

**SECTION V
NEW CLAIM FORM**

IN THE HIGH COURT OF JUSTICE
BUSINESS AND PROPERTY COURTS OF ENGLAND AND WALES
INSOLVENCY AND COMPANIES LIST (ChD)

IN THE MATTER OF

**STRONGHOLD INSURANCE COMPANY LIMITED (IN ADMINISTRATION)
("STRONGHOLD" AND THE "COMPANY")**

AND ITS DIRECT SCHEME CREDITORS

AND IN THE MATTER OF THE COMPANIES ACT 2006

NEW CLAIM FORM

The capitalised words and expressions contained within this new claim form (the "**New 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 Direct Scheme Creditors as set out in Section II of this document (the "**Direct Scheme** ").

You should read this New Claim Form including the instructions carefully.

All Direct Scheme Creditors who wish to submit a New Claim Form must do so by the Direct Final Claims Time to

Contact: John Baker

Mobile: +447483326661

Email: uk_stronghold@pwc.com

Further blank copies of this New Claim Form can be obtained from the Company at the address above or by visiting the Website at www.strongholdinsco.co.uk and <https://www.pwc.co.uk/services/business-restructuring/administrations/stronghold.html>. If you require any further assistance, then please contact the Company on +447483326661, email uk_stronghold@pwc.com.

Direct Scheme Creditors should not construe any of the contents of this New Claim Form or any assistance provided by the Company, the Administrators, the Direct Scheme Administrators or any of their respective advisers as legal, tax, financial or other professional advice. Each Direct Scheme Creditor 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 New Claim Form.

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SECTION A: NEW CLAIM REGISTRATION

GUIDANCE NOTES FOR COMPLETION OF THIS SECTION OF THE NEW CLAIM FORM ARE ON PAGE 144

.....
(Enter the name of the Direct Scheme Creditor including all former names) (note 1)

.....
(Enter the address of the Direct Scheme Creditor) (note 1)

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

I REQUEST THAT YOU ACCEPT THIS NEW CLAIM FORM AS MY CLAIM FORM IN THE DIRECT SCHEME (note 3):

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

Authorised signatory:

Name:

Position/Capacity:

Telephone Number:

Email:

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

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

Note 2. Enter the estimated amount of the Direct Scheme Creditor's net claim against the Company.

Note 3. Please ensure that the Direct Scheme Creditor has read and complied with Estimation Guidelines. The Estimation Guidelines describe in detail the approach that Direct Scheme Creditors and the Company are expected to follow in valuing Direct Scheme Claims and are set out in Schedules 1 and 2 of the Direct Scheme Document.

Note 4. If the person signing this New Claim Form is the duly authorised representative of Direct Scheme Creditor 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 New Claim Form (for example, director, 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 New Claim Form should be completed for each such corporation, partnership or other unincorporated body or person.

**SECTION B:
DIRECT SCHEME CLAIMS VALUATION**

CURRENCY _____

Description	Agreed Claims	Notified Outstanding Claims	IBNR Claims	Other Claims
Agreed Claims		N/A	N/A	N/A
Undiscounted Notified Outstanding Claims	N/A		N/A	N/A
Time value of discount (Notified Outstanding Claims)	N/A		N/A	N/A
Undiscounted IBNR Claims	N/A	N/A		N/A
Time value of discount (IBNR Claims)	N/A	N/A		N/A
Gross claim				
Less: set-off amounts				
Less: Security				
Claim				

If any claims supporting schedules (see SECTION C) have been completed, these should be attached to and included in support of the New 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 Notified Outstanding Claims or IBNR Claims provided by a Direct Scheme Creditor 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 Direct Scheme Creditor in any action or proceeding to which the Direct Scheme Creditor 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
DIRECT SCHEME CLAIMS - SUPPORTING SCHEDULE**

CURRENCY _____

(1) Insurance Contract reference number (where applicable)	(2) Partici- pation %	(3) Inception date	(4) Broker	(5) Broker reference	(6) Agreed Claims	(7) Undiscounted Notified Outstanding Claims	(8) Time value discount value on Notified Outstanding Claims	(9) Undiscounted IBNR Claims	(10) Time value discount on IBNR Claims	(11) Security	(12) Set-off
				(13) Claims (currency) total							
				(14) Continuation sheets total (in the same currency)							
				(15) Total for this page plus any continuation sheets (in the same currency)							

**DIRECT SCHEME CLAIMS - SUPPORTING SCHEDULE
CONTINUATION SHEET**

CURRENCY _____

(1) Insurance Contract reference number (where applicable)	(2) Partici- pation %	(3) Inception date	(4) Broker	(5) Broker reference	(6) Agreed Claims	(7) Undiscounted Notified Outstanding Claims	(8) Time value discount value on Notified Outstanding Claims	(9) Undiscounted IBNR Claims	(10) Time value discount on IBNR Claims	(11) Security	(12) Set-off
(13) Claims (currency) total											

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

If you have claims in more than one currency a separate inwards claims supporting schedule should be used for each currency, specifying in the space provided the relevant currency. If there are insufficient lines for any one currency, complete the continuation sheet as many times as is necessary. Additional copies of the inwards claims supporting schedule and continuation sheets may be obtained from the Website at www.strongholdinsco.co.uk and <https://www.pwc.co.uk/services/business-restructuring/administrations/stronghold.html> or by contacting the Company by email or telephone as follows:

Contact: John Baker
Mobile: +447483326661
Email: uk_stronghold@pwc.com

- (i) **Currency**
Please enter the three letter currency code relevant for the currency of the information being submitted. Use a separate schedule for each different currency. The three letter codes can be found in Section D to the New Claim Form.
- (1) **Insurance Contract reference number**
Specify the Insurance Contract reference number in relation to each of the policies under which you have claims against the Company in the Direct Scheme. Your insurance broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Contract s and reference numbers. Please then insert the Insurance Contract reference numbers onto the inwards claims supporting schedule using a separate line for each Insurance Contract.
- (2) **Participation percentage**
The participation percentage for each Insurance Contract represents the percentage line underwritten or assumed by the Company under the Insurance Contract . Insert the relevant percentage line for each Insurance Contract to apportion the value of each of your claims against the Company when completing columns (6) and (8).
- (3) **Inception date**
Specify the date when each Insurance Contract commenced. In the case of continuous Insurance Contract s or Insurance Contract s of more than 12 months, each annual renewal should be shown as a separate Insurance Contract.
- (4) **Broker**
Specify the name of the broker who placed the Insurance 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 Insurance Contract.
- (5) **Broker reference**
Specify the broker's (or agent's or intermediary's) contract reference for each Insurance Contract.
- (6) **Agreed Claims**
Specify the amount of any claim (or where there is more than one claim the aggregate amount of any claims) which are Agreed Claims arising under each Insurance Contract.
- (7) **Notified Outstanding Claims (Undiscounted)**
Specify the estimated amount of any claim or (where there is more than one claim) the aggregate estimated amount of any claims which are Notified Outstanding Claims arising under each Insurance Contract.

- (8) **Time value discount on Notified Outstanding Claims**
Specify the discount amount applied for the time value of money of Notified Outstanding Claims using the "**Risk Free Rate**" (being the yield, as at the Administration Date, on US Treasury bonds (or in the case where the underlying Direct Scheme Claim owed to a Direct Scheme Creditor is predominantly payable in a currency other than US Dollars, equivalent government securities of the country in whose currency the Direct Scheme Claims are payable) of a term that is appropriate taking account of the nature of the Direct Scheme Claims), as at the Administration Date of 27 June 2019.
- (9) **IBNR Claims (Undiscounted)**
Specify the estimated amount of any claim or (where there is more than one claim) the aggregate estimated amount of any claims which you have classed as IBNR Liabilities arising under each Insurance Contract . An "**IBNR Claim**" is an incurred but not reported claim arising under or in respect of an Insurance Contract for the amount payable by the Company in respect of a loss which has been incurred but has not been reported to or discovered by a Direct Scheme Creditor plus the amount payable in respect of losses which have been notified to the Company which are not yet certain in amount and to the extent that the current notified amount may prove to be inadequate.
- (10) **Time value discount value on IBNR Claims**
Specify the discount amount applied for the time value of money of IBNR Claims using the Risk Free Rate as at the Administration Date of 27 June 2019.
- (11) **Security total**
Enter the amount of any Security held in relation to the Insurance Contract.
- (12) **Set-off amounts total**
Enter the amounts to be deducted by way of set-off.
- (13) **Claims (currency) total**
Enter the totals, where applicable, under each column (6), (7), (8), (9), (10), (11) and (12), in the original currency.
- (14) **Continuation sheet total (in the same currency)**
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.
- (15) **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 (6), (7), (8), (9), (10), (11) and (12). Transfer these amounts to the corresponding lines on the New Claim Form on pages 143 and 145.

**SECTION D
EXCHANGE RATES**

Code	Currency	Rate per 1 US Dollar at 27 June 2019
AUD	Australia Dollars	1.4280
BRL	Brazil Reais	3.8650
CAD	Canada Dollars	1.3117
CNY	China Yuan Renminbi	6.8763
DKK	Denmark Kroner	6.5650
EUR	Euro	0.8796
GBP	United Kingdom Pounds	0.7889
HKD	Hong Kong Dollars	7.8132
JPY	Japan Yen	107.7700
KRW	South Korea Won	1156.2000
NOK	Norway Kroner	8.5113
NZD	New Zealand Dollars	1.4925
PLN	Poland Zloty	3.7401
RUB	Russia Rubles	63.0913
SAR	Saudi Arabia Riyals	3.7504
SEK	Sweden Kronor	9.2686
SGD	Singapore Dollars	1.3527
TRY	Turkey Lira	5.7696
ZAR	South Africa Rand	14.1438