

Maple Ridge (South Alouette River) Flood of November 29, 1995 Class Proceeding Settlement

Compensation Claim Form and Instructions

Please complete the designated sections below and return this form by letter or courier postmarked no later than April 29th, 2005, to:

Claims Administrator

Attention: Maple Ridge Flood Class action settlement administration

Class members may be eligible for compensation for all or some of their loss or damage to property sustained as a result of the flooding of the South Alouette River on November 29, 1995. Please read this Claim Form carefully to determine whether you are entitled to compensation and in what amount.

All claimants for compensation must fill out all applicable parts of the Claim Form and send it and other documents specified in the Claim Form to the Claims Administrator. If you do not follow the instructions or complete the Claim Form, your claim may be delayed or denied.

Please type or print clearly.

Section I – Claimant Information

Last Name(s):

First Name:

Middle Initial:

Address:

(Street)

(City)

(Province)

(Postal Code)

Telephone No. (Home):

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Telephone No. (Alternate):

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Email Address (optional):

Section II – Property Lost or Damaged

To prove that you have sustained damage or loss to real or personal property, you must provide evidence in the form of a sworn declaration, verifying the particular property loss or damage and the nature and extent of that loss or damage.

In addition, appropriate documentation to establish the amount of the loss or damage must be provided and attached to the sworn declaration. Such documentation may include written estimates with respect to costs of repair or replacement and/or invoices or receipts verifying the actual cost incurred in repair or replacement of the lost or damaged real or personal property.

3. The following is a list of my loss or damage related to real property:

Description of Real Property Lost or Damaged

(If more space is required, please attach a separate sheet.)

4. I attach the following written estimates, invoices or receipts relating to each of the losses claimed above.

Item	Company Doing Estimate of

(If more space is required, please attach a separate sheet.)

_____ (name)

_____ (signature)

PART B (to be completed by either a Commissioner of Oaths, Notary Public or Justice of the Peace etc):

Declared before me at _____,
(city or town)

in the province or territory of _____
(province or territory)

this _____ day of _____, 20_____.

Name of Commissioner, notary public etc. (please print):

Signature of Commissioner or notary public etc.:

Section III – Prior Compensation

All amounts previously paid to a Class Member for any loss or damage to real or personal property pursuant to the Provisional Settlement Agreement that Class Member's claim under the terms of the Settlement Agreement, unless that Class Member is required by law or court order to accept such compensation.

Please check the box which applies to you, and sign in the space indicated.

- I have not received any compensation from PEP or any private insurer with respect to this claim.
- I have received compensation from PEP and/or a private insurer with respect to this claim in the following amount:

PEP – Amount of \$_____. This amount was paid to me on _____ / _____ / _____.
(day) (month) (year)

Private Insurer – Amount of \$_____. This amount was paid to me on _____ / _____ / _____.
(day) (month) (year)

Section IV – Claimant's Declaration

This section must be completed by ALL CLAIMANTS in this class.

I hereby declare that the information provided in this Claim Form is true and accurate, to the best of my knowledge.

(signature of claimant)