

SCHEDULE 5

CLAIM FORM

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

CR-2024-005455

IN THE MATTER OF

CX REINSURANCE COMPANY LIMITED (IN ADMINISTRATION)

("CX RE" OR THE "COMPANY")

AND ITS DIRECT SCHEME CREDITORS

AND IN THE MATTER OF THE COMPANIES ACT 2006

CLAIM FORM

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 proposed 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**”).

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

Contact: Prava Kuhendraruban
Telephone: +44 20 7951 2000
Email: CxReClaims@uk.ey.com
Address: Ernst & Young LLP, 1 More London Place, London, SE1 2AF

Please read this Claim Form including the instructions carefully.

Further blank copies of this Claim Form can be obtained by contacting the Administrators on the contact details above or by visiting the Website at :
https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme. If you require any assistance, please contact the Administrators.

Direct Scheme Creditors should not construe any of the contents of this Claim Form or any assistance provided by the Company, the Administrators, the proposed 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 Claim Form.

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SECTION A: NEW CLAIM REGISTRATION

GUIDANCE NOTES FOR COMPLETION OF THIS SECTION OF THE CLAIM FORM ARE ON PAGES 134 - 135

I/We (note 1)

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

of (note 1)

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

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

PLEASE ACCEPT THIS 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 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:

Person to contact in the event of a query in respect of this Claim Form (if different):

Name:
Position/Capacity:
Telephone Number:
Email:

TO BE SIGNED AND COMPLETED BY THE DIRECT SCHEME CREDITOR

To the best of my knowledge and belief the information on this Claim Form and any supporting information, as amended or otherwise, is correct.	
Signed:	Name:
.....
Position / Capacity:	Date:
.....
For and on behalf of (Direct Scheme Creditor name):	
.....	
Email address:	
.....	

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

- 1 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 form is the duly authorised agent and/or attorney of a number of Direct Scheme Creditors, it must complete a separate 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 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.
- 2 Enter the estimated amount of the Direct Scheme Creditor's net claim against the Company.
- 3 Please ensure that the Direct Scheme Creditor has read and complied with the Estimation Guidelines. The Estimation Guidelines describe in detail the approach that the 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.
- 4 If the person signing this Claim Form is the duly authorised representative of a 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 the Claim Form (for example, director, partner, agent and/or attorney) and their contact details.

Please note that, if the person signing this Claim Form is the 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.

SECTION B: DIRECT SCHEME CLAIMS VALUATION

CURRENCY

Please complete a separate form for each currency in which you have claims.

Description	Value
Agreed Unpaid Claims	
Undiscounted Notified Outstanding Claims	
Time value of discount (Notified Outstanding Claims)	
Undiscounted IBNR Claims	
Time value of discount (IBNR Claims)	
Gross claim in the Direct Scheme	
Less: set-off amounts	
Less: Security	
Net claim in the Direct Scheme	

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 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. Direct Scheme Creditors should consult their legal advisers as to the consequences for them of providing such particulars in relation to any litigation in which they are or may be involved.

SECTION C: DIRECT SCHEME CLAIMS - SUPPORTING SCHEDULE

(i) CURRENCY													
(1) Insurance Contract reference number (if any)	(2) Participation %	(3) Inception date	(4) Agreed Unpaid Claims	(5) Undiscounted Notified Outstanding Claims	(6) Time value discount value on Notified Outstanding Claims	(7) Undiscounted IBNR Claims	(8) Time value discount on IBNR Claims	(9) Set- off	(10) Security	(11) Date of loss (Claim)	(12) Claimant	(13) Excess Policy	(14) Policy Limit
(15) Claims (currency) total													
(16) Continuation sheets total (in the same currency)													
(17) Total for this page plus any continuation sheets (in the same currency)													

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

(i) CURRENCY													
(1) Insurance Contract reference number (if any)	(2) Participation %	(3) Inception date	(4) Agreed Unpaid Claims	(5) Undiscounted Notified Outstanding Claims	(6) Time value discount on Notified Outstanding Claims	(7) Undiscounted IBNR Claims	(8) Time value discount on IBNR Claims	(9) Set- off	(10) Security	(11) Date of loss (Claim)	(12) Claimant	(13) Excess Policy	(14) Policy Limit
(15) 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 supporting schedule should be used for each currency, specifying in the box 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 supporting schedule and continuation sheets may be obtained from the Website at : https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme or by contacting the Company by email or telephone as follows:

Contact: Prava Kuhendraruban
Telephone: +44 20 7951 2000
Email: CxReClaims@uk.ey.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 of the 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 broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Contracts and reference numbers. Please use 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 (4) and (6).

3 **Inception date**

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

4 **Agreed Unpaid Claims**

The value of any Agreed Unpaid Claims, being Direct Scheme Claims which according to the Company's records have been agreed as due to the relevant Direct Scheme Creditor as at the Scheme Reference Date, but not paid or discharged by the operation of set-off or otherwise.

This field will be populated by the Company with any Agreed Unpaid Claims which it has on its books. If the value shown does not reflect your records, please enter the value which you assert as due to you in respect of Agreed Unpaid Claims in a new row, and strike out the row completed by the Company.

5 Notified Outstanding Claims (Undiscounted)

Specify the estimated value or (where there is more than one claim) the aggregate estimated value as at the Scheme Reference Date of any Notified Outstanding Claims, being Direct Scheme Claims arising under an Insurance Contract in respect of a loss that has been reported to you as at the Scheme Reference Date but excluding any Agreed Unpaid Claims.

6 Time value discount on Notified Outstanding Claims

Specify the discount to reflect the time value of money to be applied to your Notified Outstanding Claims, to discount them to the Scheme Reference Date.

Please refer to section 5 (*Allowance for time value of money*) of the Estimation Guidelines in Schedule 1. Apply the relevant discount factor to each claim type, as set out in the table at section 5.5 (*Default Factors to be used*) of the Estimation Guidelines. Alternatively, if you consider that these discount factors are not appropriate for your claim you may apply your own discount factor, in which case please provide supporting information to justify the use of a different discount factor. If no discount is applied, a discount will be applied by the Company based on the discount factors set out in section 5.5 (*Default Factors to be used*) of the Estimation Guidelines.

7 IBNR Claims (Undiscounted)

Specify the estimated value or (where there is more than one claim) the aggregate estimated value as at the Scheme Reference Date of any IBNR Claims, being Direct Scheme Claims arising under or in respect of an Insurance Contract for:

- (a) the amount payable by the Company in respect of a loss which has been incurred but has not been reported to or discovered by you as at the Scheme Reference Date; plus
- (b) the amount payable in respect of losses which have been notified to the Company as at the Scheme Reference Date which are not yet certain in amount and to the extent that the current notified amount may prove to be inadequate.

The value shown must be before application of a time value discount.

8 Time value discount on IBNR Claims

Specify the discount to reflect the time value of money to be applied to IBNR Claims to discount them to the Scheme Reference Date.

Please refer to section 5 (*Allowance for time value of money*) of the Estimation Guidelines in Schedule 1. Apply the relevant discount factor to each claim type, as set out in the table at section 5.5 (*Default Factors to be used*) of the Estimation Guidelines. Alternatively, if you consider that these discount factors are not appropriate for your claim you may apply your own discount factor, in which case please provide supporting information to justify the use of a different discount factor. If no discount is applied, a discount will be applied by the Company

based on the discount factors set out in section 5.5 (*Default Factors to be used*) of the Estimation Guidelines.

9 Set-off amounts total

Enter the amounts to be deducted by way of set-off.

10 Security total

Enter the amount of any Security held in relation to the Insurance Contract. Note that the definition of Security in the Direct Scheme includes the Surplus Lines Trust Fund. For assistance in determining whether you are entitled to claim on the Surplus Lines Trust Fund in relation to an Insurance Contract, please refer to Appendix 2 of the Explanatory Statement.

Any value attributed to Security on this Claim Form (or, for the avoidance of doubt, following agreement or determination in accordance with the terms of the Direct Scheme) will not be binding for the purposes of determining your rights of recourse (if any) against the Surplus Lines Trust Fund.

11 Date of loss (Claim)

Enter the recognised date of loss of the claim.

12 Claimant

If applicable, enter the name of the claimant related to the claim.

13 Excess policy

Enter the excess amount as stated within the policy documentation, either on a policy (aggregate) or per claim basis.

14 Policy Limit

Enter the sum insured as stated within the policy documentation, either on a policy (aggregate) or per claim basis

15 Claims (currency) total

Enter the totals, where applicable, under each column (4), (5), (6), (7), (8), (9) and (10) in the original currency.

16 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.

17 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 (4), (5), (6), (7), (8), (9) and (10). Transfer these amounts to the corresponding lines on the Claim Form on page 136.

SECTION D: EXCHANGE RATE CONVERSION TO US DOLLARS

Code	Currency	Rate per 1 US Dollar at 29 December 2023
CAD	Canadian Dollars	1.323
EUR	Euro	0.906
GBP	United Kingdom Pounds	0.785