

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

SCHEDULE 2A 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 SUFFERED BY YOURSELF

I. BASIC INFORMATION

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

II. INFORMATION REGARDING THE BODILY INJURIES SUFFERED BY THE CREDITOR AND HIS OR HER MEDICAL CONDITION

3. Please provide the following information in respect of the bodily injuries suffered by yourself due to the Derailment:

a. Description of the injuries:

b. Was there a hospitalization following the 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 suffering 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 in writing by a healthcare professional? In the affirmative, please attach such document (if available) and provide the complete contact information for such person:

- 4. Please describe any medical problems, medical condition or health issues prior to the Derailment:

5. Prior to the Derailment, were you diagnosed with, or treated for, or taking any medication, in connection with any illnesses or disabilities? In the affirmative, please provide details:

6. Were you ever denied medical insurance coverage for any reason? In the affirmative, please provide details:

III. OTHER INFORMATION RELEVANT TO A CLAIM REGARDING THE LOSS OF INCOME OF THE CREDITOR DUE TO HIS OR HER INJURIES

(This section is to be completed only if the Creditor is claiming loss of income resulting from his or her bodily injuries).

Education

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

Employment / Work information and history

8. Describe your employment, position held, trade, work or other occupation at the time of the Derailment:

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

10. If applicable, duration of the employment of the time of the Derailment: _____

11. 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\$ _____

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

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

14. Provide the 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\$ _____

15. Have you lost your employment, work or source of income due to your injuries following the Derailment? Yes No

a. Did you receive monetary compensation? If yes, please indicate the amount CA\$ _____ and the source of the monetary compensation:

b. Did you find a new employment, work or source of income since? If yes, please indicate the name of your new employer: _____ and if you are working full-time, or part-time.

16. 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\$ _____

IV. DESCRIPTION OF ECONOMIC AND MATERIAL DAMAGES SUFFERED BY CREDITOR DUE TO HIS OR HER INJURIES (FOR CLAIMS AGAINST MONTREAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS)

17. If you are claiming economic and material damages suffered by yourself due to your injuries, please list comprehensively and describe in detail the **individual amounts, nature** and **basis** of any damages claimed. The following categories are indicative only.

a. Medical expenses from July 6, 2013 to the date of this claim that you have personally incurred (describe):

CA\$ _____

b. Expected future medical expenses that you will personally incur (describe):

CA\$ _____

c. Expenses of any other kind from July 6, 2013 to the date of this claim directly associated with the injuries sustained (describe):

CA\$ _____

d. Expected future expenses of any other kind that you will incur directly associated with the injuries sustained (describe):

CA\$ _____

e. Loss of personal income from July 6, 2013 to the date of this claim directly associated with the injuries (describe):

CA\$ _____

f. Expected loss of future personal income directly associated with the injuries (describe):

CA\$ _____

g. Any other economic or material damages resulting from your injuries (describe):

CA\$ _____

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

CA\$ _____

V. DESCRIPTION OF OTHER DAMAGES SUFFERED BY CREDITOR DUE TO HIS OR HER INJURIES (FOR CLAIMS AGAINST MONTREAL, MAINE & ATLANTIC CANADA CO., IN RESPECT TO THE CANADIAN INSOLVENCY PROCEEDINGS)

19. If you are claiming any other damages suffered by yourself associated with your injuries, 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 your injuries: CA\$ _____

b. Loss of consortium, *solutium doloris*, loss of psychological support, loss of enjoyment of life: CA\$ _____

c. Troubles and inconveniences CA\$ _____

d. Other damages: CA\$ _____

Total Other Damages
(Enter on line D. on page 3 of proof of claim form) CA\$ _____

VI. OTHER INFORMATION

21. 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?		

22. 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

23. 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: _____

24. 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)