a discount to reflect the time value of money. The percentage discount to be applied is shown in the Actuarial Methodology. Alternatively you may use your own discount percentage, in which case you must also provide documentation substantiating your percentage. If no discount is entered, discount percentages will be applied by the Scheme Manager in accordance with the Actuarial Methodology.

**(10) IBNR Claims**

Enter the estimated total value, as at the Ascertainment Date, as per your records, of Scheme 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 Scheme Companies (excluding any amounts already included in (7) or (8) above). These values must be before discounting.

**(11) Value of Discount**

Specify the amount to be deducted from the IBNR Claims value as a discount to reflect the time value of money. The percentage discount to be applied is shown in the Actuarial Methodology. Alternatively, you may use your own discount percentage, in which case you must also provide documentation substantiating your percentage. If no discount is entered, discount percentages will be applied by the Scheme Manager in accordance with the Actuarial Methodology.

**(12) Subtotal**

Subtract column (9) from column (8) and column (11) from column (10), and add the resulting values to the value of Agreed Claim in column (7) to obtain the subtotal in respect of each Scheme Insurance Contract. Enter the total sum of all boxes in column (10) in the Totals box marked (A).

**(13) Security, Letters of Credit or any other set-off or counter-claim**

Specify in brackets the amount of any Security, Letter of Credit, trust, set-off or counter-claim which you believe exists in relation to each Scheme Insurance 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. Enter the total sum of all boxes in column (13) in the Totals box marked (B).

**(14) Net total**

Enter the total of column (12) less the amount specified in column (13) to achieve the Net total in respect of each Insurance Contract. Enter the total sum of all boxes in column (14) in the Totals box marked (C).

**You are requested to return the Claim Form, together with any supporting evidence, to Oslo Reinsurance Company ASA, P.O. Box 1753 Vika, N-0122 Oslo, Norway, marked for the attention of Bjørn Morten Skordal to be received by 5pm UK time on 17 December 2007, the Claims Submission Date. There are three ways in which you may return the Claim Form (together with any supporting evidence) to Oslo Re ASA:**

- **by post;**
- **by facsimile transmission to facsimile number +47 22 31 29 74/ 22 31 29 00; or**
- **by e-mail of a pdf format showing a scanned image of the completed Claim Form to [scheme.enquiries@oslore.no](mailto:scheme.enquiries@oslore.no) (but note that a scanned signature on the Claim Form is required if email is the method adopted). The Claim Form set out in the Scheme at Appendix B must be used, not any alternative presentation or format.**

**Any queries regarding the Claim Form, its completion or submission should be addressed to Bjørn Morten Skordal on +47 22 31 28 91.**