

MONTREAL, MAINE & ATLANTIC CANADA CO. / MONTRÉAL, MAINE & ATLANTIQUE CANADA CIE
MONTREAL, MAINE & ATLANTIC RAILWAY, LTD. / CHEMIN DE FER MONTRÉAL, MAINE & ATLANTIQUE

SCHEDULE 2B TO PROOF OF CLAIM FORM
TO BE COMPLETED ONLY IF YOU ARE FILING A CLAIM FOR
ECONOMIC, MATERIAL OR OTHER DAMAGES RESULTING FROM
BODILY INJURIES (NOT RESULTING IN DEATH) OF ANOTHER PERSON

I. BASIC INFORMATION

1. Name of Creditor: _____
2. Date of birth of Creditor (DD-MM-YYYY): _____

II. INFORMATION REGARDING THE INJURED PERSON

3. Name of the Injured person: _____
4. Date of birth of the Injured person (DD-MM-YYYY): _____

5. Select which of the following relationships applies to you. The Injured person is my:
 - Spouse
 - De facto* Spouse (If selected, how long was the *de facto* spouse relationship: _____)
 - Child
 - Mother
 - Father
 - Brother
 - Sister

If none of the foregoing applies, please specify and describe the nature of your relationship:

6. Provide the following information relating to the Injured person:
 - a. If the Injured person was married at the time of the bodily injuries, provide the name and age of spouse, date of marriage and civic address of spouse at time of the bodily injuries:

- b. If the Injured person was in a relationship of *de facto* spouse (“conjoint de fait”) at the time of the bodily injuries, provide the name, age of *de facto* spouse, address and date at which they started to live together:

- c. If the Injured person was divorced or separated at the time of the bodily injuries, provide the name(s) and age(s) of former spouse(s), and any payment obligations paid or owed or financial support to former spouse(s) by the Injured person:

- d. If the Injured person was divorced or separated at the time of the bodily injuries, provide the name(s) and age(s) of former spouse(s), and any payment obligations paid or owed or financial support to the Injured person by the former spouse(s):

- e. Provide the names and ages of the children of the Injured person. Please indicate if any of the children were still living at home with the Injured person at the time of the bodily injuries:

- f. Please list any family member or person other than those above that were dependent on the Injured person and were receiving or are owed payment or financial support from the Injured person. Provide names, ages and amounts:

III. INFORMATION REGARDING THE BODILY INJURIES OF THE INJURED PERSON

7. To your knowledge, has the Injured person filed a Proof of Claim as a Creditor for his or her bodily injuries (**Schedule 2A**) ? Yes No
(If yes, you may skip to Section V of this Schedule if the Injured person has provided the following information.)

8. Please provide the following information in respect of the bodily injuries suffered by the Injured person:

a. Description of the injuries:

b. Was there a hospitalization following the bodily injuries? Yes No

c. Name of hospital: _____

d. Date of hospitalization: _____

e. Date of discharge: _____

f. Did the injuries result in physical or psychological treatment? Yes No

g. Is physical or psychological treatment still being administered? Yes No

h. Describe the treatments administered since the person suffered the bodily injuries and as a result of those injuries:

i. Identify the hospitals, clinics, other institutions and persons who prescribed and/or dispensed the treatments administered (please include full contact information):

- j. Describe any expected future treatments to be administered and over what anticipated period of time and by which institutions (if known):

- k. Has the injuries resulted in any disability? Yes No

If Yes, please indicate the current percentage level of **temporary** disability: _____% and the expected percentage level of **permanent** disability that will result from the bodily injuries: _____%.

- l. Have these percentages been confirmed to you by a healthcare professional? In the affirmative, please attach such document (if available) and provide the complete contact information for such person:

- m. Has the Injured person been unable to work due to the injuries? If so, for what period and for how many days?

IV. MEDICAL CONDITION OF THE INJURED PERSON AT THE TIME OF DERAILMENT

9. Please describe to the best of your knowledge any medical problems, medical condition or health issues of the Injured person prior to the Derailment:

10. Prior to the Derailment, was the Injured person diagnosed with, or treated for, or taking any medication, in connection with any illnesses or disabilities? In the affirmative, please provide details:

11. Was the Injured person denied medical insurance coverage for any reason? In the affirmative, please provide details:

V. OTHER INFORMATION RELEVANT TO A CLAIM REGARDING THE LOSS OF INCOME OR ECONOMIC SUPPORT TO THE CREDITOR DUE TO THE BODILY INJURIES OF ANOTHER PERSON

(This section is to be completed only if the Creditor is claiming loss of income or economic support resulting from the bodily injuries, not resulting in death of another person.)

Education of the Injured person

12. Describe the education, studies (in progress or completed), degrees, diplomas, certifications, memberships of professional orders or other trade associations of the Injured person at the time of the Derailment:

Employment / work information and history of the Injured Person

13. Describe the employment, position held, trade, work or other occupation of the Injured person at the time of the Derailment:

14. If applicable, name of the employer of the Injured person at the time of the Derailment:

15. If applicable, duration of that employment at the time of the Derailment: _____

16. If applicable, gross and net income from all sources of the Injured person at the time of the Derailment:

a. Weekly: Gross: CA\$ _____ Net: CA\$ _____
b. Annually: Gross: CA\$ _____ Net: CA\$ _____

17. Describe (in general terms) the work / employment experience of the Injured person at the time of the Derailment:

18. Describe specifically the employment, positions held, or work of the Injured person during the three (3) year period preceding the Derailment:

19. Provide the gross and net annual income from all sources of the Injured person for the three (3) year period prior to the Derailment:

a. 2012:	Gross:	CA\$ _____	Net:	CA\$ _____
b. 2011:	Gross:	CA\$ _____	Net:	CA\$ _____
c. 2010:	Gross:	CA\$ _____	Net:	CA\$ _____

Employment / work information and history of the Creditor

20. Were you dependent on the Injured person or receiving financial support from the Injured person at the time of the Derailment? Yes No

If yes, how much were you receiving at the time of the Derailment (indicate amount CA\$ _____ and period _____).

21. If applicable, describe your employment, position held, trade, work or other occupation at the time of the Derailment:

22. If applicable, name of your employer at the time of the Derailment:

23. If applicable, duration of that employment at the time of the Derailment: _____

24. If applicable, your gross and net income from all sources at the time of the Derailment:

a. Weekly:	Gross:	CA\$ _____	Net:	CA\$ _____
b. Annually:	Gross:	CA\$ _____	Net:	CA\$ _____

25. Describe (in general terms) your work / employment experience:

26. Describe specifically the employment, positions you held, or your work during the three (3) year period preceding the Derailment:

27. Provide your gross and net annual income from all sources for the three (3) year period prior to the Derailment:

a. 2012:	Gross:	CA\$ _____	Net:	CA\$ _____
b. 2011:	Gross:	CA\$ _____	Net:	CA\$ _____
c. 2010:	Gross:	CA\$ _____	Net:	CA\$ _____

28. Has your employment or occupation status changed since the Derailment? Yes No
If yes, please provide details as to your present status:

29. Provide your gross and net income from all sources at the time of the Claim:

a. Weekly:	Gross:	CA\$ _____	Net:	CA\$ _____
b. Annually:	Gross:	CA\$ _____	Net:	CA\$ _____

30. Are you dependent of another person or receiving financial support from another person since the Derailment? Yes No

If yes, provide the name of such person: _____

The relationship between you and that person: _____

The amounts you received: CA\$ _____

The amounts you expect to receive; and CA\$ _____

Until what date: _____

VI. DESCRIPTION OF ECONOMIC AND MATERIAL DAMAGES SUFFERED BY CREDITOR DUE TO THE BODILY INJURIES NOT RESULTING IN DEATH OF ANOTHER PERSON (FOR CLAIMS AGAINST MONTRÉAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS)

31. If you are claiming economic and material damages sustained by yourself due to the injuries of another person not resulting in death, please list comprehensively and describe in detail the **individual amounts, nature** and **basis** of any damages claimed. The following categories are indicative only.

a. Expenses you would not have otherwise incurred from July 6, 2013 to the date of this claim (describe):

CA\$ _____

b. Future expenses of any other kind that you expect to incur and that you would not have otherwise incurred (describe):

CA\$ _____

c. Loss of personal income from July 6, 2013 to the date of this claim (describe the reasons why you suffered a loss of income due to the injuries, not resulting in death of another person):

CA\$ _____

- d. Expected loss of future personal income (describe the reasons why you will suffer a loss of future income due to the injuries of another person, not resulting in death):

CA\$ _____

- e. Loss of economic support from the Injured person (describe the reasons why you suffered a loss of economic support due to the injuries of another person, not resulting in death):

CA\$ _____

- f. Expected loss of future economic support from the Injured person (describe the reasons why you will suffer the loss of future economic support due to the injuries of another person, not resulting in death):

CA\$ _____

- g. Any other economic damages resulting from the injuries of another person, not resulting in death (describe):

CA\$ _____

Total Economic and Material Damages
 (Enter on line E. on page 3 of proof of claim form)

CA\$ _____

VII. DESCRIPTION OF OTHER DAMAGES SUFFERED BY CREDITOR DUE TO THE INJURIES OF ANOTHER PERSON, NOT RESULTING IN DEATH (FOR CLAIMS AGAINST MONTREAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS)

33. If you are claiming any other damages suffered by yourself due to bodily injuries of another person not resulting in death, please list comprehensively and describe in detail all the **nature** and **dollar amounts** sought in respect of all **categories** of damages claimed. The following categories are indicative only:

a. Psychological pain, sadness, anguish, anxiety, mental shock emotional distress, and suffering as a result of the bodily injuries to another person:

CA\$ _____

b. Loss of consortium, psychological support from the result of the bodily injuries to another person, loss of enjoyment of life:

CA\$ _____

c. Troubles and inconveniences:

CA\$ _____

d. Other damages:

CA\$ _____

Total Other Damages
(Enter on line F. on page 3 of proof of claim form)

CA\$ _____

VIII OTHER INFORMATION

35. Please provide full details of all insurance policies that were in effect at the time of the Derailment and that provides coverage for the claims made in this schedule:

	Insurance policy A.	Insurance policy B.
a. Nature of insurance policy:		
b. Name of policy holder:		
c. Amount of coverage:		
d. Policy number:		
e. Insurance company name and contact information:		
f. Has payment been received? If yes, what amount?		
g. Are any additional insurance claims being pursued or expected?		

36. Did the Creditor receive payments or financial assistance from the Government of Quebec, the Government of Canada, any municipality, any person or organization as a result of the Derailment? If you have, then please indicate:

Name of government department, municipality, person or organization providing financial assistance	Amounts received CA\$	Date of payments	Date of reimbursement, if any

37. Provide the following contact information for any lawyer representing the Creditor:

Lawyer's name: _____
Name of law firm: _____
Street address: _____
City, province/state, postal/zip code: _____
E-mail address: _____
Telephone number: _____

38. Provide details of any legal action commenced by yourself as a result of the Derailment:

Name of the parties: _____

Current Civil Action Court File No. _____
Jurisdiction : _____
Judicial district: _____
(Attach a copy of the proceedings)