

PROOF OF CLAIM AGAINST OXFORD ADVANCED IMAGING INC.
(hereinafter referred to as the "Company")

Please read the enclosed Instruction Letter carefully prior to completing this Proof of Claim. Defined terms not defined within this Proof of Claim form shall have the meaning ascribed thereto in the Claims Procedure Order dated August 29, 2019.

A. Particulars of Creditor

1. Full Legal Name of Creditor: _____ (the "**Creditor**") (*Full legal name should be the name of the original Creditor, regardless of whether an assignment of a Claim has been made.*)

2. Full Mailing Address of the Creditor (*the original Creditor, not the Assignee*):

3. Telephone Number: _____
Facsimile Number: _____
Attention (Contact Person): _____

4. Has the Claim been sold, transferred or assigned by the Creditor to another party?

Yes:

No:

B. Particulars of Assignee(s) (If any):

1. Full Legal Name of Assignee(s): _____ (*If a portion of the Claim has been assigned, insert full legal name of assignee(s) of the Claim. If there is more than one assignee, please attach a separate sheet with the required information.*)

2. Full Mailing Address of Assignee(s): _____

3. Telephone Number of Assignee(s): _____

4. Facsimile Number of Assignee(s): _____

5. Attention (Contact Person): _____

C. Proof of Claim:

I, _____ (name of individual Creditor or Representative of Corporate Creditor), of _____ (City, Province or State) do hereby certify:

(a) that I

[_____] am the Creditor; OR

[_____] am _____ (state position or title) of _____ (name of Corporate Creditor)

(b) that I have knowledge of all the circumstances connected with the Claim referred to below;

(c) the Creditor asserts its Claim against the Company;

(d) The amount of the Creditor's Claim is

\$ _____

D. Particulars of Claim:

Other than as already set out herein, the particulars of the Claim is attached.

(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed.)

E. Filing of Claims:

The Sales Officer must receive this Proof of Claim before 5:00 p.m. (Toronto Time) on October 15, 2019 (the "Claims Bar Date").

FAILURE TO FILE YOUR PROOF OF CLAIM ON OR BEFORE THE CLAIMS BAR DATE WILL RESULT IN YOUR CLAIM BEING BARRED AND EXTINGUISHED FOREVER, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE COMPANY IN RESPECT OF SUCH CLAIM.

This Proof of Claim must be delivered to the Sales Officer by registered mail, personal delivery, email (in PDF format), courier or facsimile at the following addresses:

The Sales Officer:

KPMG Inc., in its capacity as Sales Officer
of Oxford Advanced Imaging Inc.
Bay Adelaide Centre
333 Bay Street, Suite 4600
Toronto, ON M5H 2S5

Attention: Sven Dedic
Email: oai@kpmg.ca

DATE:

NAME OF CREDITOR:

Witness Signature

Per: _____

Name: _____

Title: _____

(Please Print)