

**IN THE HIGH COURT OF JUSTICE (IN ENGLAND)
No. 5311 of 2008
CHANCERY DIVISION
COMPANIES COURT**

APPENDIX III

IN THE MATTER OF:

**MALAYAN INSURANCE COMPANY (U.K.) LIMITED
("the Company")
and
IN THE MATTER OF THE COMPANIES ACT 2006**

CLAIM FORM

For each claim arising under a 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 or being valued at nil and deemed to have been satisfied in full. If you need help in filling in this form, please submit your question either by fax to fax number **+44 (0)20 7621 6344/55** (Attention: Anne Bagshaw) or by email to abagshaw@chiltington.co.uk

Scheme Creditors should, in the first instance, contact their reinsurance Broker or other intermediary to obtain details of Reinsurance Contracts under which they may have a Scheme Claim against the Company.

Malayan Insurance Company (U.K.) Limited –Scheme of Arrangement- Claim Form

You are requested to complete the Claim Form and return it, along with any supporting schedules and information, as soon as possible by Post to Anne Bagshaw at Chiltington International Limited., Holland House, 1-4 Bury Street, London EC3A 5AW (Tel +44 (0)20 7621 6332). Alternatively, Scheme Creditors may send their Form of Proxy either by fax to fax number +44 (0)20 7621 6344/55 (Attention: Anne Bagshaw) or by email (in PDF format) to abagshaw@chiltington.co.uk. Forms will be accepted only if they are legible.

The deadline for submitting completed Claim Forms is the Final Claims' Submission Date under the Scheme (being the Business Day nearest to six months from the Effective Date). Returned Claim Forms must have been received by the Company on or before the close of business on this date. If a Scheme Creditor does not complete and return a Claim Form to the Company by the Final Claims' Submission Date that potential Scheme Creditors' Scheme Claim will be valued at NIL.

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.

It is not necessary to complete a Claims Form where a Scheme Creditor has elected to use the Voting Form for the Scheme Creditors' Scheme Meeting as the basis of Scheme Claim provided the Voting Form has been accepted by the Company.

Preferred Means of Payment: Unless otherwise requested, payments will be made by cheque and sent by Post. At the Scheme Creditor's request, the Company may at its sole discretion make payment by way of telegraphic transfer at the Scheme Creditor's expense. Please refer to the Means of Payment Form provided with this Claim Form (to be found at Appendix IV to the Scheme document). The despatch of cheques and payments made by way of telegraphic transfer will constitute a full discharge of the Company's Liability to Scheme Creditors.

Malayan Insurance Company (U.K.) Limited –Scheme of Arrangement- Claim Form

DETAILS OF SCHEME CLAIMS

(1) Scheme Creditor name :									
Creditor Reference No :									
(2) Currency:									
(3) Reinsurance Contract reference number	(4) Inception date	(5) Broker	(5) Broker reference	(7) Agreed claims	(8) Outstanding claims	(9) IBNR claims	(10) Total Gross Claim	(11) Security, Letters of Credit or any other counter- claims	(12) Net Total (10-11)

Declaration:

To the best of my knowledge and belief the information on this Claim Form is correct.

Signed: _____ Name: _____

Position/Capacity: _____ **(See Note (13))**

For and on behalf of: (Scheme Creditor Name) _____

Date: _____

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

INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

Please note that the terms contained with these instructions, the summary explanation below and in the Claim Form bear the same meanings as given to them in the Scheme of Arrangement.

The numbers below refer to the numbered columns in the Claim Form. Please use a separate Claim Form for each Scheme Creditor and for each currency, specifying in the box provided the relevant currency (for example Sterling/ US Dollars/ Euros. If there are insufficient lines for the aggregate of Scheme Claims for a scheme Creditor in one currency, please photocopy the Claim Form and complete the photocopy.

(1) Scheme Creditor name

Enter the name and address of the Scheme Creditor in block capitals unless it is already correctly stated. Please correct any name mis-stated. 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 must complete a separate Claim Form in relation to each company, as a group submission is not permissible.

(2) Currency of Scheme Claim

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. For Scheme Claims in pounds sterling or US Dollars, any amounts payable to a Scheme Creditor shall be paid in the currency of the claim unless another currency is mutually agreed between the Scheme Manager and the Scheme Creditor. Where Liability for a Scheme Claim was incurred in a currency replaced by the Euro, it shall be converted into Euros at the fixed exchange rate in operation for the currency as at the date it was so replaced and will be paid in pounds sterling. For Scheme Claims in any currency other than pounds sterling or U.S. dollars, any amounts payable to a Scheme Creditor shall be paid in pounds sterling. Any conversion required shall take place at the Relevant Rate of Exchange determined in accordance with the Scheme (i.e. the closing mid-market rate of exchange applying to the particular currency against the US Dollar or pounds sterling, as the case may be, as published in the Financial Times on the close of business on the date which is the day before the date of the Valuation).

Malayan Insurance Company (U.K.) Limited –Scheme of Arrangement- Claim Form

(3) Reinsurance Contract reference number

Specify each of the Company's reference numbers on the Reinsurance Contracts underwritten by the Company and under which each of your claims arise and provide a copy of the policy schedule or cover note and the schedule of insurance with particulars of each claim in supporting schedules. If you do not have a record of these numbers, you may be able to obtain them from your Broker. Wherever possible, Chilton International Limited, the Scheme Manager, will endeavour to provide assistance to Scheme Creditors in identifying their policies upon request. Please use a separate row for each additional contract reference.

(4) Inception date

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

(5) Broker

Specify the name of the Broker who placed the 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 Reinsurance Contract.

(6) Broker reference

Specify the Broker's contract reference for each Reinsurance 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 Reinsurance Contract underwritten by the Company that has been ascertained by agreement, or otherwise, but not yet paid.

(8) 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 Reinsurance Contract underwritten by the Company that has been reported but not yet ascertained and provide appropriate supporting evidence. If any Scheme Creditor is uncertain of the amount of his Scheme Claim, he is advised to provide an estimate ensuring that sufficient and appropriate evidence to demonstrate the basis of the estimate is available in support.

(9) IBNR claims

Specify the estimated amount of any claims you have arising under each Reinsurance Contract underwritten by the Company that has been incurred but not yet reported and furnish particulars of your estimate(s) in supporting schedules in accordance with the Scheme.

Malayan Insurance Company (U.K.) Limited –Scheme of Arrangement- Claim Form

(10) **Total Gross claims**

Enter the total of columns (7), (8) and (9) to obtain the potential total gross claim.

(11) **Security (which includes, letters of credit) or any other counter-claims**

Specify the amount of any Security, letter of credit, trust, set-off or cross-claim which the Scheme Creditor may have in relation to each Reinsurance 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. In the event the relevant set-off or cross-claim item arises under another Reinsurance Contract which has not already been included in the table, please provide separately details of the relevant Reinsurance Contract including the Reinsurance Contract reference number, the inception date, Broker, Broker reference and a breakdown of the amounts of the cross-claim to be applied to agreed, outstanding and IBNR claims.

(12) **Net Total**

Subtract column (11) from (10) and enter the net total in column (12).

(13) **Signature:** Please sign and date the Claim Form where indicated.

If you are the duly authorised representative of a corporation or a partnership or other unincorporated body of person, or the duly authorised agent and/or attorney of a number of Scheme Creditors, enter your name in block capitals and the capacity in which you are signing the Claim Form (for example, director, partner or agent and/or attorney); and please provide evidence of your authority to execute the Claim Form on behalf of each Scheme Creditor represented.