

**SECTION V**  
**CLAIM FORM**

**CLAIM FORM**  
**IN THE MATTER OF**  
**RELIANCE NATIONAL INSURANCE COMPANY (EUROPE) LIMITED (RNICE)**  
**AND ITS POLICYHOLDERS**  
**AND IN THE MATTER OF THE COMPANIES ACT 2006**

The capitalised words and expressions contained within this claim form (the "**Claim Form**") and the instructions shall, unless the context requires otherwise, bear the same meaning given to them in the scheme of arrangement pursuant to Part 26 of the Companies Act 2006 between the Company and its Policyholders as set out in Section II of this document (the "**Scheme**").

You should read this Claim Form including the instructions carefully.

**All Policyholders who wish to submit a Claim Form must do so by the Claims Deadline to**

Contact: Barry Toolan  
Mobile: +44 20 4566 5673  
Email: [RNICEScheme@Premiare.uk](mailto:RNICEScheme@Premiare.uk)

Further blank copies of this Claim Form can be obtained from the Company at the address above or by visiting the Website at [reliance-national-insurance-company-europe.co.uk](http://reliance-national-insurance-company-europe.co.uk). If you require any further assistance, then please contact the Company by email at [RNICEScheme@Premiare.uk](mailto:RNICEScheme@Premiare.uk).

Policyholders should not construe any of the contents of this Claim Form or any assistance provided by the Company, the Scheme Advisers or any of their respective advisers as legal, tax, financial or other professional advice. Each Policyholder should consult its own professional advisers as to the legal, tax, financial or other matters relevant to the action it should take in connection with this Claim Form.

## **Contents**

1. Section A: New Claim registration and guidance notes
2. Section B: New Claim valuation and guidance notes
3. Section C: Supporting Schedules (including continuation sheet)

**SECTION A: SCHEME CLAIM REGISTRATION**

GUIDANCE NOTES FOR COMPLETION OF THIS SECTION OF THE CLAIM FORM ARE ON PAGE 145

.....  
(Enter the name of the Policyholder including all former names) (note 1)

.....  
(Enter the address of the Policyholder) (note 1)

.....  
(Enter the total net amount of the Scheme Claim) (note 2)

If you are the duly authorised representative of the Policyholder or the duly authorised agent and/or attorney of the Policyholder, enter the capacity in which you have signed this Claim Form (for example or, partner or agent and/or attorney) below. A signature on this Claim Form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Policyholder to sign the form on its behalf.

**Authorised signatory:**

Name: .....  
Position/Capacity: .....  
Telephone Number: .....  
Email: .....  
(note 3)

Please provide bank account details into which payment should be made (note 4):

Account Number:

IBAN:

BIC:

SWIFT:

Attn:

Reference:

**GUIDANCE NOTES  
FOR THE COMPLETION OF SECTION A: SCHEME CLAIM  
REGISTRATION**

**Note 1.** Please enter the name and address of the Policyholder in block capitals. The name and address of the Policyholder must be legible. If the person completing this Claim Form is the duly authorised agent and/or attorney of a number of Policyholders, it must complete a separate Claim Form in respect of each Policyholder and provide evidence of its authority to submit this form on the Policyholder's behalf (for example a deed of assignment or a letter of authority). Failure to provide such evidence of authority may invalidate this Claim Form. Please note that where there are a number of companies within a group who are each Policyholders, each company must complete a separate form of proxy, as a group submission is not permissible.

**Note 2.** Enter the estimated amount of the Policyholder's net claim against the Company. Please ensure that the Policyholder has read and complied with Claims Methodology. The Claims Methodology describes in detail the approach that Policyholders and the Company are expected to follow in valuing Scheme Claims and are set out in Schedules 1 of the Scheme Document.

**Note 3.** If the person signing this Claim Form is the duly authorised representative of Policyholder which is a corporation or a partnership or other unincorporated body or person, that person should enter their name, the capacity in which they have signed this Claim Form (for example, or, partner, agent and/or attorney) and their contact details. Please note that, if the person signing this form is a duly authorised representative of a number of companies, partnerships or other unincorporated bodies or persons, a separate Claim Form should be completed for each such corporation, partnership or other unincorporated body or person.

**Note 4.** Please provide details of the valid account into which payment should be made. Not all sections will be relevant to a Policyholder's account. Please provide any additional details that will be relevant.

**SECTION B:**  
**SCHEME CLAIMS VALUATION**

CURRENCY E U R \_\_\_\_\_

<b>Description</b>	<b>Euro</b>
Agreed Claims	
Outstanding Claims	
<b>Gross claim</b>	
Less: set-off amounts	
<b>Claim</b>	

If any claims supporting schedules (see SECTION C) have been completed, these should be attached to and included in support of the Claim Form. Failure to supply suitable supporting information in the form of completed claim supporting schedules may result in your claim being disputed.

Particulars as to estimates of the amount of any outstanding claims provided by a Policyholder 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 Policyholder in any action or proceeding to which the Policyholder 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 be involved.

**SECTION C**  
**SCHEME CLAIMS - SUPPORTING SCHEDULE**

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

(1) Insurance Policy reference number (where applicable)	(2) Claim Reference Number (As advised by Premia)	(3) Claimant Name (Deceased / Family Name)	(4) Date of Loss	(5) Unsettled agreed claims	(6) Outstanding Claims	(7) Set-off	(8) Net Value
<b>(9) Claims (Eur) total</b>							
<b>(10) Continuation sheets total (Eur)</b>							
<b>(11) Total for this page plus any continuation sheets (Eur)</b>							



**SCHEME CLAIMS - SUPPORTING SCHEDULE  
CONTINUATION SHEET**

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

(1) Insurance Policy reference number (where applicable)	(2) Claim Reference Number (As advised by Premia)	(3) Claimant Name (Deceased / Family Name)	(4) Date of Loss	(5) Unsettled agreed claims	(6) Outstanding Claims	(7) Set-off	(8) Net Value
<b>(9) Claims (Eur) total</b>							
<b>(10) Continuation sheets total (Eur)</b>							
<b>(11) Total for this page plus any continuation sheets (Eur)</b>							

**SECTION C**  
**SCHEME CLAIMS - SUPPORTING SCHEDULE AND CONTINUATION SHEET GUIDANCE**  
**NOTES**

**Additional copies of the inwards claims supporting schedule and continuation sheets may be obtained from the Website at [reliance-national-insurance-company-europe.co.uk](http://reliance-national-insurance-company-europe.co.uk) or by contacting the Company by email or telephone as follows:**

**Contact: Barry Toolan**  
**Mobile: +44 20 4566 5673**  
**Email: [RNICEScheme@Premiare.uk](mailto:RNICEScheme@Premiare.uk)**

- (1) **Insurance Policy reference number**  
Specify the Insurance Policy reference number in relation to each of the policies under which you have claims against the Company in the Scheme. Your insurance broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Policies and reference numbers. Please then insert the Insurance Policy reference numbers onto the inwards claims supporting schedule using a separate line for each Insurance Policy.
- (2) **Claim Reference Number**  
Reference allocated by Premia (or previous service provider Armour).
- (3) **Claimants Name (Deceased / Family Name)**  
Full name/s of claimant/s
- (4) **Date Of Loss**  
Date event occurred
- (5) **Unsettled Agreed Claims**  
Specify the amount of any claim which has been agreed but not settled.
- (6) **Outstanding Claims**  
Specify the estimated value of the outstanding claim. Where there is more than one claim the aggregate estimated value of any claims which are Notified Outstanding Claims arising under each Insurance Policy.
- (7) **Set-off amounts total**  
Enter the amounts to be deducted by way of set-off (Deductible or recovery if applicable).
- (8) **Continuation sheet total (EUR)**  
If any continuation sheets have been used, insert here the total claim values in EUR from all continuation sheets.

- (9) **Set-off amounts total**  
Enter the amounts to be deducted by way of set-off.
- (10) **Claims (Euro) total**  
Enter the totals, where applicable, under each column (6), (7), (8), (9), (10), (11) and (12), in the original currency.
- (11) **Continuation sheet total (Euro)**  
If any continuation sheets for the same currency have been used, insert here the total claim values in that same currency from all continuation sheets.
- (12) **Total for this page plus any continuation sheets**  
Aggregate the claims total and the continuation sheet total to arrive at a total value, where applicable, under columns (5), (6), (7) and (8).