



**PROOF OF CLAIM**

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>	
In re <b>Sea Containers Services Ltd</b>		Case Number <b>06-11157</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case except for claims arising under 11 U.S.C. § 503(b)(9). A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
<b>Name of Creditor and Address</b>  11624692004004 BANK OF SCOTLAND (VEHICLE FINANCE) BANK OF SCOTLAND VEHICLE FINANCE CITY HOUSE CHESTER, CH88 3AN UNITED KINGDOM		If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number ( ) _____ Last four digits of account or other number by which creditor identifies debtor _____			
Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends Previously filed claim No _____ Dated _____			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS # _____ (date) _____ to _____ (date) _____ Unpaid compensation for services performed from _____ to _____			
<b>2 DATE DEBT WAS INCURRED</b> <u>Oct 2003</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____			
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM</b> \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral _____ <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>£30,822</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>0</u>	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) _____ * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Administrative expense claim pursuant to 11 U.S.C. § 503(b)(9) \$ _____ <input type="checkbox"/> Check this box if you have a claim arising from your provision of goods to the Debtor in the ordinary course of the Debtor's business in the 20 days before October 15, 2006. Attach documentation supporting such claim.			
<b>5 TOTAL AMOUNT OF CLAIM</b> AT TIME CASE FILED \$ <u>£30,822.00</u> \$ _____ (secured)    \$ _____ (priority)    \$ _____ (unsecured)    \$ _____ (11 U.S.C. § 503(b)(9))    \$ <u>£30,822.00</u> (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED).  BY MAIL TO: BMC Group Attn: Sea Containers Claims Agent PO Box 949 El Segundo, CA 90245 0949		THIS SPACE FOR COURT USE ONLY JUN 19 2007 <b>BMC</b>  SEA CONTAINERS LTD  00039	
DATE <u>11/06/07</u>		SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>STEPHEN LAWRENCE</u> Associate Director	