

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re: TK HOLDINGS, INC., <i>et al.</i> , Debtors.	Chapter 11 Case No. 17-11375 (BLS) Jointly Administered
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Proof of Claim (Airbag Inflator Related)

Read the instructions before filling out this form. This form is for asserting **general unsecured claims** based on registration of a vehicle that was equipped with an airbag containing a phase-stabilized ammonium nitrate inflator manufactured by the Debtors.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a).

Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-airbag inflator related claims should be filed on Form 410, available on tkrestructuring.com.

Filers must leave out or redact information that is entitled to privacy on this form or on any supporting documents. Attach redacted copies of any documents that support the claim. Do not send original documents; they may be destroyed after scanning.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. Please Type or Print in the Boxes Below. Do NOT use Red Ink or Pencil.

Part 1: Identify the Claim

1. Who is the creditor?	<table style="width: 100%;"><tr><td style="width: 35%;">First Name</td><td style="width: 15%;">Middle</td><td style="width: 50%;">Last Name</td></tr><tr><td colspan="3"> </td></tr><tr><td>First Name (Co-Registrant, if any)</td><td>Middle</td><td>Last Name (Co-Registrant, if any)</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3">Company Name (If creditor is not an Individual)</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3">Last 4 Digits of Social Security Number/Taxpayer ID Number</td></tr></table>	First Name	Middle	Last Name				First Name (Co-Registrant, if any)	Middle	Last Name (Co-Registrant, if any)				Company Name (If creditor is not an Individual)						Last 4 Digits of Social Security Number/Taxpayer ID Number																	
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2. Where should notices to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table style="width: 100%;"><tr><td colspan="4">Address Line 1/Contact Name (If creditor is not an Individual)</td></tr><tr><td colspan="4"> </td></tr><tr><td colspan="4">Address Line 2</td></tr><tr><td colspan="4"> </td></tr><tr><td>City</td><td colspan="3">State/Province Zip Code/Postal Code</td></tr><tr><td colspan="4"> </td></tr><tr><td colspan="4">Country (if outside of the United States)</td></tr><tr><td colspan="4"> </td></tr><tr><td colspan="4">Email Address (Optional, however if one is provided you are consenting to electronic notice regarding updates related to this claim)</td></tr></table>	Address Line 1/Contact Name (If creditor is not an Individual)								Address Line 2								City	State/Province Zip Code/Postal Code							Country (if outside of the United States)								Email Address (Optional, however if one is provided you are consenting to electronic notice regarding updates related to this claim)			
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Part 2: Give Information About the Claim as of the Date the Case Was Filed

4. Identify the vehicle with the airbag inflator. Please submit a separate form for each vehicle.	Vehicle Identification Number (VIN) Model Year Make/Manufacturer Model _____		
5. Did you own or lease the vehicle?	<input type="checkbox"/> Own <input type="checkbox"/> Lease	6. Are you the original registered owner or lessee?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Identify the period that you owned or leased the vehicle.	Date Purchased or Leased M M D D Y Y Y Y Date Sold or Lease Terminated M M D D Y Y Y Y <div style="text-align: right;">OR <input type="checkbox"/> I am the current owner or lessee</div>		
8. How much is the claim?	\$ _____	OR <input type="checkbox"/> Unknown	
9. What is the basis of the claim?	<input type="checkbox"/> Loss of Economic Value <input type="checkbox"/> Personal Injury/Litigation. Please provide details regarding type and date of injury. Add additional pages if necessary. <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> <input type="checkbox"/> Other. Please describe below. Add additional pages if necessary. <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor. ☐ I am the creditor's attorney or authorized agent.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title (if applicable) _____

Company (if applicable) _____

Identify the corporate servicer as the company if the authorized agent is a servicer.

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☐ I have supporting documentation.
(attach below)

☐ I do not have supporting documentation.

If you are unable to attach your supporting documentation, please contact us [here](#).

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.

Instructions for Proof of Claim (Airbag Related)

You or your estate may have a claim against the Debtors for monetary loss, personal injury, or death you have suffered, or in the future may suffer, on account of your current or past ownership of a vehicle containing a Takata-manufactured airbag. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all of the information about the claim as of the date the case was filed.**
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists. (See the definition of redaction.)
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

This form is for asserting general unsecured claims based on registration of a vehicle that was equipped with an airbag containing a phase-stabilized ammonium nitrate inflator manufactured by the Debtors. Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-airbag inflator related claims should be filed on Form 410, available on tkrestructuring.com.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at TKRestructuring.com/PPIC.

Understand the terms used in this form

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5).

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by first class mail:

TK Holdings Inc. Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by overnight courier or hand delivery:

TK Holdings Inc. Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Do not file these instructions with your form
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