

Edition Date: April 2023

**Fund for Railway Accidents Involving Designated Goods**

# **Consolidated Claim Forms**

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## **NOTICE TO CLAIMANTS – FILING INSTRUCTIONS**

Pursuant to the *Canada Transportation Act*, the Fund for Railway Accidents Involving Designated Goods was created to manage and settle claims related to railway accidents involving designated goods. We have set up a claims process to deal with damage claims arising out of a railway accident involving crude oil.

A claims document package is available on the Fund's website at [www.fraidg-ciafimd.gc.ca](http://www.fraidg-ciafimd.gc.ca) or a copy can be mailed to you upon request by calling (613) 991-1726 or sending an email to [claims@fraidg-ciafimd.gc.ca](mailto:claims@fraidg-ciafimd.gc.ca).

Should you require additional information, you can call the Fund at (613) 991-1726 or send an email to [claims@fraidg-ciafimd.gc.ca](mailto:claims@fraidg-ciafimd.gc.ca) for any enquiries.

Each schedule listed in this collection is intended for a different type of claim. We ask claimants to only complete a claim using the appropriate schedule for their claim. The claim must be filed within a period of three years beginning on the day on which the loss, damage, cost or expense was incurred, but not after a period of six years beginning on the day on which the railway accident occurred. Claims may be filed with the railway during this period, or with the Fund should the Fund become activated within this period. Claims may be filed by mail, courier, facsimile, or e-mail to the following coordinates:

**FRAIDG**  
**180 Kent. St, Suite 830**  
**Ottawa, Ontario K1A 0N5**

**Attention:** Claims Department  
**Facsimile:** (613) 991-1726  
**E-mail:** [claims@fraidg-ciafimd.gc.ca](mailto:claims@fraidg-ciafimd.gc.ca)

Any claim sent by e-mail is deemed to be received by the Fund upon receipt in our email server.

Any claim sent by mail, by fax or by courier is deemed to be received by the Fund once it is physically received by our office.

If you require additional space to write notes or submit information, please use the space provided in Appendix C and print copies as needed.

**Claimants who have not filed a proof of claim within the prescribed delay shall NOT be entitled to receive any compensation whatsoever from the Fund in connection with the above-noted railway accident.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## PROOF OF CLAIM FORM

### 1. PARTICULARS OF THE CLAIMANT AND ADDRESS WHERE NOTICES SHOULD BE SENT

1. Full legal name of the Claimant (the "Claimant"):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Full mailing address:

3. Telephone number: \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Social insurance number (if available): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Name of the authorized representative of the Claimant, if applicable:

\_\_\_\_\_

7. Full mailing address of the authorized representative:

8. Telephone number of the authorized representative: \_\_\_\_\_

9. E-mail address of authorized representative of the Claimant, if applicable:

\_\_\_\_\_

10. Capacity in which authorized representative is acting:

- Parent or guardian of a minor (attach birth certificate)
- Legally appointed guardian (attach relevant court order)
- Other (please describe)

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

11. Names of family members at the same address who are also filing a claim (note that a separate claim form for each family member must be completed):

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2. **DECLARATION**

This claim is as a result of damages suffered in connection with the following railway accident involving designated goods:

<b>Date</b>	
<b>Location</b>	
<b>Additional Details (if applicable)</b>	

3. **CLAIM AMOUNT**

Please complete the attached schedules that are relevant to your situation.

A. Claim for Damages Resulting from the Death of a Person (Please complete and attach Schedule 1)

**From line 112**

\$ \_\_\_\_\_

B. Claim for Damages Resulting from Personal Injuries (Please complete and attach Schedule 2) (schedule 2A)

**From line 207**

\$ \_\_\_\_\_

(schedule 2B)

**From line 212**

\$ \_\_\_\_\_

C. Claim for Moral Damages (Please complete and attach Schedule 3)

**From line 306**

\$ \_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- D. Claim for Economic / Property Damages Suffered by an Individual (Please complete and attach Schedule 4)  
**From line 437**

\$ \_\_\_\_\_

- E. Claim for Economic / Property Damages Suffered by a Business (Please complete and attach Schedule 5)  
**From line 548**

\$ \_\_\_\_\_

- F. Claim for Subrogated Insurer Damages (Please complete and attach Schedule 6)  
**From line 606**

\$ \_\_\_\_\_

- G. Claim for Damages suffered by a Government or Municipality (Please complete and attach Schedule 7)  
**From line 719**

\$ \_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

H. Claim for Clean-up Costs (Please complete and attach Schedule 8)  
From line 830

\$ \_\_\_\_\_

**Total Claim (Sum of 3. Claim Amount – A to H)**

\$ \_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## AUTHORIZATION

Claimants who have not filed a proof of claim with the supporting documents by the submission deadline will receive no other notice and shall NOT be entitled to participate as a Claimant and shall NOT be entitled to receive any compensation from FRAIDG in connection with the accident.

I hereby certify that the costs claimed have been incurred, that the information is true and complete, and does not contain a claim for any expense previously paid for by any other payor. By completing this form, you consent to FRAIDG potentially collecting and using information about the claimant for administration and adjudicating the claim, from any other organization who has relevant information pertaining to this claim, including health professionals, institutions, government agencies and insurers.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of the Claimant or of its authorized representative)

\_\_\_\_\_  
(Please print name)



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## **SCHEDULE 1 – CLAIM FOR DAMAGES RESULTING FROM THE DEATH OF A PERSON**

(If you are claiming damages as a result of more than one death, please complete a separate schedule for each deceased)

### **I. INFORMATION REGARDING THE DECEASED**

1. Name of the Deceased/Estate:  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_
2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Date of death (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Sex:  Female  Male  Other (please specify): \_\_\_\_\_
5. Residential address (at time of death):

--

6. Social insurance number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Liquidator(s):

Name of liquidator	
Address	
Phone number	
E-mail address	

8. Please provide the following documents in respect of the Deceased:
  - a. Death certificate from the relevant provincial authority or funeral home
  - b. If the Deceased is a minor, please provide the birth certificate
  - c. Most recent will if one exists
  - d. Search of the Register of Testamentary Dispositions of the *Chambre des notaires du Québec* and/or provincial bar associations to confirm authenticity of the will and that it is the most recent version

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

9. Describe the education, studies (in progress or completed), degrees, diplomas, certifications, memberships of professional orders or other trade associations of the Deceased at the time of the Derailment in order to provide information relating to the earning capacity of the Deceased:

10. Describe the employment, position held, trade, work or other occupation of the Deceased at the time of the Derailment including the name of the employer:

11. Describe the employment, position held, trade, work or other occupation of the Deceased at the time of death including the name of the employer (if different from Question 10):

12. If applicable, duration of that employment at the time of the Derailment (or death as applicable): \_\_\_\_\_

13. If applicable, gross and net income from all sources of the Deceased at the time of the Derailment (or death as applicable):

a. Weekly: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

b. Annually: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

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

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

15. Provide the following information with your claim (if applicable):

- a. Federal and Provincial (if applicable) tax returns for the three years prior to death.
- b. Federal and Provincial (if applicable) notices of assessment for the three years prior to death.
- c. Most recent pay stubs in the case of employees.
- d. Details of any benefits being received at the time of Derailment, for example, employment insurance, workers compensation, disability insurance, etc.
- e. Details of any pension being received at the time of Derailment (Federal, Provincial or other).

**II. INFORMATION REGARDING DEPENDANTS**

• Civil status at the time of death (please tick all boxes that are applicable):

- Single
- Married / Civil union
- Common-law / *de facto* Spouse

(If selected, how long was the *de facto* spouse relationship: MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_

- Separated
- Divorced
- Widowed

**A. Deceased's Spouse\* (If Applicable)**

**\*\*"SPOUSE" REFERS TO A PERSON OF THE SAME OR OPPOSITE SEX.**

1. The Deceased was:

- a. Married (enclose the marriage certificate) / Civil union
- b. Common-law / *de facto* Spouse since (MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_

2. Name of the Deceased's spouse:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

3. Date of birth of spouse (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Sex:  Female  Male  Other (please specify): \_\_\_\_\_

5. At the time of the derailment:

- had a child been born of this union?  Yes  No
- was a child to be born of this union?  Yes  No
- had a child been adopted by the deceased and his or her spouse?  Yes  No

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- If "Yes," provided a copy of the adoption order
  - had a child of one spouse been adopted by the other spouse?  Yes  No
    - If "Yes," provide a copy of the adoption order
6. Were the Deceased and his or her spouse living together at the time of the derailment?  Yes  No
7. The spouse had been living at the address below since (MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_
8. Residential address of spouse (at time of death):

9. Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_
10. Is the spouse disabled?  Yes  No
11. If "Yes," submit a medical report attesting to the spouse's disability

**B. Deceased's Former Spouse\* (If applicable)**

**\*"FORMER SPOUSE" REFERS TO A PERSON OF THE SAME OR OPPOSITE SEX**

1. At the time of death, did the Deceased have a former spouse?  Yes  No
- If "Yes," please provide a copy of the official divorce judgement or separation order if it exists.
2. At the time of death, was the Deceased paying or required to pay spousal support (**excluding child support**) in accordance with a judgment or an agreement?  Yes  No
- If "Yes," enclose a copy of the official document stating the amount
3. Name of the Deceased's former spouse:
- Last name: \_\_\_\_\_ First name: \_\_\_\_\_
4. Date of birth of former spouse (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Sex:  Female  Male  Other (please specify): \_\_\_\_\_
6. Residential address (at time of death):

7. Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

8. Is the spouse disabled?  Yes  No

- If "Yes," submit a medical report attesting to the spouse's disability

**C. Deceased's Dependents\* (If Applicable)**

**\*FOR EVERY CHILD OR OTHER DEPENDANT OF THE DECEASED AT THE TIME OF THE DERAILMENT, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND ENCLOSE A BIRTH CERTIFICATE ISSUED BY THE PROVINCE OR TERRITORY WHERE YOU WERE BORN.**

1. Name of the Deceased's dependant:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Sex:  Female  Male  Other (please specify): \_\_\_\_\_

4. Relationship to Deceased: Biological/Adopted Child  Other  specify: \_\_\_\_\_

5. Level of education in progress (if applicable):

Elementary  High School  General  Vocational  CEGEP  University

6. Gross annual employment income (including social assistance payments, employment insurance benefits, etc.)

\$ \_\_\_\_\_

7. Did the Deceased provide care for this person?  Yes  No

8. Did the Deceased have financial responsibility for this person?  Yes  No

9. Was the Dependand living with the Deceased?  Yes  No

- If "NO," give the dependant's address below

10. Residential address (at time of death):

11. Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

12. Is the Deceased's Dependand disabled?  Yes  No

- If "Yes," enclose a medical report attesting to dependant's disability

**NOTE: IF THERE ARE MULTIPLE DEPENDANTS, PLEASE DUPLICATE THIS PAGE AND COMPLETE FOR EACH DEPENDANT.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**D. Deceased's Parents (If Applicable)**

Provide the information requested below if the deceased was under 18 years of age when the derailment occurred and had no spouse or dependants. Enclose the deceased's birth certificate issued by the province or territory where you were born, and bearing the name of the deceased's mother and father.

1. Name of the Deceased's parent:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Sex:  Female  Male  Other (please specify): \_\_\_\_\_

4. Relationship to Deceased: Biological/Adoptive Parent  Other  specify: \_\_\_\_\_

5. If the Deceased's biological parent is deceased, give the date of death and enclose a copy of the death certificate.

(DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Was the parent living with the Deceased?  Yes  No

- If "NO," give the parent's address below

7. Residential address (at time of death):

8. Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

**NOTE: IF THERE ARE MULTIPLE PARENTS, PLEASE DUPLICATE THIS PAGE AND COMPLETE FOR EACH PARENT.**

**E. Deceased's Siblings\* (If Applicable)**

1. Name of the Deceased's sibling:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Sex:  Female  Male  Other (please specify): \_\_\_\_\_

4. Relationship to Deceased:

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

r Biological/Adoptive Sibling

r Step-sibling since: (DD-MM-YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

r Other, specify: \_\_\_\_\_

5. Was the sibling living with the Deceased?  Yes  No

- If "NO," give the sibling's address below

6. Residential address (at time of death):

7. Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

**NOTE: IF THERE ARE MULTIPLE SIBLINGS, PLEASE DUPLICATE THIS PAGE AND COMPLETE FOR EACH DEPENDANT.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**F. Claim for damages resulting from the death of a person:**

a. Per Provincial Guidelines: \$ \_\_\_\_\_ **102**

Damage may be financial (loss of financial / material support) and / or sentimental /psychological. Please provide details below:

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**G. Estate Damages may include (provide damage settlement receipts):**

a) Actual expenses reasonably incurred for the benefit of the Deceased

\$ \_\_\_\_\_ **103**

b) Actual funeral expenses reasonable incurred

\$ \_\_\_\_\_ **104**

c) Reasonable allowance for travel expenses actually incurred in visiting the Deceased during his or her treatment

\$ \_\_\_\_\_ **105**

d) Where as the result of the injury, nursing, housekeeping or other services for the Deceased were provided

\$ \_\_\_\_\_ **106**



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

H. **Other Estate Damages (if applicable):**

The Estate of the Deceased can make a claim for the Deceased pain and suffering endured in between the time when they sustained the injuries in the accident and when they ultimately succumbed to these injuries.

Other Estate Damages: \$ \_\_\_\_\_ **107**

Provide details and medical records.

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I. **Total Estate Damages (add lines 103 to 107)**

\$ \_\_\_\_\_ **108**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**III. OTHER INFORMATION**

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

	<b>Insurance policy A.</b>	<b>Insurance policy B.</b>
1. Nature of insurance policy:		
2. Name of policy holder:		
3. Amount of coverage:		
4. Policy number:		
5. Insurance company name and contact information:		
6. Has payment been received? If yes, what amount?	\$ _____ <b>109</b>	\$ _____ <b>110</b>
7. Are any additional insurance claims being pursued or expected?		

2. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) as a result of the Derailment? If you have, then please indicate:

<b>Name of government department, municipality, person or organization providing financial assistance</b>	<b>Amounts received \$</b>	<b>Date of payments</b>	<b>Date of reimbursement, if any</b>
<b>Total</b>	<b>\$ _____ <b>111</b></b> <b>(Sum of "Amounts Received")</b>		

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**IV. TOTAL CLAIM FOR DAMAGES RESULTING FROM THE DEATH OF A PERSON**

**TOTAL CLAIM FOR DAMAGES RESULTING FROM THE DEATH OF A PERSON**

(add lines 102 and 108 and subtract lines 109, 110, and 111) \$ 112  
(enter on line A on page 2 of proof of claim form)

\$ \_\_\_\_\_ 112

1. Provide the following contact information for any lawyer representing the Claimant:

a) Lawyer's name:

\_\_\_\_\_

b) Name of law firm:

\_\_\_\_\_

c) Business address:

d) E-mail address:

\_\_\_\_\_

e) Telephone number:

\_\_\_\_\_

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

a) Name of parties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Current civil action court file no.:

\_\_\_\_\_

c) Jurisdiction:

\_\_\_\_\_

d) Judicial district:

\_\_\_\_\_

(Attach a copy of the proceedings)

e) If the matter has been settled:

The date the judgement was obtained or the matter was resolved:

\_\_\_\_\_

The amounts paid:

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## SCHEDULE 2 – CLAIM FOR DAMAGES RESULTING FROM PERSONAL INJURIES

### **I. INFORMATION REGARDING CLAIMANT**

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Date of injury (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Sex:  Female  Male  Other (please specify): \_\_\_\_\_

5. Residential address (at time of injury):

6. Social insurance number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Location at time of Derailment (provide description and address):

8. Please describe your status at the time of the Derailment:

Employed

If employed at the time of the incident related to this claim, have you received or are you in the process of receiving some form of workers compensation from your employer, a government agency, or other source?

Yes  No

If yes, please provide additional details below:

Employed but not engaged in normal duties (leave without pay, short- or long-term disability, etc.)

**File Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

- Self-employed
- Unemployed and receiving EI benefits
- Unemployed
- Retired
- Student or recent graduate
- Caregiver

9. Please provide details on your primary care or family physician (name, clinic address, phone number), if applicable:

**II. COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR BODILY INJURIES**

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

- Description of the injuries:

2. Was there a hospitalization following the injuries?  Yes  No

a. Date of hospitalization:

b. Date of discharge:

c. Did the injuries result in physical treatment?  Yes  No

d. Is physical treatment still being administered?  Yes  No

e. Describe the treatments administered since suffering the bodily injuries and as a result of those injuries (please provide medical records where applicable):

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

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

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- h. If your physical condition required it, did you incur travel and accommodation expenses to receive care, undergo medical examinations or take part in a personal rehabilitation program? In the affirmative, please provide a list of these expenses (provide receipts) and the total expenses below:

- i. **Total travel and accommodation expenses**

\$ \_\_\_\_\_ **201**

- j. Were you able to return to your normal activities following the Derailment?

Yes (please provide the date [mm-yyyy]: \_\_\_\_\_)

No

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

i. 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.

- m. Please describe any medical problems, medical conditions or health issues prior to the Derailment and provide all relevant medical documents (i.e. A summary from your physician, all treating physician's clinical notes and records, a decoded provincial health insurance plan summary for a period of 3-5 years prior to the date of the Derailment, any other relevant medical records). Annex additional pages and documents as necessary.



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- n. 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:

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

Claim for damages resulting from personal injuries (bodily injuries):

Per Provincial Guidelines \$ \_\_\_\_\_ 203

**III. OTHER INFORMATION**

- a. 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 schedule 2A:

	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:		

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

f. Has payment been received? If yes, what amount?	\$ _____ 204	\$ _____ 205
g. Are any additional insurance claims being pursued or expected?		

b. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) 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 \$	Date of payments (dd-mm-yyyy)	Date of reimbursement, if any (dd-mm-yyyy)
<b>Total</b>	\$ _____ 206		

**TOTAL CLAIM FOR DAMAGES RESULTING FROM PERSONAL INJURIES (BODILY INJURIES)**

(add lines 201 and 203 and deduct 204, 205, and 206)  
(enter on line B on page 2 of proof of claim form)

\$ \_\_\_\_\_ 207

**IV. COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR PSYCHOLOGICAL INJURIES**

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

- Description of the injuries:

2. Was there a hospitalization following the injuries?  Yes  No

a. Date of hospitalization:

b. Date of discharge:

c. Did the injuries result in psychological treatment?  Yes  No

d. Is psychological treatment still being administered?  Yes  No

e. Describe the treatments administered since suffering the psychological injuries and as a result of those injuries (please provide medical records where applicable):

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

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

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Total psychological treatment expenses**

\$ \_\_\_\_\_ 208

**V. OTHER INFORMATION**

1. 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 schedule 2B:

	<b>Insurance policy A.</b>	<b>Insurance policy B.</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?	\$ _____ 209	\$ _____ 210
g. Are any additional insurance claims being pursued or expected?		

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

2. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) 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 \$	Date of payments (dd-mm-yyyy)	Date of reimbursement, if any (dd-mm-yyyy)
<b>Total</b>	\$ _____ 206		

**TOTAL CLAIM FOR DAMAGES RESULTING FROM PERSONAL INJURIES (PSYCHOLOGICAL INJURIES)\***

(line 208 minus 209, 210, and 211)  
(enter on line B on page 2 of proof of claim form)

\$ \_\_\_\_\_ 212

**\*IF YOU ARE CLAIMING FOR PSYCHOLOGICAL INJURIES, PLEASE COMPLETE THE MEDICAL DECLARATION FORM FOR POST-TRAUMATIC STRESS ON THE FOLLOWING PAGES.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## IDENTIFICATION DECLARATIONS

### Claimant Identification

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Residential address:

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex:  Female  Male  Other (please specify): \_\_\_\_\_

### Representative Claimant Identification

This section is to be completed ONLY if you are submitting a claim as a Representative Claimant.

“Representative Claimant” means the legal representative of a Claimant, whether a minor or a person under legal disability. You MUST provide proof of your authority to act as the representative of a post-traumatic stress Claimant.

I am applying on behalf of a post-traumatic stress Claimant who is:

- A minor (under 18 years of age)
- A person under a legal disability

**I make this declaration believing it to be true**

\_\_\_\_\_  
Signature of Claimant/Representative Claimant

\_\_\_\_\_  
Date

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**c) Information and Declaration of Physician/Treatment Provider**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

A) Residential address:

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical \_\_\_\_\_ Specialty/Professional \_\_\_\_\_ Designation: \_\_\_\_\_

I solemnly declare under penalty of perjury that I have diagnosed the Injury Claimant \_\_\_\_\_ (more fully identified in Section 1 of this Claim Form) with post-traumatic stress, a depressive disorder, an anxiety disorder caused by the Derailment and/or otherwise received medical/clinical care for mental health issues caused by the Derailment on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Signature of Physician/Treatment Provider

\_\_\_\_\_  
Date

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**d) Claimant's Legal Representative Information**

Provide the following contact information for any lawyer representing the Claimant:

(1) Provide the following contact information for any lawyer representing the Claimant:

a) Lawyer's name:

\_\_\_\_\_

b) Name of law firm:

\_\_\_\_\_

c) Business address:

d) E-mail address:

\_\_\_\_\_

e) Telephone number:

\_\_\_\_\_

(2) Provide details of any legal action commenced by yourself as a result of the Derailment:

I. Name of parties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Current civil action court file no.:

\_\_\_\_\_



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

III. Jurisdiction:

\_\_\_\_\_

IV. Judicial district:

\_\_\_\_\_

(Attach a copy of the proceedings)

V. If the matter has been settled:

- The date the judgement was obtained or the matter was resolved:

\_\_\_\_\_

- The amounts paid:

\_\_\_\_\_

## SCHEDULE 3 – CLAIM FOR MORAL DAMAGES

### I. INFORMATION REGARDING CLAIMANT

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Date of birth (DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Female  Male  Other (please specify): \_\_\_\_\_

3. Residential address (at time of Derailment):

4. Location at time of Derailment (provide description and address):

5. Social insurance number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Please describe your status at the time of the Derailment:

Employed

If employed at the time of the incident related to this claim, have you received or are you in the process of receiving some form of workers compensation from your employer, a government agency, or other source?

Yes  No

If yes, please provide additional details below:

Employed but not engaged in normal duties (leave without pay, short- or long-term disability, etc.)

Self-employed

Unemployed and receiving EI benefits

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- Unemployed
- Retired
- Student or recent graduate
- Caregiver

**I. COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR TROUBLE AND INCONVENIENCE**

1. Please indicate which of the following situations apply to you:

- Required to take detours to work, school, daycare
- Loss of access to local businesses, retail locations, restaurants, services, etc.
- Noise and other inconveniences caused by clean-up work
- Loss of personal effects with no monetary value (i.e. photos, mementos, etc.)
- Other (please provide a description)

**TOTAL CLAIM FOR TROUBLE AND INCONVENIENCE**

(enter \$ \_\_\_\_\_ if you have checked any of the above)

\$ \_\_\_\_\_ 301

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**III. COMPLETE THIS SECTION IF YOU ARE CLAIMING FOR EVACUATION / INABILITY TO RESIDE IN YOUR RESIDENCE**

1. Temporary evacuation

Indicate the number of days in which you were not permitted to access your **principal residence** due to restrictions imposed by government or emergency services: \_\_\_\_\_ days.

2. Permanent evacuation

If you were permanently barred from residing in your **principal residence** due to restrictions imposed by government or emergency services please explain why and attach any documentary evidence in support thereof:

3. Other evacuation

Number of days you could not reside in your residence (over and above the number of days evacuated) due to lack of utilities, lack of access, other reasons. Please provide the number of days \_\_\_\_\_ and an explanation why you could not return to your **principal residence**:

4. Please provide the name of all people with the same residential address:

**TOTAL CLAIM FOR EVACUATION / INABILITY TO RESIDE IN YOUR RESIDENCE**

(enter \$ \_\_\_\_\_ per day times \_\_\_\_\_ evacuation days, to a maximum of 100 days)

\$ \_\_\_\_\_ 302

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**IV. OTHER INFORMATION**

1. 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?	\$ _____ 303	\$ _____ 304
g. Are any additional insurance claims being pursued or expected?		

2. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) as a result of the Derailment? If you have, then please indicate:

Name of government department, municipality, person or organization providing financial	Amounts received \$	Date of payments	Date of reimbursement, if any
<b>Total:</b>	\$ _____ 305		

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**TOTAL CLAIM FOR MORAL DAMAGES**

(add lines 301 and 302 and deduct lines 303, 304, and 305)

(enter on line C on page 2 of proof of claim form)

\$ \_\_\_\_\_ **306**

3. Provide the following contact information for any lawyer representing the Claimant:

a. Lawyer's name:

\_\_\_\_\_

b. Name of law firm:

\_\_\_\_\_

c. Business address:

d. E-mail address:

\_\_\_\_\_

e. Telephone number:

\_\_\_\_\_

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

a. Name of the parties:

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

b. Current civil action court file no.: \_

\_\_\_\_\_

c. Jurisdiction:

\_\_\_\_\_

d. Judicial district:

\_\_\_\_\_

(Attach a copy of the proceedings)

e. If the matter has been settled:

The date the judgement was obtained or the matter was resolved:

\_\_\_\_\_

The amounts paid:

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**SCHEDULE 4 – CLAIM FOR ECONOMIC / PROPERTY DAMAGES SUFFERED BY AN INDIVIDUAL**

Property damage may include, in the case of claims related to a railway accident involving crude oil, harm to real or personal property. Property damage may include damages to residential property, including damages to your home, landscaping, and other fixtures, damage to commercial property, and damage to your personal property, such as a vehicle or other personal items owned by the claimant.

**I. INFORMATION REGARDING CLAIMANT**

1. Name of Claimant

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

2. Date of birth of Claimant (DD-MM-YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**II. INDEX**

1. If you have a claim for damages to real property (house and/or land) owned by you, complete Section III (if you are a tenant, you can only claim for loss of personal property); and/or
2. If you have a claim for damages to personal property (furniture, clothing, vehicle, other personal property), complete Section IV; and/or
3. If you have a claim for damages from the loss of employment income (as a result of a temporary or permanent loss of employment), complete Section V; and/or
4. If you have a claim for damages from the loss of income from a rental property, complete Section VI.

*(Give full particulars of material damages to property owned by the Claimant resulting from the Derailment. Provide supporting documentation regarding property damages, including amount and description of transaction giving rise to the claim, including invoices, proof of payments, pictures, evaluations and estimates. Annex additional pages and documents as necessary to provide complete description.)*



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**III. DAMAGES TO REAL PROPERTY OWNED BY CLAIMANT**

1. Please indicate your percentage ownership of the real property \_\_\_\_%. If you are not the 100% owner of the property, please identify the other owner(s) of the property (add lines if necessary):

Name	Address	Percentage Ownership
------	---------	----------------------

--

2. Please advise if the real property was:

- Fully destroyed, or
- Partially damaged. If partial, please estimate the level of damage \_\_\_\_%.

3. Please advise if the real property was my:

- Principal residence (you must own or jointly own the principal residence and it must be inhabited by you or your spouse or common law partner, former spouse or common law partner or child). A principle residence can include a house, an apartment or unit in a duplex, apartment building or a condominium, a cottage, a mobile home, a trailer or a houseboat, a leasehold interest in a housing unit or a share of the capital stock of a co-operative housing corporation, or
- Secondary residence

4. Please provide full details on how the real property was fully destroyed or partially damaged:

--

5. Address(es) of real property (that suffered material damages) as a result of the Derailment:

--

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

6. The value of my share of the real property destroyed or damaged (prior to consideration of any compensation received) as a result of the Derailment is broken down as follows:

- a. Land \$ \_\_\_\_\_ 401
  - b. Building \$ \_\_\_\_\_ 402
  - c. Other buildings or immovable property  
(describe) (e.g. sheds, landscaping)
- \_\_\_\_\_ \$ \_\_\_\_\_ 403
- \_\_\_\_\_ \$ \_\_\_\_\_ 404
- \_\_\_\_\_ \$ \_\_\_\_\_ 405

**Total other buildings or immovable property  
(add lines 401 to 405)**

**\$ \_\_\_\_\_ 406**

d. Please describe the manner in which you have calculated the damages and attach the following documents where applicable:

- Insurance valuation
- Expert report
- Municipal valuation
- Written repair estimates
- Other (please specify):

7. Has the land been contaminated by a designated good (i.e. crude oil)?  Yes  No

**If yes**, please provide copies of environmental consulting or expert reports, diagrams, imagery, communications, recommendations as an attachment your claim.

8. If you answered "Yes" to question 7, then has the land been decontaminated or will it be decontaminated?

- Yes  No

9. If you answered "Yes" to question 7, then please provide the following:

- a. Cost of decontamination  
(please provide documents in support)

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

\$ \_\_\_\_\_ 407

- b. Estimated cost of future decontamination  
(please explain how this was calculated  
and provide any quotes received)

\$ \_\_\_\_\_ 408

**Total estimated cost of decontamination  
(add lines 407 and 408)**

\$ \_\_\_\_\_ 409

**Total claim for damages to real property owned by Claimant  
(add lines 406 and 409)**

\$ \_\_\_\_\_ 410

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**IV. DAMAGES TO PERSONAL PROPERTY OWNED BY CLAIMANT**

1. Please indicate your percentage ownership of the personal property \_\_\_\_%. If you are not the 100% owner of the property, please identify the other owners of the property:

Name	
Address	
Percentage ownership	

2. Please advise if the personal property was:

- Fully destroyed, or
- Partially damaged. If partial, please estimate the level of damage \_\_\_\_%.

3. Please provide full details on how the personal property was fully destroyed or partially damaged:

4. Address(es) of personal property (that suffered material damages) as a result of the Derailment (street number, street name, postal code):

5. Please describe the manner in which you have calculated the damages and attach the following documents where applicable:

- Insurance valuation
- Expert report
- Written repair estimates

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

r Other (please specify):

6. The value of my personal property destroyed or damaged (prior to consideration of any compensation received) as a result of the Derailment is summarized down as follows (please provide a detailed list (including pictures if available) of all items for which you are claiming compensation):

- a. Furniture \$ \_\_\_\_\_ **411**
  - b. Automobiles \$ \_\_\_\_\_ **412**
  - c. Jewelry \$ \_\_\_\_\_ **413**
  - d. Electronics \$ \_\_\_\_\_ **414**
  - e. Appliances \$ \_\_\_\_\_ **415**
  - f. Clothing \$ \_\_\_\_\_ **416**
  - g. Computers \$ \_\_\_\_\_ **417**
  - h. Moving / Storage \$ \_\_\_\_\_ **418**
  - i. Intangible (not physical) property  
(e.g. digital pictures and data) \$ \_\_\_\_\_ **419**
  - j. Other (describe)
- \_\_\_\_\_ \$ \_\_\_\_\_ **420**
- \_\_\_\_\_ \$ \_\_\_\_\_ **421**
- \_\_\_\_\_ \$ \_\_\_\_\_ **422**

**Total (add lines 411 to 422) \$ \_\_\_\_\_ **423****

7. If you were a tenant of the property for which there was a loss of use (i.e. it was rented to you), did you:

- a. pay rent during the period of loss of use?  
 Yes  No. If yes, how much? \$ \_\_\_\_\_ **424**
  - b. receive an indemnity from the landlord or a rent reduction or credit or any other compensation from the landlord in connection with the loss of use?  
 Yes  No. If yes, how much? \$( \_\_\_\_\_ ) **425**
- Total (line 424 less line 425) \$( \_\_\_\_\_ ) **426****

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Total claim for damages to personal property owned by Claimant  
(add lines 423 and 426)

\$ \_\_\_\_\_ 427

**V. DAMAGES FROM THE LOSS OF EMPLOYMENT INCOME**

*(Give full particulars for loss of income resulting from the Derailment. Provide employee payroll stubs, employee payroll records and other supporting documentation. Annex additional pages and documents as necessary to provide complete description.)*

- Describe as best you can the specific reasons for the loss or interruption of employment which resulted in your loss of income (e.g. destruction by fire or by other causes of your property or that of your employer, contamination of your property or that of your employer, restricted access to property ordered by authorities or interruption of railway traffic):

- 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, what was your status:
  - Full-time employment
  - Part-time employment (please indicate number of hours worked per week: \_\_\_\_\_)
  - Self-employed

- If applicable, describe your employment, position held, trade or work at the time of the Derailment:

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

\_\_\_\_\_

- If applicable, duration of the employment at the time of the Derailment:

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- If applicable, your gross and net income from all sources at the time of the Derailment:
  - Weekly: Gross : \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_
  - Annually: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

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

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

- Provide the gross annual income from all employment sources for the three calendar (3) years prior to the Derailment (as per your tax return and provide copies and assessments):

- 20\_\_\_\_ Gross: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 20\_\_\_\_ Gross: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 20\_\_\_\_ Gross: \$ \_\_\_\_\_ \$ \_\_\_\_\_

- Did you receive monetary compensation in connection with the loss of your employment, work or source of income as a result of the Derailment?  Yes  No.

If yes, please indicate the amount of monetary compensation: \$ \_\_\_\_\_

- What is the source of the monetary compensation, if applicable.

- 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.

- Did you receive Employment Insurance? If yes, please indicate the amount: \$ \_\_\_\_\_

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

- Weekly: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_
- Annually: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

**Calculation of loss of employment income**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Gross weekly wages at the time of the Claim (A)\$ \_\_\_\_\_

Times: # of weeks (to a maximum of \_\_\_\_\_ weeks) (B) \_\_\_\_\_ weeks

Sub-total (A times B): \$ \_\_\_\_\_

Less: Employment insurance received \$(\_\_\_\_\_)

**Total claim for damages from the loss of employment income**

\$ \_\_\_\_\_ **428**

**VI. DAMAGES FOR LOSS OF RENTAL INCOME**

*(Complete this section only if you claim damages for loss of use of your rental property.)*

*(Give full particulars of claim for loss of use of property resulting from the Derailment. Provide supporting documentation, proof of ownership or right of use (ex. lease) of property as well as invoices, proof of payments, evaluations and estimates of additional expenses. Annex additional pages and documents as necessary to provide complete description.)*

- 1. Please indicate your percentage ownership of the rental property \_\_\_\_%. If you are not the 100% owner of the rental property, please identify the other owners of the property (add lines if necessary):

Name	
Address	
Percentage ownership	

- 2. Address(es) of rental property (that suffered material damages) at the time of as a result of the Derailment(if multiple properties, provide details for each property):

[Empty rectangular box for providing address details]

- 3. Please advise if the rental property was:

- Fully destroyed, or
- Partially damaged. If partial, please estimate the level of damage \_\_\_\_%.

- 4. Please provide full details on how the rental property was fully destroyed or partially damaged:



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

5. If applicable, on what date did you completely lose the use of the property? (If multiple properties, please provide for each):

6. If applicable, on what date did you partially lose the use of the property? (If multiple properties, please provide for each):

7. If applicable, on what date did you recover the use of the property? (If multiple properties, please provide for each):

- a. If you have not yet recovered the use of the property at the present time, please indicate the date when you expect to recover the use of the property. (If multiple properties, please provide for each):

- b. If the loss of use of property was only partial, please describe as best you can the extent to which use was lost, during which periods, and the remaining use available during the applicable periods. (If multiple properties, please provide for each):

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- c. Describe the reasons or events which resulted in the complete or partial loss of use of your property (e.g. damage or destruction by fire or by other causes, contamination of property, restricted access to the property ordered by authorities). (If multiple properties, please provide for each):

- 8. The estimated loss of rental income is calculated as follows:

- a. Monthly rental income (provide a copy of the signed lease) \$ \_\_\_\_\_ **429**
- b. Monthly rental expenses (provide details including supporting documentation) \$ \_\_\_\_\_ **430**
- c. Net rental income (**429** less **430**) \$ \_\_\_\_\_ **431**
- d. Number of months lost to a maximum of \_\_\_\_ months: \_\_\_\_\_ **432**

**Total lost rental income (431 times 432) \$ \_\_\_\_\_ **433****

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Summary**

A) **Total claim for damages to real property owned by Claimant** (from line 410)

\$ \_\_\_\_\_

B) **Total claim for damages to personal property owned by Claimant** (from line 427)

\$ \_\_\_\_\_

C) **Total claim for damages from the loss of employment income** (from line 428)

\$ \_\_\_\_\_

D) **Total claim for damages from lost rental income** (from line 433)

\$ \_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**VII. OTHER INFORMATION**

1. 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?	\$ _____ 434	\$ _____ 435
g. Are any additional insurance claims being pursued or expected?		

2. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) as a result of the Derailment? If you have, then please indicate:

Name of government department, municipality, person or organization providing financial	Amounts received \$	Date of payments	Date of reimbursement, if any
<b>Total</b>	\$ _____ 436		

Internal use only

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**TOTAL CLAIM FOR ECONOMIC CLAIM / MATERIAL DAMAGES SUFFERED BY AN  
INDIVIDUAL**

(add lines 410, 427, 428, 433 and subtract lines 434, 435, and 436)  
(enter on line D on page 2 of proof of claim form)

\$ \_\_\_\_\_ 437

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

3. Provide the following contact information for any lawyer representing the Claimant:

a. Lawyer's name:

b. Name of law firm:

c. Business address:

d. E-mail address:

e. Telephone number:

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

a. Name of the parties:

b. Current civil action court file no.: \_

\_\_\_\_\_

c. Jurisdiction:

\_\_\_\_\_

d. Judicial district:

\_\_\_\_\_

(Attach a copy of the proceedings)

e. If the matter has been settled:

The date the judgement was obtained or the matter was resolved:

\_\_\_\_\_

The amounts paid:

\_\_\_\_\_

## **SCHEDULE 5 – CLAIM FOR ECONOMIC / PROPERTY DAMAGES SUFFERED BY A BUSINESS**

Property damage may include, in the case of claims related to a railway accident involving crude oil, harm to real or personal property. Property damage may include damages to residential property, including damages to your home, landscaping, and other fixtures, damage to commercial property, and damage to your personal property, such as a vehicle or other personal items owned by the claimant.

### **I. BASIC INFORMATION**

1. Name of Claimant:

\_\_\_\_\_

2. The Claimant is a:

- Corporation
- Partnership
- Self-employed
- Cooperative
- Real-estate
- Non-profit
- Farming business

3. If the Claimant has GST/HST/QST/PST numbers, please provide numbers:

GST/HST number: \_\_\_\_\_

QST/PST number (if Quebec): \_\_\_\_\_

4. Please indicate the nature of the business:

5. Provide details of the name and address of the place of business:

### **II. INDEX**

- a. If you have a claim for material damages to property owned by the business including relocation costs and emergency measures, complete Section III.

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- b. If you have a claim for a temporary business interruption from the loss of use of the property owned by the business, complete Section IV.

**III. CLAIM FOR MATERIAL DAMAGES TO PROPERTY**

*(Complete this section only if you claim material damages to the business' property)*

*Give full particulars of damages resulting from the Derailment. Provide audited, unaudited or internal financial statements for the last (3) three years prior to the derailment and financial results since the derailment, repairs/construction invoices and other supporting documentation regarding property damages, including amount and description of transaction giving rise to the claim. Annex additional pages and documents as necessary to provide complete description.)*

**If your property has been completely destroyed and you are claiming a loss of the entire business, an independent appraisal of said business will be required.**

- 1. Please provide full details on how the property was destroyed or damaged:

- 2. Address(es) of location of the Claimant's property (that suffered material damages) at the time of the Derailment:

- 3. The value of the Claimant's property destroyed as a result of the Derailment which will not be replaced is broken down as follows:

a. Immovable property (e.g. buildings, sheds, landscaping)	\$ _____ <b>501</b>
b. If applicable, tangible (physical) moveable property for business use (e.g. equipment, inventory)	\$ _____ <b>502</b>
c. Intangible property (e.g. data, client list)	\$ _____ <b>503</b>
d. Other (describe)	
_____	\$ _____ <b>504</b>
_____	\$ _____ <b>505</b>
_____	\$ _____ <b>506</b>

**Total value of property destroyed which will not be replaced (add lines 501 to 506)**



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

\$ \_\_\_\_\_ 507

4. The Claimant has already incurred the following expenses to repair or replace in whole or in part property damaged or destroyed as a result of the Derailment (excluding environmental decontamination due to a designated good and remediation expenses), broken down as follows:

- a. Immovable property (e.g. buildings, sheds, landscaping) \$ \_\_\_\_\_ 508
- b. If applicable, tangible (physical) moveable property for business use (e.g. equipment, inventory) \$ \_\_\_\_\_ 509
- c. Intangible property (e.g. data, client list) \$ \_\_\_\_\_ 510
- d. Other (describe)
  - \_\_\_\_\_ \$ \_\_\_\_\_ 511
  - \_\_\_\_\_ \$ \_\_\_\_\_ 512
  - \_\_\_\_\_ \$ \_\_\_\_\_ 513

**Total expenses already incurred to repair or replace in whole or in part the Claimant's property**

**(add lines 508 to 513) \$ \_\_\_\_\_ 514**

5. The Claimant will have to incur additional expenses to repair or replace in whole or in part property damaged or destroyed as a result of the Derailment (excluding environmental decontamination due to a designated good and remediation expenses), broken down as follows:

- h. Immovable property (e.g. buildings, sheds, landscaping) \$ \_\_\_\_\_ 515
- i. If applicable, tangible (physical) moveable property for business use (e.g. equipment, inventory) \$ \_\_\_\_\_ 516
- j. Intangible property (e.g. data, client list) \$ \_\_\_\_\_ 517
- k. Other (describe)
  - \_\_\_\_\_ \$ \_\_\_\_\_ 518
  - \_\_\_\_\_ \$ \_\_\_\_\_ 519
  - \_\_\_\_\_ \$ \_\_\_\_\_ 520

**Total expenses estimated to be incurred to repair or replace in whole or in part the Claimant's property**

Internal use only

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

(add lines 515 to 520)

\$ \_\_\_\_\_521

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

6. The Claimant has already incurred expenses in order to decontaminate due to a designated good and rehabilitate the Claimant's property, broken down as follows (if information available):

- a. Decontamination of soil and underground water \$ \_\_\_\_\_ **522**
- b. Decontamination of immovable property (excluding soil and underground water) \$ \_\_\_\_\_ **523**
- c. Decontamination of moveable property (e.g. furniture, equipment) \$ \_\_\_\_\_ **524**
- d. Fees for environmental consultants and experts \$ \_\_\_\_\_ **525**
- e. Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_ **526**
- \_\_\_\_\_ \$ \_\_\_\_\_ **527**
- \_\_\_\_\_ \$ \_\_\_\_\_ **528**

**Total cost already incurred to decontaminate and rehabilitate the Claimant's property**

**(add lines 522 to 528) \$ \_\_\_\_\_ **529****

7. The Claimant will have to incur additional expenses in order to decontaminate due to a designated good and rehabilitate the Claimant's property, broken down as follows (if information available):

- a. Decontamination of soil and underground water \$ \_\_\_\_\_ **530**
- b. Decontamination of immovable property (excluding soil and underground water) \$ \_\_\_\_\_ **531**
- c. Decontamination of moveable property (e.g. furniture, equipment) \$ \_\_\_\_\_ **532**
- d. Fees for environmental consultants and experts \$ \_\_\_\_\_ **533**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

e. Other (describe)

_____	\$ _____ 534
_____	\$ _____ 535
_____	\$ _____ 536

**Total expenses estimated to be incurred to decontaminate and rehabilitate the Claimant's property**

(add lines 530 to 536) \$ \_\_\_\_\_ 537

**Summary**

**A) Total value of property destroyed which will not be replaced (from line 507) \$ \_\_\_\_\_**

**B) Total expenses already incurred to repair or replace in whole or in part the Claimant's property (from line 514) \$ \_\_\_\_\_**

**C) Total expenses estimated to be incurred to repair or replace in whole or in part the Claimant's property (from line 521) \$ \_\_\_\_\_**

**D) Total cost already incurred to decontaminate and rehabilitate the Claimant's property (from line 529) \$ \_\_\_\_\_**

**E) Total expenses estimated to be incurred to decontaminate and rehabilitate the Claimant's property (from line 537) \$ \_\_\_\_\_**

**Total claim for material damages to property \$ \_\_\_\_\_ 538**

**IV. DAMAGES RESULTING FROM THE TEMPORARY LOSS OF USE OF PROPERTY OWNED OR USED BY CLAIMANT FOR THE BUSINESS (INCLUDING BUSINESS INTERRUPTION DAMAGES)**

*(Give full particulars of damages resulting from the loss of use of property owned by the Claimant or for which the Claimant has a right of use (e.g. lease) for the business (including business interruption losses) resulting from the Derailment. Provide supporting documentation, including audited, unaudited or internal financial statements for the last (3) three years prior to the derailment and financial results since the derailment, proof of ownership or right of use (e.g. lease) as well as invoices, proof of payments, evaluations and estimates of additional expenses. Annex additional pages and documents as necessary to provide complete description.)*

1. Provide the following information regarding the business interruption periods:

a. Date of complete or partial business interruption (DD-MM-YYYY):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

b. Date business restarted complete or partial operations (if applicable)

(DD-MM-YYYY):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Describe the reasons for which the business was partially or completely deprived of the use of the property during the said periods (e.g. destroyed by fire, contamination of property, restricted access to the property ordered by authorities or interruption of railway traffic).

3. Provide the following information regarding the business:

Financial year end	Annual sales	Annual net income (before tax)
20____	\$	\$
20____	\$	\$
20____	\$	\$
20____	\$	\$

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- 4. Annual sales and annual net income during same period of business interruption for the three (3) years preceding the derailment:

Financial year end	Past performance	Business interruption period
20__	Sales	\$
	Net income	\$
20__	Sales	\$
	Net income	\$
20__	Sales	\$
	Net Income	\$
20__	Sales	\$
	Net Income	\$

- 5. Describe in detail the amounts and basis of the amounts claimed as business interruption losses.

- business interruption loss claim including expected future losses (describe): \$ \_\_\_\_\_ **539**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 6. Describe in detail the additional expenses incurred by the Claimant due to the loss of use of property owned or used by the Claimant for business purposes. The following categories are indicative only.

- Additional expenses incurred and expected future expenses by the Claimant for moving of operations due to the loss of use of immovable property (describe): \$ \_\_\_\_\_ **540**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

- Additional expenses incurred and expected future expenses by the Claimant for moving and storage of equipment or inventory due to the loss of use of immovable property (describe):

\$ \_\_\_\_\_ 541

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- Expenses incurred by the Claimant for indemnities to employees who were temporarily or permanently laid off due to the loss of use of property (excluding accumulated benefits and rightfully terminated employments):

\$ \_\_\_\_\_ 542

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- Other expenses or damages incurred by the Claimant due to the loss of use of property (describe):

\$ \_\_\_\_\_ 543

**Total damages resulting from a temporary business interruption loss and from the loss of use of property owned or used by Claimant for the business**

**(add lines 539 to 543)**

\$ \_\_\_\_\_ 544

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**V. OTHER INFORMATION**

1. Please provide full details of any insurance policy that was 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?	\$ _____ 545	\$ _____ 546
g. Are any additional insurance claims being pursued or expected?		

2. Did the Claimant receive payments or financial assistance from any Province, the Government of Canada, any municipality, any person or organization (e.g. charity) as a result of the Derailment? If you have, then please indicate:



File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Name of government department, municipality, person or organization providing financial	Amounts received \$	Date of payments	Date of reimbursement, if any
<b>Total:</b>	\$ _____ 547		

3. Provide the following contact information for any lawyer representing the Claimant:

a. Lawyer's name:

\_\_\_\_\_

b. Name of law firm:

\_\_\_\_\_

c. Business address:

d. E-mail address:

\_\_\_\_\_

e. Telephone number:

\_\_\_\_\_

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

a. Name of the parties:

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

b. Current civil action court file no.: \_  
\_\_\_\_\_

c. Jurisdiction:  
\_\_\_\_\_

d. Judicial district:  
\_\_\_\_\_  
(Attach a copy of the proceedings)

e. If the matter has been settled:  
The date the judgement was obtained or the matter was resolved:  
\_\_\_\_\_

The amounts paid:  
\_\_\_\_\_

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**Summary**

**A) Total claim for material damages to property (from line 538)                    \$ \_\_\_\_\_**

**B) Total damages resulting from a temporary business interruption loss and from the loss of use of property owned or used by Claimant for the business (from line 544)                    \$ \_\_\_\_\_**

**TOTAL CLAIM FOR ECONOMIC / MATERIAL DAMAGES SUFFERED BY A BUSINESS                    \$ \_\_\_\_\_ 548**

**(add lines 538 and 544 and deduct lines 545, 546, and 547)  
(enter on line E on page 2 of proof of claim form)**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## **SCHEDULE 6 – CLAIM FOR SUBROGATED INSURER DAMAGES**

1. Name of Claimant (Insurer):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

2. Claimant Address:

3. This claim is being submitted in connection with the derailment on (DD-MM-YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Amount of claims paid and to be paid in virtue of property insurance policies: (from page 2)

\$ \_\_\_\_\_ **601**

5. Amount of claims paid and to be paid in virtue of liability insurance policies: (from page 3)

\$ \_\_\_\_\_ **602**

6. Amount of claims paid and to be paid in virtue of life insurance policies: (from page 4)

\$ \_\_\_\_\_ **603**

7. Amount of claims paid and to be paid in virtue of disability insurance policies: (from page 5)

\$ \_\_\_\_\_ **604**

8. Amount of claims paid and to be paid in virtue of any other form of insurance policies: (from page 6)

\$ \_\_\_\_\_ **605**

### **TOTAL SUBROGATED INSURER DAMAGES**

(add lines 601 to 605)

\$ \_\_\_\_\_ **606**

(enter on line F of page 2 of proof of claim form)

File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

*(Provide details of all insurance claims paid subsequent to the derailment including designation of insured, address, type of insurance, policy number, amounts paid out and under what coverage on the attached schedules – Complete additional pages as necessary. In addition, include copies of the insurance claims presented to you and copies of any cheques issued related to an accepted claim. Where payment was issued electronically, please provide proof of electronic payment in the form of a printed photo, printed screenshot, etc...)*

9. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of property insurance policies:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Payment amount (\$)	Indicate depreciation value
(1)						
(2)						
(3)						
(4)						
(5)						

10. Are there any outstanding insurance claims in virtue of property insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Future Payment amount (\$)	Indicate depreciation value
(1)						
(2)						

File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

(3)						
(4)						
(5)						

**Total paid and estimated to be paid for property insurance claims** \$                      **601**

11. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of liability insurance policies:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Payment amount (\$)	Indicate nature of liability of insured
(1)						
(2)						
(3)						
(4)						
(5)						

12. Are there any outstanding insurance claims in virtue of liability insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Future Payment amount (\$)	Indicate nature of liability of insured
(1)						
(2)						

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

(3)						
(4)						
(5)						

**Total paid and estimated to be paid for liability insurance claims** \$                      **602**

13. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of life insurance policies:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Payment amount (\$)
(1)					
(2)					
(3)					
(4)					
(5)					

14. Are there any outstanding insurance claims in virtue of life insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Future Payment amount (\$)
(1)					
(2)					

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

(3)					
(4)					
(5)					

**Total paid and estimated to be paid for life insurance claims**

\$ \_\_\_\_\_ **603**

15. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of disability insurance policies:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Payment amount (\$)	Indicate nature of disability
(1)						
(2)						
(3)						
(4)						
(5)						

16. Are there any outstanding insurance claims in virtue of disability insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Future Payment amount (\$)	Indicate nature of disability
(1)						
(2)						

File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

(3)						
(4)						
(5)						

**Total paid and estimated to be paid for disability insurance claims** \$                      **604**

17. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of other insurance policies:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Payment amount (\$)	Other
(1)						
(2)						
(3)						
(4)						
(5)						

18. Are there any outstanding insurance claims in virtue of other insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

Name of policy holder(s)	Category of risks covered and dates of coverage	Amount of insurance	Policy #	Name of Beneficiary and Description of claim paid	Future Payment amount (\$)	Other
(1)						
(2)						



Internal use only

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

(3)						
(4)						
(5)						

**Total paid and estimated to be paid for other insurance claims**

**\$                     605**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**SCHEDULE 7 – CLAIM FOR DAMAGES SUFFERED BY A GOVERNMENT OR MUNICIPALITY**

1. Name of the Government Agency / Municipality: \_\_\_\_\_

2. This claim is being submitted in connection with the derailment on

(DD-MM-YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Please describe the nature of the claim:

**A. Claims for Environmental Conditions, Damages, Debts or Liabilities**

i. Total amount disbursed to remedy the environmental conditions or damages): \$ \_\_\_\_\_ **701**  
*(Provide full details of payments made to date, including description of clean-up, testing performed, environmental studies and related invoices.)*

ii. Total estimated amount remaining to be disbursed to remedy the environmental conditions or damages: \$ \_\_\_\_\_ **702**  
*(Provide details of estimated clean-up and other costs remaining.)*

iii. Other debts and liabilities related to environmental damages, if any (describe): \$ \_\_\_\_\_ **703**

**Total claims for environmental conditions, damages, debts or liabilities**

**(add lines 701 to 703) \$ \_\_\_\_\_ 704**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**B. Payments Made to Residents / Victims / Businesses**

i. Total payments made to the residents / victims of \_\_\_\_\_ or elsewhere: \$ \_\_\_\_\_ **705**  
*(Provide a detailed list of payments made to the residents / victims of \_\_\_\_\_, indicating the nature of the payment, the name of the person, the address of the person and the amount paid per person.)*

ii. Total future estimated payments to be made to the residents / victims of \_\_\_\_\_ or elsewhere: \$ \_\_\_\_\_ **706**  
*(Provide details of future payments, if any, to be disbursed to the citizens of \_\_\_\_\_.)*

**Total payments (and future estimated payments) made to residents/victims**

**(add lines 705 and 706)** \$ \_\_\_\_\_ **707**

**C. Payments Made to Businesses, Municipalities, Fire Safety Services and Other Organizations Having Brought Aid and Assistance**

i. Total payments made to businesses, municipalities, fire safety services and / or other organizations: \$ \_\_\_\_\_ **708**  
*(Provide a detailed list of payments made to businesses, municipalities, fire safety services and / or other organizations, indicating the nature of the payment, the name of the business and / or organization, the address of the business or organization and the amount paid per business or organization.)*

ii. Total future estimated payments to be made to businesses, municipalities, fire safety services and / or other organizations: \$ \_\_\_\_\_ **709**  
*(Provide details of future payments, if any, to be disbursed to businesses, municipalities, fire safety services and / or organizations.)*

**Total payments (and future estimated payments) made to businesses, municipalities, fire safety services and / or other organizations**

**(add lines 708 and 709)** \$ \_\_\_\_\_ **710**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

 **D. Claims for reconstruction costs, infrastructure costs, damaged property, etc., if any**

i. Total payments made to date: \$ \_\_\_\_\_ 711

*(Provide full particulars of the nature of the damages sustained, describing the property and/or infrastructure, its physical location, the amounts incurred to date with supporting documentation.)*

ii. Total estimated future payments: \$ \_\_\_\_\_ 712

*(Provide details of future payments, if any.)*

**Total claims for reconstruction costs, infrastructure costs, etc. (add lines 711 and 712)** \$ \_\_\_\_\_ 713

 **E. Claims for other damages, if any**

i. Claim for relocating buildings (including cost of purchasing new land) \$ \_\_\_\_\_ 714

ii. Claim for professional fees \$ \_\_\_\_\_ 715

iii. Claim for lost tax revenue \$ \_\_\_\_\_ 716

iv. Reconstruction and development sites \$ \_\_\_\_\_ 717

**Total claims for other damages, if any:** \$ \_\_\_\_\_ 718

**(add lines 714 to 717)**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

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**Summary**

A) Total claims for environmental conditions, damages, debts or liabilities associated with contamination from a designated good (from line 704)	\$ _____
B) Total payments (and future estimated payments) made to residents/victims (from line 707)	\$ _____
C) Total payments (and future estimated payments) made to businesses, municipalities, fire safety services and / or other organizations (from line 710)	\$ _____
D) Total claims for reconstruction costs, infrastructure costs, etc. (from line 713)	\$ _____
E) Total claims for other damages, if any (from line 718)	\$ _____
<b><u>TOTAL CLAIM FOR DAMAGES SUFFERED BY A GOVERNMENT OR MUNICIPALITY</u></b>	<b><u>_____719</u></b>

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## **SCHEDULE 8 – CLAIM FOR CLEAN-UP COSTS**

Clean-up costs may include but are not limited to testing for, monitoring, cleaning up, removing, containing, treating, neutralizing, detoxifying or assessing the effects of pollutants, as well as similar measures taken to prevent further environmental damages.

### **I. BASIC INFORMATION**

**1. Claimant type:**

Response Organization

Private citizen  *(only check this box if your claim is for clean-up costs incurred in regards to property that you do not own. If this claim is for clean-up costs to property that you own then please complete schedule 4 instead)*

Business  *(only check this box if your claim is for clean-up costs incurred in regards to property that you do not own. If this claim is for clean-up costs to property that you own then please complete schedule 5 instead)*

Foreign Government / Municipality  *(only check this box if you are a foreign government or municipality and this claim is for clean-up costs incurred in Canada. If you are a non-foreign government or municipality then please complete schedule 7 instead)*

Charitable/Environmental organization

Other , (please describe):

\_\_\_\_\_  
\_\_\_\_\_

**2. Information of person filing claim:**

Name:

Street:

Postal code:

City:

Telephone (Mobile):

Telephone (Residence):

Telephone (Work):

Fax:

E-mail:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**3. Organization Information (if applicable):**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

GST/HST number: \_\_\_\_\_

QST/PST number (if Quebec): \_\_\_\_\_

Website: \_\_\_\_\_

**4. This claim is being submitted in connection with the derailment on:**

(DD-MM-YYYY): \_\_\_\_\_

**II. CLAIM FOR CLEAN-UP COSTS**

**1. Person/authority who triggered the environmental response (if applicable):**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

**2. Who is the Lead Agency attending the incident?**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

**3. Provide narrative of events (e.g. circumstances under which the clean up response was triggered, measures taken to clean up the spill). Please annex additional pages and documents as necessary to provide complete description (e.g. incident briefings, incident action plans, incident status updates, pictures, environmental consultant reports, recommendations, images, sample data and/or other lab data results, etc.):**

\_\_\_\_\_  
\_\_\_\_\_





File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Location(s) where clean-up costs were incurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date (*Beginning of operations*):

\_\_\_\_\_

End Date (*End of operations*):

\_\_\_\_\_

7. **Have you claimed/requested or received payment from any other party(ies) (e.g. province, federal government department, municipality, charity, railway company, insurance company, authority that triggered the response, other person or organization, court order) If you have, then please indicate (annex additional pages if needed):**

**Name of Party**

Contact Information:

\_\_\_\_\_

Date of claim/request (if applicable):

\_\_\_\_\_

Response (e.g. no action/response, denied, other,...) (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Date of payment (if applicable)

\_\_\_\_\_

Amount received (if applicable)

\$ 801

**Name of Party**

Contact Information:

\_\_\_\_\_

Date of claim/request (if applicable):

\_\_\_\_\_

Response (e.g. no action/response, denied, other,...) (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Date of payment (if applicable)

\_\_\_\_\_

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount received (if applicable) \$ 802

Name of Party

Contact Information: \_\_\_\_\_

Date of claim/request (if applicable): \_\_\_\_\_

Response (e.g. no action/response, denied, other,...) (if applicable) \_\_\_\_\_

Date of payment (if applicable) \_\_\_\_\_

Amount received (if applicable) \$ 803

Name of Party

Contact Information: \_\_\_\_\_

Date of claim/request (if applicable): \_\_\_\_\_

Response (e.g. no action/response, denied, other,...) (if applicable) \_\_\_\_\_

Date of payment (if applicable) \_\_\_\_\_

Amount received (if applicable) \$ 804

Total (add lines 801 to 804): \$ 805

8. If you have not submitted this claim to the relevant railway company(ies) or their insurer(s), then have you put them on notice that they have to pay and that you have filed the claim with the Administrator?

No

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Yes

Please provide the contact information of the relevant railway company(ies)/insurers:

**9. The claimant has already incurred the following expenses in order to clean up (please annex any evidence that proves incurred costs, such as receipts of payment) (note that expenses can only relate to the clean-up of assets or of the environment and to the measures taken for the prevention of oil pollution following an incident):**

Materials and supplies utilized	\$	806
Vehicles, boats, and other equipment deployed	\$	807
Clean up of water (excluding underground water) (include salaries, overtime, travel costs)	\$	808
Clean up of soil and underground water (include salaries, overtime, travel costs)	\$	809
Clean up of immovable property (excluding soil and underground water) (include salaries, overtime, travel costs)	\$	810
Clean up of moveable property (e.g. furniture, equipment)	\$	811
Fees for environmental consultants and experts	\$	812
Other (describe) (e.g. other contract services acquired, other pollution counter measures)	\$	813
_____	\$	814
_____	\$	815
_____	\$	816
Total cost <u>already incurred</u> to clean up (add lines 806 to 817)	\$	817

**10. If applicable, did you include taxes in your calculations?**

Yes

No

**11. To aid the Administrator in assessing the reasonableness of the expenditure please provide rationale as to why these expenses were incurred. Please consider the amount of costs in relation to the size of the spill and likelihood of success of response measures.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**12. The claimant will have to incur the following additional expenses in order to clean up (note that expenses can only relate to the clean-up of assets or of the environment and to the measures taken for the prevention of oil pollution following an incident):**

Materials and supplies	\$	818
Vehicles, boats, and other equipment	\$	819
Clean up of water (excluding underground water) (include salaries, overtime, travel costs)	\$	820
Clean up of soil and underground water (include salaries, overtime, travel costs)	\$	821
Clean up of immovable property (excluding soil and underground water) (include salaries, overtime, travel costs)	\$	822
Clean up of moveable property (e.g. furniture, equipment)	\$	823
Fees for environmental consultants and experts	\$	824
Other (describe) (e.g. other contract services, other pollution counter measures)		
	\$	825
	\$	826
	\$	827
	\$	828
<hr/>		
Total expenses estimated to be incurred to clean up (add lines 818 to 828)	\$	829

**13. To aid the Administrator in assessing the reasonableness of the expenses to be incurred, please provide rationale as to why these expenses will be incurred. Please consider the amount of costs in relation to the size of the spill and likelihood of success of a response measure.**

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

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**14. Summary**

Total cost <u>already incurred</u> to clean up (from line 817)	\$	
Total expenses <u>estimated to be incurred</u> to clean up (from line 829)	\$	
<u>Subtract Total assistance (from line 805)</u>	\$	
<b>Total claim for clean-up costs</b>	<b>\$</b>	<b>830</b>

**15. Signature of person filing the claim**

I declare that all the information provided above is correct and complete, and that all costs claimed have been incurred and eligible under this claim. I undertake to inform immediately the FRAIDG of any new information pertinent to this claim. Furthermore, I declare that this claim does not include any expense previously paid for by any other party.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**III. OTHER INFORMATION****1. Provide the following contact information for any lawyer representing the Claimant:**

Lawyer's name: \_\_\_\_\_

Name of law firm: \_\_\_\_\_

Street address: \_\_\_\_\_

City, province/state, postal/zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**2. 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.: \_\_\_\_\_

**File Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

Jurisdiction:

Judicial district (Attach a copy of the proceedings):

If the matter has been settled:

The date the judgement was obtained or the matter was resolved:

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## APPENDIX A - CHANGE OF ADDRESS FORM

### **Name of Claimant**

Corporate Name or Full Legal Name: \_\_\_\_\_ (the "Claimant")

### **Prior Address of the Claimant**

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **New Address of the Claimant**

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

I declare that the information provided in this change of address form is exact and complete.

Signed at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Claimant's Signature)

\_\_\_\_\_  
(If a Corporation, please print your title)

\_\_\_\_\_  
(Print Name)





**Internal use only**

**File Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Claimant or of its authorized representative)

\_\_\_\_\_  
(Please print name)

