

**ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST**

BETWEEN:

THE TORONTO-DOMINION BANK

Applicant

- and -

BRAD DUBY PROFESSIONAL CORPORATION

Respondent

APPLICATION UNDER SUBSECTION 243(1) OF THE BANKRUPTCY AND
INSOLVENCY ACT, R.S.C. 1985, AS AMENDED, AND SECTION 101 OF THE COURTS
OF JUSTICE ACT, R.S.O. 1990 C. C. 43, AS AMENDED

RESPONDING MOTION RECORD

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New Counsel

INDEX

**ONTARIO
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BETWEEN:

THE TORONTO-DOMINION BANK

Applicant

- and -

BRAD DUBY PROFESSIONAL CORPORATION

Respondent

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TAB

1. Affidavit of Avi C. Vaturi

- | | |
|------------|---|
| Exhibit A. | Statement of Claim dated July 31, 2017 |
| Exhibit B. | Affidavit of Mi Ja Ko dated September 22, 2021 |
| Exhibit C. | Witness Statement of Ravigunathas Gunasingham dated April 15, 2021 |
| Exhibit D. | Affidavit of Sonok Oh dated March 9, 2022 |
| Exhibit E. | Application for a Grant from the Compensation Fund dated September 22, 2021 |

TAB 1

Court File No. CV-21-00657656-00CL

**ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST**

BETWEEN:

THE TORONTO-DOMINION BANK

Applicant

- and -

BRAD DUBY PROFESSIONAL CORPORATION

Respondent

AFFIDAVIT OF AVI C. VATURI

I, Avi C. Vaturi, of the City of Toronto, in the Province of Ontario, make oath and say as follows:

1. I am a lawyer with Vaturi & Cho LLP, and as such, I have personal knowledge of the matters to which I hereinafter depose except where I have been informed of such facts, in which case I have stated the source of such facts, and I hereby state that I believe such facts to be true.
2. On or about February 5, 2021, my firm opened a file for Ms. Mija Ko. On or about August 22, 2015, Ms. Ko was involved in a motor vehicle accident causing her injuries.

3. Mr. Bradley Robert Alfred Duby was Ms. Ko's former lawyer in this personal injury matter. On or about January 28, 2021, Mr. Duby passed away.
4. On or about July 31, 2017, Mr. Duby filed a Statement of Claim on behalf of Ms. Ko. Attached hereto and marked as Exhibit "A" to my Affidavit is a true copy of the Statement of Claim, dated July 31, 2017.
5. On or about January 9, 2020, Ms. Ko allegedly signed a Full and Final Release in consideration of a payment of \$250,000.00 from Wawanesa Mutual Insurance Company for accident benefits (hereinafter referred to as the "AB Release"). Mr. Ravigunathas Gunasingham also allegedly signed the AB Release as a witness. However, neither Ms. Ko nor Mr. Gunasingham signed the AB Release. Attached hereto and marked as Exhibit "B" to my affidavit is a true copy of Ms. Ko's affidavit dated September 22, 2021.
6. Mr. Gunasingham informed me that he had worked for Mr. Duby as a paralegal. Mr. Gunasingham also informed me that he had ceased working in that capacity and currently works as a real estate agent and that he was working as the real estate agent at the time of the AB Release. Mr. Gunasingham further informed me that he was on his family vacation to Nassau in the Bahamas at that time. Mr. Gunasingham denied meeting Ms. Ko and signing the AB Release as the witness. Attached hereto and marked as Exhibit "C" to my affidavit is a true copy of Mr. Gunasingham's Witness Statement dated April 15, 2021.

7. Ms. Ko did not receive any of the settlement proceed from Wawanesa Mutual Insurance Company based on the AB Release.
8. On or about June 12, 2020, Ms. Ko allegedly signed a Full and Final Release for a sum of \$50,000.00 from Ms. Mary Prsa, the defendant in Ms. Ko's tort action (hereinafter referred to as the "Tort Release"). Ms. Sonok Oh also allegedly signed the Tort Release as a witness. However, neither Ms. Ko nor Ms. Oh signed the Tort Release. Attached hereto and marked as Exhibit "D" to my affidavit is a true copy of Ms. Oh's affidavit dated March 9, 2022.
9. Ms. Ko did not receive any of the settlement proceed from Ms. Prsa.
10. On or about September 22, 2021, Ms. Ko made an Application for a Grant from the Compensation Fund at an amount of \$350,000.00 to the Law Society of Ontario. Attached hereto and marked as Exhibit "E" to my affidavit is a true copy of the Application dated September 22, 2021.
11. The Notice of Motion in the Motion Record of the Receiver dated June 28, 2022 states regarding its Original Fee Arrangement at paragraph 17, "Where legitimate claims of malfeasance existed against Mr. DUBY/BDPC to the detriment of his former clients, the Receiver has not pursued any Fees and Disbursements from such Clients or the New Counsel retained, provided that such allegations are satisfactorily supported."

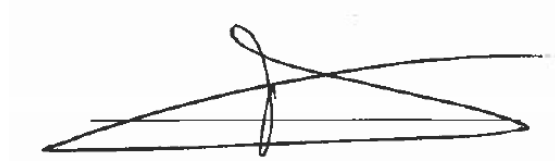
12. I verily believe that Mr. Duby committed malfeasance to the detriment of Ms. Ko and such allegation is satisfactorily supported. Therefore, I also verily believe that the Receiver should not pursue any fees or disbursements from Ms. Ko or her New Counsel.

SWORN BEFORE ME: in person OR by video conference

By Avi C. Vaturi at the City of Toronto in the Province of Ontario, before me on October 6, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Signature of Commissioner



Signature of Deponent

EXHIBIT A

This is Exhibit "A" referred to in the
Affidavit of Avi C. Vaturi
Sworn before me 6th day of October, 2022



A Commissioner for Taking Affidavits

Court File No.: CV 17-579971

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:



MIJA KO

Plaintiff

-and-

MARY PRSA

Defendant

STATEMENT OF CLAIM

TO THE DEFENDANT:

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the Plaintiff(s). The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a statement of defence in Form 18A prescribed by the Rules of Civil Procedure, serve it on the Plaintiff(s) lawyer(s) or, where the Plaintiff(s) do(es) not have a lawyer, serve it on the Plaintiff(s), and file it, with proof of service, in this court office, **WITHIN TWENTY DAYS** after this statement of claim is served on you, if you are served in Ontario.

If you are served in another province or territory of Canada or in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

Instead of serving and filing a statement of defence, you may serve and file a notice of intent to defend in Form 18B prescribed by the Rules of Civil Procedure. This will entitle you to ten more days within which to serve and file your statement of defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

TAKE NOTICE: THIS ACTION WILL AUTOMATICALLY BE DISMISSED if it has not been set down for trial or terminated by any means within five years after the action was commenced unless otherwise ordered by the court.

Date: July 31 2017

Issued by: *Nale Hines*
Local Registrar

Address of Court Office:

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TO: MARY PRSA
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CLAIM

1. The Plaintiff claims:
 - (a) Damages in the amount of \$1,000,000.00;
 - (b) Prejudgment and post-judgment interest in accordance with the *Courts of Justice Act*, R.S.O. 1990, c. C.48, as amended;
 - (c) Her costs of this action, plus HST where applicable; and,
 - (d) Such further and other relief as this Honourable Court may deem just.

Identification of Parties

2. The Plaintiff, Mija Ko, resides in the City of Toronto, in the Province of Ontario, and at all material times was the owner and operator of a bicycle.
3. The Defendant, Mary Prsa, resides in the City of Toronto, in the Province of Ontario, and was at all material times the owner and operator of a red 1991 Buick Regal motor vehicle bearing Ontario licence plate number WRF 098 (hereinafter referred to as the "Defendant vehicle").

Allegations of Negligence

4. On or about the 22nd of August 2015 the Plaintiff was operating her bicycle northbound on Kipling Avenue at or near its intersection with Horner Road in the City of Toronto. At or about the same time, Mary Prsa was operating the Defendant vehicle eastbound on Horner Road. As the Plaintiff proceeded northbound on a green traffic signal, Mary Prsa so negligently operated the Defendant vehicle as to

attempt a right turn onto Kipling Avenue thereby striking the Plaintiff. As a result of this collision, the Plaintiff suffered injuries more particularly described herein.

5. The Plaintiff pleads that the collision was a result of the negligence of the Defendant, the particulars of which are as follows:
- (a) She failed to keep a proper lookout;
 - (b) She failed to stop at the red traffic signal before proceeding;
 - (c) She failed to yield the right of way;
 - (d) She failed to slow down or stop so as to avoid a collision;
 - (e) She failed to keep the Defendant vehicle under proper control;
 - (f) She failed to apply the brakes properly or at all, or in the alternative, she was operating a motor vehicle with defective brakes;
 - (g) She was travelling at an excessive rate of speed in the circumstances;
 - (h) She operated the Defendant vehicle in a careless manner;
 - (i) On the occasion in question, she was an incompetent operator, lacking in reasonable care, skill and ability and ought not to have been operating a motor vehicle;
 - (j) She failed to take reasonable care to avoid an accident which she saw or ought to have seen was likely to occur; and,
 - (k) She had the last clear chance to avoid the collision by the exercise of reasonable care but failed to do so.

Damages

6. The Plaintiff pleads that as a result of this collision, she sustained injury resulting in serious and permanent impairment of physical, mental and psychological functions.
7. The Plaintiff received severe injuries including, but not limited to, tears to the muscles and ligaments throughout her body. Further, the Plaintiff has and continues to sustain persistent pain and dysfunction of her cervical, thoracic and lumbar spine. The Plaintiff has and continues to suffer from headaches and myofascial pain syndrome.
8. The physical injuries of the Plaintiff have been accompanied by anxiety, depression, post-traumatic stress disorder, insomnia and memory loss.
9. As a result of the motor vehicle collision, the Plaintiff has been unable to return to full-time employment. She will suffer a loss of earning capacity and shortened working life expectancy.
10. The Plaintiff will continue to suffer pain, disability, limitation of movement, emotional difficulties and depression, which will permanently impair her enjoyment of life and earning capacity.

11. The Plaintiff will require ongoing psychological, medical and physiotherapy treatment as a result of the motor vehicle collision.

12. The Plaintiff is unable to perform housekeeping and home maintenance chores for herself to the extent that she was able to do prior to the collision. She will require assistance in the future to complete such chores. She is entitled to claim for these and other expenses that he will incur throughout her lifetime.

13. The Plaintiff has incurred medical expenses and other out-of-pocket expenses as a result of the motor vehicle collision, which will continue for the rest of her life.

Statutes

14. The Plaintiff pleads and relies upon the provisions of the *Negligence Act*, R.S.O. 1990, c. N-1, and amendments thereto, the provisions of the *Highway Traffic Act* R.S.O. 1990, c. H-8, and amendments thereto, the provisions of the *Insurance Act*, R.S.O. 1990, c. I.8, and amendments thereto, and the provisions of the *Courts of Justice Act*, R.S.O. 1990, c. C.43, and amendments thereto.

15. The Plaintiff proposes that this action be tried at the City of Toronto.

Date: July 31st 2017

HANSON DUBY LAWYERS
2 Clinton Place
Toronto, ON
M6G 1J9

Brad Duby
LSUC No.: 47127J
Tel: 416 588 9100
Fax: 416 588 9102

Lawyers for the Plaintiff

Court File No.: CV-17-579971

KO
Plaintiff

- and -

PRSA
Defendant

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding Commenced at:
Toronto

STATEMENT OF CLAIM

HANSON DUBY LAWYERS
2 Clinton Place
Toronto, ON
M6G 1J9

Brad Duby
LSUC No.: 47127J
Tel: 416 588-9100
Fax: 416 588-9102

Lawyers for the Plaintiff

Our File No.: 15-279

EXHIBIT B

This is Exhibit "B" referred to in the
Affidavit of Avi C. Vaturi
Sworn before me 6th day of October, 2022

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized, cursive-like mark.

A Commissioner for Taking Affidavits

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

MI JA KO

Plaintiff

- and -

MARY PRSA

Defendant

AFFIDAVIT OF MI JA KO

I, Mi Ja Ko, of the City of Toronto, in the Province of Ontario, make oath and say as follows:

1. I am a Plaintiff in this action and as such have knowledge of the matters to which hereinafter depose.
2. This Action arises from a motor vehicle accident that took place on or about August 22, 2015, in the City of Toronto, in the Province of Ontario.
3. I was advised in or around January 4, 2021 that my former lawyer, Mr. Bradley Robert Alfred Duby, passed away due to COVID-19 infection.
4. I was in communication with my former lawyer's office and agreed to settle the accident benefit file for \$250,000 in or around December, 2019 and was waiting to hear back from the client.
5. I contacted Vaturi and Cho LLP and retained Mr. Jae Cho as my lawyer.
6. In or around February, I was advised by my lawyer Mr. Jae Cho that both the tort claim and accident benefit were settled in 2020.
7. I was advised by Mr. Cho that the tort was settled in or around June 2020 and the full and final was signed on June 12, 2020. I reviewed the release that was alleged signed by me and was witnessed by Sunok Oh and confirmed that the signature

on the release is not mine and I have never met Ms. Sunok Oh on June 12, 2020 to sign the release.

Attached hereto and marked as Exhibit "A" to my Affidavit, is a true copy of the Full and Final Release dated June 12, 2020

8. I was also advised by Mr. Cho that the accident benefit was settled in or around January 2020 and the release was signed on January 9, 2020. I reviewed the release that was alleged signed by me and was witnessed by Raviguanthas Gunasingham and confirmed that the signature on the release is not mine and I have never met Mr. Raviguanthas Gunasingham on January 9, 2020 to sign the release.

Attached hereto and marked as Exhibit "A" to my Affidavit, is a true copy of the Full and Final Release dated January 9, 2020

9. The contents of this affidavit has been translated by Jae Cho in Korean.

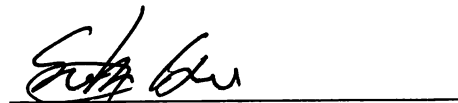
10. This Affidavit is made in good faith and for no other improper purpose.

SWORN BEFORE ME: in person OR by video conference

By Mi Ja Ko at the City of Toronto in the Province of Ontario on 22 day of September, 2021.



Signature of Commissioner



Signature of Deponent

Jae Hyon Cho
Barrister & Solicitor, Vaturi & Cho LLP
1110 Finch Avenue West, Suite 310,
Toronto, Ontario, M3J 2T2
Tel: (416) 661-4529 Fax: (416) 661-5529

MI JA KO
Plaintiff

v.

MARY PRSA
Defendant

Court File No. CV-17-579971

**ONTARIO
SUPERIOR COURT OF JUSTICE**
Proceeding commenced in Toronto

AFFIDAVIT OF MI JA KO

VATURI & CHO LLP

Barristers & Solicitors
1110 Finch Avenue West
Suite 310
Toronto, Ontario
M3J 2T2

Jae Hyon Cho
LSUC No. 61442E
Email: jcho@vclawyers.ca
Tel: (416) 661-4529
Fax: (416) 661-5529

Lawyers for the Plaintiff

EXHIBIT C

This is Exhibit "C" referred to in the
Affidavit of Avi C. Vaturi
Sworn before me 6th day of October, 2022

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized, cursive-like mark.

A Commissioner for Taking Affidavits

WITNESS STATEMENT

My name is Raviguanthas (Ravi) Gunasingam, and my current address is 131 Bathgate Drive, Toronto, Ontario, M1C 1T7. I am a real estate agent working with Royal LePage Ignite Realty Brokerage located at D2-795 Milner Avenue, Toronto, Ontario, M1B 3C3. My phone number is 416 432 5499. I spoke to Jae Cho of Vaturi and Cho LLP, the lawyer representing Ms. Mi Ja Ko. I spoke to Mr. Cho on March 9, 2021, around 11:00 am over a telephone conversation and herein confirm the details of the conversation. I personally know Mr. Brad Duby as a paralegal. I do not practice as a paralegal anymore. I have referred clients to him in the past. I was advised that my signature was on one of the full and final release for a client with the name Mi Ja Ko. I confirmed that I carefully examined the full and final release of Ms. Mi Ja Ko as **Exhibit "A"** to this statement. I confirm that I did not attend Brad Duby Professional Corporation on January 9, 2020, which is the date when the alleged release was signed. I was actually out of the country at that time on a family vacation visiting Nassau, Bahamas. I left Canada on January 8, 2020, and came back on January 13, 2020. Please see the documents pertaining to itinerary as well as a copy of my passport showing the stamp from the Bahamas Immigration Department upon arrival as **Exhibit "B"**. I confirm that the signature is not my signature, and I confirm that I did not meet with Ms. Mi Ja Ko on that day to witness her signature. I have never met Ms. Mi Ja Ko, and this was the first time that I heard the name Mi Ja Ko from Mr. Cho. I read the contents on this page and confirm that these are true statements to the best of my recollection.

Date: April 15, 2021



Raviguanthas (Ravi) Gunasingham

Exhibit "A"

referred to in the
Witness Statement of
Ravi Guansingham

FULL AND FINAL RELEASE

IN CONSIDERATION of the payment of **TWO HUNDRED FIFTY THOUSAND DOLLARS** (\$250,000.00), to be paid to **MIJA KO**, paid by or on behalf of **WAWANESA MUTUAL INSURANCE COMPANY**, as follows:

✓ *Brad Doby Professional Corporation* ✓
~~DUBY & ASSOCIATES~~ "In Trust"...\$ 250,000.00
R *qk*

I, **MIJA KO**, do hereby release, remise and forever discharge **WAWANESA MUTUAL INSURANCE COMPANY**, its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants, from any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim is made under policy number 7893477, which I and/or my heirs, executors, administrators, or assigns hereafter ever had, now have or may have in the future, against the said **WAWANESA MUTUAL INSURANCE COMPANY** and its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants.

IT IS UNDERSTOOD and agreed that the payment of the said sum is not and shall not be construed as an admission by the said **WAWANESA MUTUAL INSURANCE COMPANY**, or any other release, of any liability whatever arising out of the said accident or policy and such liability is expressly denied.

AND I DECLARE that the terms of this settlement are fully understood, that the amount stated herein is the sole consideration for this Release and that such amount is accepted voluntarily as full and final settlement of any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim for Statutory Accident Benefits is made under policy number 7893477.

AND I CONFIRM that there are no other collateral agreements, representations, conditions, terms, express or implied, affecting this settlement other than the terms and conditions as set out in this Release and the attached Settlement Disclosure Notice as provided to me pursuant to Section 9.1 of the Ontario Regulation 664, R.R.O. 1990.

AND I HEREBY ACKNOWLEDGE RECEIPT of a written notice as required by Section 9.1 of the Ontario Regulation 664, R.R.O. 1990 and I acknowledge that I have read and understood the contents of that SETTLEMENT DISCLOSURE NOTICE as evidenced by my signature thereto.

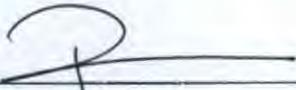
AND I UNDERSTAND THAT no mediation, arbitration, litigation or other proceeding may be initiated or maintained with respect to any obligation of **WAWANESA MUTUAL INSURANCE COMPANY**, with respect to any accident which occurred on or about August 22, 2015 to date.

qk

AND I UNDERSTAND THAT this agreement includes confirmation from **MIJA KO** that there are no further motor vehicle accidents from August 22, 2015 to date and there are no outstanding assignments or directions involving **WAWANESA MUTUAL INSURANCE COMPANY**.

I HAVE READ OVER the above release and understand that it is a Full and Final Release of all claims for damages or injuries whether such damages or injuries are known or not yet ascertained at the present time.

IN WITNESS WHEREOF the party hereto has set his hand and seal this 9 day of January, 2020.



Witness Ravi Gurusingham



MIJA KO

I am a Lawyer authorized to practice law in the Province of Ontario and I hereby represent and declare that I have fully explained the foregoing Release to the signing party and it was acknowledged to me that the signing party understands the Release and the legal effect thereof and the signature which appears at the end of the Release is that of my client.

Dated at Toronto, this 9 day of January 2020.



BRAD DUBY



Exhibit "B"

referred to in the
Witness Statement of
Ravi Guansingham



Nassau

Jan 8, 2020 - Jan 13, 2020 | Itinerary # 7505201590972

Important Information

- We combined two one-way tickets to get you the best deal on this flight. If you need to make changes or cancel, you'll need to do it twice-once for each one-way ticket.
- Remember to bring your itinerary and government-issued photo ID for airport check-in and security
- Face masks required: Travellers must wear a face covering over their nose and mouth. Check with the airline to see their full policy.
- Pre-flight temperature checks: Travellers with a fever won't be allowed to fly. Check with the airline to see their full policy.

Price Summary

One way Flight

Hotel

Total	CA \$4,235.34
Collected by Expedia	CA \$3,521.62
Subtotal	CA \$2,265.53
Taxes & Fees	CA \$1,256.09
Property fee	CA \$356.86
Due at property	C\$356.86
Resort fee	C\$221.10
Tourism fee	C\$135.76

Toronto (YYZ) → Nassau (NAS)

Jan 8, 2020 - Jan 8, 2020 , 4 one way tickets

COMPLETED

Air Canada

VVAABX

We hope you had a great trip. Thank you for choosing Expedia for your travel reservations.

Traveller Information

RAVIGUNATHAS GUNASINGHAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046625
 Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046623
 RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046624
 RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046625

Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.


- [Additional fees for your flight to Nassau](#)

If you are denied boarding or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier or visit the Canadian Transportation Agency's website. Si l'embarquement vous est refusé ou que vos bagages sont perdus ou endommagés, vous pourriez avoir droit à certains avantages au titre des normes de traitement et de

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Jan 8, 2020 - Departure Nonstop

Total travel time: 3 h 15 m

	Toronto	Nassau	3 h 15 m
			2,076 km
	YYZ 7:50 am	NAS 11:05 am	
	Terminal 1	Terminal A	
	Air Canada 1816		
	Economy / Coach (A) Confirm seats with the airline*		

Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the [complete penalty rules for changes and cancellations](#) applicable to this fare.
- Please read important information regarding [airline liability limitations](#).
- For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

compensation, en vertu du Règlement sur la protection des passagers aériens (Air Passenger Protection Regulations). Pour plus d'informations sur les droits des passagers, veuillez contacter votre compagnie aérienne ou bien vous rendre sur le site Internet de l'Office des transports du Canada (Canadian Transportation Agency).

Nassau (NAS) → Toronto (YYZ)

Jan 13, 2020 - Jan 13, 2020 , 4 one way tickets

COMPLETED

Air Canada

VV5VKI

We hope you had a great trip. Thank you for choosing Expedia for your travel reservations.

Traveller Information

RAVIGUNATHAS GUNASINGHAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046620
NEETA KULASINGAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046621
ASHVIN RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046626
ASHVIN RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046627

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Jan 13, 2020 - Departure Nonstop

Total travel time: 3 h 15 m

	Nassau	Toronto	3 h 15 m
			2,076 km

Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.
 - [Additional fees for your flight to Toronto](#)

If you are denied boarding or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier or visit the Canadian Transportation Agency's website. Si l'embarquement vous est refusé ou que vos bagages sont perdus ou endommagés, vous pourriez avoir droit à certains avantages au titre des normes de traitement et de compensation, en vertu du Règlement sur la protection des passagers aériens (Air Passenger Protection Regulations). Pour plus d'informations

NAS 12:05 pm YYZ 3:20 pm
 Terminal A Terminal 1
 Air Canada 1817
 Economy / Coach (L) | Confirm seats with the airline*

sur les droits des passagers, veuillez contacter votre compagnie aérienne ou bien vous rendre sur le site Internet de l'Office des transports du Canada (Canadian Transportation Agency).

Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the [complete penalty rules for changes and cancellations](#) applicable to this fare.
- Please read important information regarding [airline liability limitations](#).
- For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

Grand Hyatt Baha Mar

8 Jan. 2020 - 13 Jan. 2020 , 1 room | 5 nights

COMPLETED

Confirmation # 50902392

This reservation is complete. We hope you had a great trip.



One Baha Mar Boulevard, Nassau, New Providence Bahamas

Tel: 1 (242) 788-8000, Fax: +1

Check-in

- Check-in time starts at 4:00 PM
- Check-in time ends at anytime
- Minimum check-in age is: 18
- Front desk staff will greet guests on arrival. It is Hyatt's practice to enter any occupied guestroom at a minimum of once within a 24-hour period, even if a guest has requested privacy. Appropriate efforts are made to provide advance notice to the registered guest before entering an occupied guestroom. For more details, please contact the property using the information on the booking confirmation.
- This property provides health screenings (rapid antigen screenings for COVID-19) on site. PCR screening is available for a fee. Guests should contact the concierge upon arrival for details and to schedule departure health screenings.
- If a late check-in is planned, contact this property directly for their late check-in policy.

Important Hotel Information

Although Expedia does not charge a fee to change or cancel your booking, Grand Hyatt Baha Mar may still charge a fee in accordance with its own rules & regulations.

Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate.

You'll be asked to pay the following charges at the property:

- Tourism fee: USD 20.63 per accommodation, per night
- Resort fee: USD 33.60 per accommodation, per night

The resort fee includes:

- Pool access
- Beach access
- Beach loungers
- Beach towels
- Health club access
- Fitness center access
- Sporting facilities or equipment
- Internet access
- Newspaper
- Phone calls
- In-room safe
- In-room coffee

- Cancellations or changes made after 6:00p (Eastern Standard Time (US & Canada)) on 1 Jan. 2020 or no-shows are subject to a property fee equal to the first and second nights rates plus taxes and fees.
- Prices and hotel availability are not guaranteed until full payment is received. If you would like to book multiple rooms, you must use a different name for each room. Otherwise, the duplicate reservation will be cancelled by the hotel.
- View your [online itinerary](#) for additional rules and restrictions.

For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

Room **Grand Room, 2 Queen Beds**

Confirmation **50902392**
#:

Reserved for **Ravigunathas Gunasingham**
 2 adults , 2 children

Requests **2 Queen Beds, non-smoking room**

- Housekeeping
- Additional inclusions

We have included all charges provided to us by the property.

The price shown above DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.

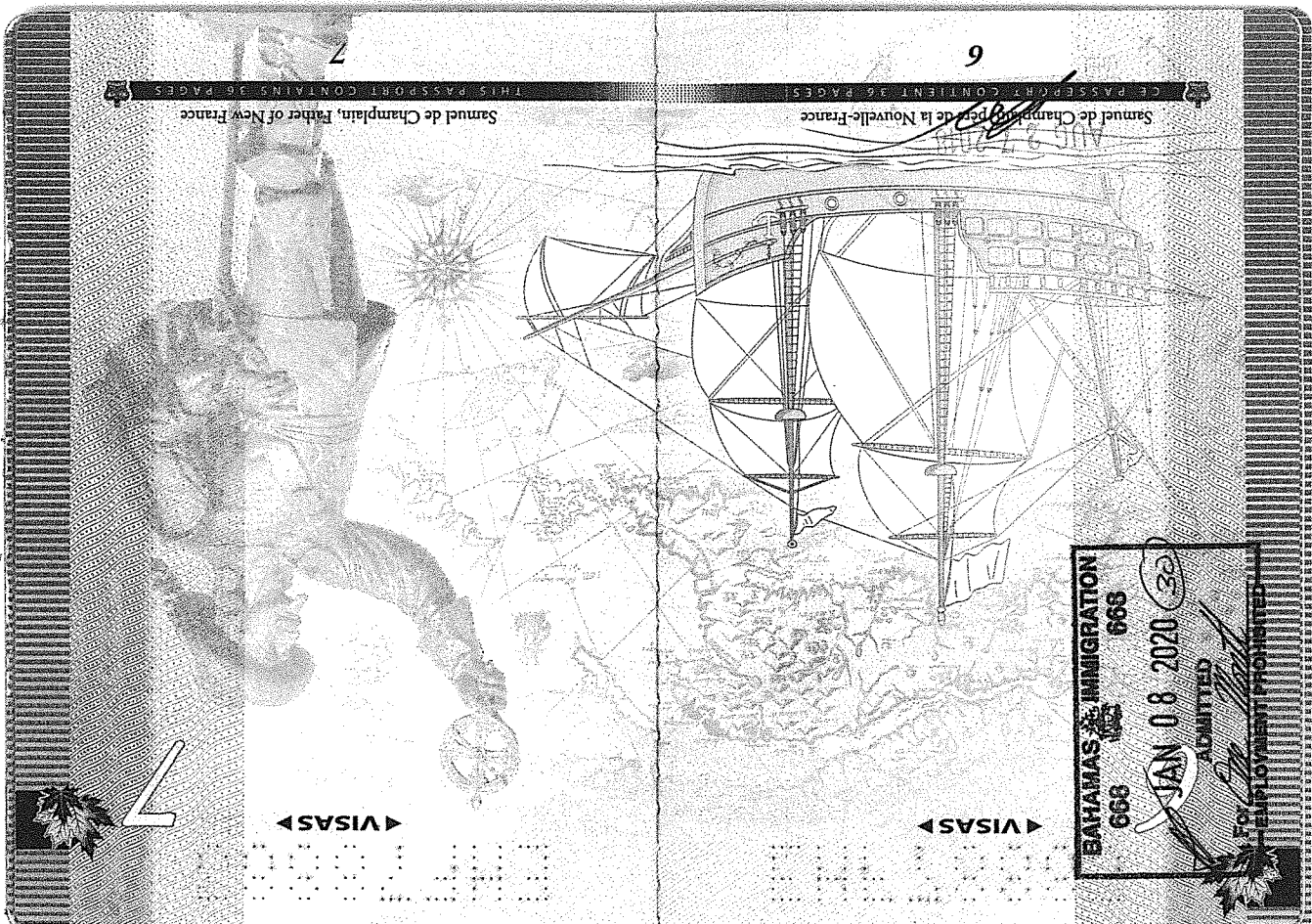
Need help with your reservation?

- Visit our [Customer Support](#) page.
- Call Expedia gold Priority Customer care at 1-800-224-1534.
- For faster service, mention itinerary #7505201590972

Travel Industry Council of Ontario

In accordance with the *Ontario Travel Industry Act, 2002*, this page contains detailed information on the names, addresses and registration numbers applicable to the providers of travel and ticket fulfillment services.

Ticket fulfillment services provided by Tour East Holidays (Canada) Inc., 15 Kern Road, Suite 9, Toronto, Ontario M3B 1S9. TICO Registration No.: 50015827



CE PASSPORT CONTIEN 36 PAGES / THIS PASSPORT CONTAINS 36 PAGES

Samuel de Champlain, Père de la Nouvelle-France

Samuel de Champlain, Father of New France

6

7

BAHAMAS IMMIGRATION
668
JAN 08 2020
ADMITTED
EMPLOYMENT PROHIBITED

▶ VISAS ◀

▶ VISAS ◀

7

EXHIBIT D

This is Exhibit "D" referred to in the
Affidavit of Avi C. Vaturi
Sworn before me 6th day of October, 2022

A handwritten signature in black ink, consisting of stylized, cursive letters, positioned above a horizontal line.

A Commissioner for Taking Affidavits

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

MI JA KO

Plaintiff

- and -

MARY PRSA

Defendant

AFFIDAVIT OF SONOK KIM

I, Sonok Kim, also known as Sonok Oh, also known as Sunny Kim, of the City of Toronto, in the Province of Ontario, make oath and say as follows:

1. I was a legal assistant/law clerk at Brad Duby Professional Corporation until September 27, 2019, and as such, I have personal knowledge of the matters to which I hereinafter depose; except where I have been informed of such facts, in which case I have stated the source of such facts, and I hereby state that I believe such facts to be true.
2. I carefully examined the Full and Final Release of Ms. Mi Ja Ko executed on June 12, 2020.

*Attached hereto and marked as **Exhibit "A"** to my Affidavit, is a true copy of the Full and Final Release dated June 12, 2020.*

3. I confirm that I have not met with Ms. Mi Ja Ko following my resignation on September 27, 2019.

4. I confirm that I did not witness Ms. Mi Ja Ko's signature and that I am not aware of the address of 5700 Yonge Street, Unit 209, Toronto, ON, which appears underneath the witness signature.
5. I confirm that the signature which appears on the witness signature line in the Full and Final Release executed on June 12, 2020, is not of my own and that it was not signed by me but was forged.
6. I confirm that all of the contents on this statement are accurate and true to the best of my knowledge.

SWORN BEFORE ME: in person OR by video conference

By Sonok Kim, also known as Sonok Oh, also known as Sunny Kim, at the City of Toronto in the Province of Ontario, before me on March 9th, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Signature of Commissioner



Signature of Deponent

EXHIBIT “A”

This is Exhibit "A" referred to in the
Affidavit of Sonok Kim
Sworn before me day of March, 2022

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized, illegible name.

A Commissioner for Taking Affidavits

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

MIJA KO

Plaintiff

- and -

MARY PRSA

Defendant

FULL AND FINAL RELEASE

FOR VALUABLE CONSIDERATION in the sum of **Fifty-Thousand Dollars (\$50,000.00)** (which sums include damages, costs, prejudgment interest, costs, GST, HST and disbursements), receipt and sufficiency of which is hereby acknowledged, and in consideration of a consent to a dismissal of the within action on a without costs basis, I, **MIJA KO** (hereinafter referred to as the Releasor), hereby release and forever discharge **MARY PRSA** (hereinafter referred to as the Releasee, which term shall include the Releasee's heirs, executors and administrators or successors and assigns as the case may be) from any and all actions, causes of actions, claims without limitation and demands for indemnity, damages, loss or injury, including **Family Law Act** claims, howsoever arising, which heretofore may have been or may hereafter be sustained in a motor vehicle-bicycle accident that occurred on August 22, 2015, on Kipling Avenue at or near the intersection of Horner Avenue in Etobicoke, Ontario, including all damage, loss or injury not now known or anticipated but which may arise in the future and all effects and consequences thereof and which is more particularly set out in an action commenced in the Ontario Superior Court of Justice (*Toronto*), bearing Court File No. CV-17-579971.

AND FOR THE SAID CONSIDERATION the Releasor hereby agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the **Negligence Act** and any amendments thereto from the person, persons or corporation discharged by this Release.

AND IT IS FURTHER UNDERSTOOD AND AGREED that the Releasor undertakes to keep the terms of the settlement giving rise to the execution of this Release strictly confidential and further undertake not to publicize the settlement or its subject matter in any manner whatsoever, it being understood that this is a fundamental term of the settlement.

IT IS AGREED AND UNDERSTOOD that if the Releasor commences such an action, or take such proceedings, and the Releasee is added to such proceeding in any manner whatsoever, whether justified in law or not, the Releasor will immediately discontinue the proceedings and/or claims, and the Releasor will be severally liable to the Releasee for the legal costs incurred by any such proceeding, on a substantial indemnity scale. This Full and Final Release shall operate conclusively as an estoppel in the event of any claim, action, complaint or proceeding which might be brought in the future by the Releasor with respect to the matters covered by this Full and Final Release. This Full and Final Release may be pleaded in the event any such claim, action, complaint or proceeding is brought, as a complete defence and reply, and may be relied upon in any proceeding to dismiss the claim, action, complaint or proceeding on a summary basis and no objection will be raised by the Releasor in any subsequent action that the other parties in the subsequent action were not privy to formation of this Full and Final Release.

IT IS UNDERSTOOD AND AGREED that the said payment or promise of payment is deemed to be no admission of liability whatsoever on the part of the Releasee.

FURTHER, THE RELEASOR HEREBY DECLARES, that she fully understands the terms of the settlement, that the amount stated therein is the full consideration of this Full and Final Release, and that she voluntarily accepts the said sum for the purposes of making a full and final settlement.

THE RELEASOR acknowledges that she has obtained the advice of legal counsel before executing this Full and Final Release and hereby declares that all of its terms are fully and completely understood by her.

THE RELEASOR HEREBY DIRECTS that the above-referenced sum be paid to her lawyer, **BRAD DUBY PROFESSIONAL CORPORATION, in trust** and this shall be good and sufficient authority for so doing.

IT IS FURTHER UNDERSTOOD AND AGREED that the document may be executed in counterparts each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.

IN WITNESS WHEREOF, I have hereunto set my hand this 12 day of June, 2020.

SIGNED, SEALED, AND DELIVERED
in the presence of

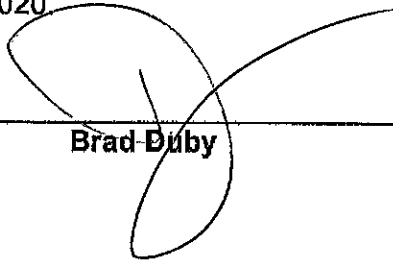


Name and Address of Witness
Suek on
201-5700 Yonge St
Toronto ON


MIJA KO

I, **Brad Duby of Brad Duby Professional Corporation**, authorized to practice law in the Province of Ontario, hereby represent and declare that I have fully explained the foregoing Release to my client, **MIJA KO** and further declare that the signature, which appears above, is that of my client.

Dated at the City of Toronto this 1st day of June, 2020



Brad Duby

MI JA KO
Plaintiff

v.

MARY PRSA
Defendant

Court File No. CV-17-579971

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced in Toronto

AFFIDAVIT OF SONOK KIM

VATURI & CHO LLP
Barristers & Solicitors
1110 Finch Avenue West
Suite 310
Toronto, Ontario
M3J 2T2

Jae Hyon Cho
LSUC No. 61442E
Email: jcho@vclawyers.ca
Tel:(416) 661-4529
Fax:(416) 661-5529
Lawyer for the Plaintiff

EXHIBIT E

This is Exhibit "E" referred to in the
Affidavit of Avi C. Vaturi
Sworn before me 6th day of October, 2022



A Commissioner for Taking Affidavits



**APPLICATION FOR A GRANT FROM THE
COMPENSATION FUND**

1. Applicant's Details

Surname: Mr/Mrs/Miss/Ms: Ko

First Name(s): Mi Ja

Date of Birth: January 23, 1957

Address(es): 708-25 Mabelle Avenue, Toronto, ON M9A 4Y1

Daytime telephone number: _____

E-mail: _____

2nd Applicant (if appropriate)

Surname: Mr/Mrs/Miss/Ms: _____

First Name(s): _____

Date of Birth: _____

Address(es): _____

Daytime telephone number: _____

E-mail: _____

2. Defaulting Lawyer/Paralegal Details

Name of Lawyer/Paralegal in respect of

Whom this application is made: Bradley Robert Alfred Duby

Name of defaulting Lawyer's/Paralegal's Firm: BRAD DUBY PROFESSIONAL CORPORATION

Address : 167 Sheppard Avenue West, North York, ON M2N 1M9

3. Value of Application

Amount of grant applied for: \$350,000

In words – three hundred fifty thousand dollars

4. Discovery of Loss

Please supply date, or approximate date, upon which the loss, or the possibility of loss, first came to the applicant's knowledge:

Accident Benefit Claim 15 / 04 / 2021
 Day / Month / Year

Tort Claim 15 / 03 / 2021
 Day / Month / Year

Please provide details of the circumstances under which the loss was discovered:

Ms. Mija Ko was advised that her previous counsel was passed away in or around early February 2021. Shortly after, I, Jae Cho, was retained as a counsel. My client advised me that there was a settlement negotiation with the insurer. I was not sure who was offering the settlement and reached out all the adjustors on the file. I spoke to tort adjustor on February 17, 2021 and was advised that the file was settled on June 12, 2020 and received the copy of the release on February 18, 2021. I spoke to the Accident Benefit adjustor and was advised that the Accident Benefit file was settled on January 9, 2020. My office received the copies of the Accident Benefit release on February 19, 2021. We had to take steps to ascertain that my clients did not really sign the release as there were witnesses who signed both full and final releases. There was no way to confirm the validity of the releases until we speak to the witnesses. I spoke to the witness, Mr. Ravi Gunashinggam, on March 9, 2021. Mr. Gunashinggam confirmed that the signature appearing on the Tort Full and Final release is not of his own, and he never met with Ms. Mi Ja Ko. Mr. Gunashinggam signed the statement on April 15, 2021. I have spoken to the witness, Ms. Sonok Kim, on February 23, 2021. Ms. Sonok Kim confirmed that the signature appearing on the Tort Full and Final release is not of her own, and she never met with Ms. Mi Ja Ko. Ms. Soonok Kim signed the statement on March 15, 2021.

5. First Written Notice to the Law Society of Ontario

Have you provided written notice of your loss to any other department of the Law Society of Ontario?

Yes

No

If yes, please enclose with your application a copy of that notice.

6. Other Avenue of Recovery

Please give evidence of any steps taken to recover the monies from any other source.

We have put both the defendant and accident benefit insurer on notice and both insurance company have appointed counsel. The tort claim has been dismissed on consent and we have an opposed motion coming up to set aside the dismissal on consent as my client never agreed to dismiss the action. We are dealing with a Recovery Care Specialist at Wawanesa Insurance.

attach separate sheet if necessary

7. Documentation in Support of Claim

The following documents should be provided in support of the claim;

- i. cheque, receipt or other document that proves the funds were advanced
- ii. reporting letters from the Lawyer/Paralegal pertaining to the matter
- iii. if applicable, a statement of all monies received on account of the mortgage as principal and interest indicating whether the applicant has reported the interest received and has paid tax thereon
- iv. if applicable, copy of the mortgage

Please list below any further documents submitted in support of the application:

- **Exhibit 1** - Email from the tort adjustor advising that the file was settled and the cheque was cashed dated February 17, 2021
- **Exhibit 2** - Email from the tort adjustor including the release dated February 18, 2021
- **Exhibit 3** - Email from Accident Benefit Adjustor sending the Accident Benefit Release dated February 19, 2021
- **Exhibit 4** - Accident Benefit Release dated January 9, 2020
- **Exhibit 5** - Tort Release dated June 12, 2020
- **Exhibit 6** – Witness Statement of Ravi Guansingham dated April 15, 2021
- **Exhibit 7** – Witness Statement of Sun Ok Kim dated March 15, 2021
- **Exhibit 8** - Notice letter to the defendant's insurance company dated April 14, 2021 with exhibits
- **Exhibit 9** - Notice letter to the accident benefit insurer dated April 14, 2021 with exhibits
- **Exhibit 10** - Letter from Wawanesa Insurance September 27, 2021 advising that the settlement funds were paid to her previous lawyer, Brad DUBY at DUBY and Associates.
- **Exhibit 11** - Letter from Counsel for Wawanesa advising that he is retained dated April 21, 2021
- **Exhibit 12** - Email from the counsel, Robyn Boucher, enclosing the Dismissal Order dated April 20, 2021
- **Exhibit 13** – Order Dismissing the Action dated March 31, 2021

8 Statement

Please provide a complete explanation of the circumstances surrounding your claim, including how and when the money or property you lost came into the possession of the Lawyer/Paralegal. Please give details of the transaction or investment you made through the Lawyer/Paralegal. Please refer to documentation where appropriate in the statement.

1. Ms. Mija Ko was advised that her previous counsel was passed away in or around early February 2021 due to COVID-19
2. I, Jae Cho, was retained as a counsel on February 4, 2021
3. Jae Cho was advised that there was a settlement negotiation with the insurer. Ms. Ko was not sure whether the settlement pertaining to her accident benefit claim or her tort claim.
4. Jae Cho was advised that she has not settled any of her claims arising from her accident of August 22, 2015.
5. Ms. Ko gave Jae Cho some of her correspondence from Wawanesa Insurance company and information on the defendant.
6. Jae Cho contacted the tort adjustor on the file on or about February 17, 2021 and was advised that the tort claim was settled on June 12, 2020 and received the copy of the release on February 18, 2021. **Please see attached Exhibit 1 and 2.**
7. Jae Cho contacted the Accident Benefit adjustor and was advised that the Accident Benefit file was settled on January 9, 2020 and received the copy of the Accident Benefit release on February 19, 2021. **Please see attached Exhibit 3**
8. As the client was certain that she never signed any releases and received any funds from her previous lawyer. Jae Cho make efforts to get in touch with her previous lawyer's firm and also contact information of the witnesses who allegedly signed the Full and Final Releases. **Please see attached Exhibit 4 and 5.**
9. Jae Cho spoken to the witness, Ms. Sonok Kim, on February 23, 2021. Ms. Sonok Kim confirmed that the signature appearing on the Tort Full and Final release is not of her own, and she never met with Ms. Mi Ja Ko.
10. Ms. Sonok Kim signed the witness statement confirming that she never signed the release and that the signature is not of her own. The statement was signed on March 15, 2021. **Please see attached Exhibit 6**

8.Statement Continued...

12. Mr. Ravi Gunashinggam signed the witness statement confirming that she never signed the release and that the signature is not of her own. The statement was signed on April 15, 2021.

Please see attached Exhibit 7

13. Jae Cho put both the Accident Benefit Insurer and the insurer of the defendant on notice on April 14, 2021. **Please see attached Exhibit 8 and 9.**

14. Jae Cho received a letter from a counsel retained for Wawanesa Insurance on April 21, 2021. **Please see attached Exhibit 10.**

15. Jae Cho received a letter from tort counsel for the defendant advising that the action was dismissed on consent on April 20, 2021. **Please see attached Exhibit 11 and 12**

16. Jae Cho received a letter from a special recovery officer of Wawanesa Insurance on September 27, 2021 advising that the settlement funds were paid and denying any recovery claim. **Please see attached Exhibit 13.**

Exhibit 1

From: [David Valenti](#)
Sent: Wednesday, February 17, 2021 7:23 AM
To: [Jae Cho](#)
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

The release was received in June 2020 and the settlement funds were cashed in June 2020.

David Valenti
Claims Advisor – Bodily Injury

P.O. Box 7065, Mississauga, Ontario L5A 4K7
Phone : 1 – 866-688-3888 Ext. 5511193
Fax : 1 866-525-3569

david.valenti@dgig.ca

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From: Jae Cho <jcho@vclawyers.ca>
Sent: 16 February 2021 2:24 PM
To: David Valenti <david.valenti@dgig.ca>
Cc: Hyeji Lee <hlee@vclawyers.ca>; Ann Won <awon@vclawyers.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

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Hi David,

Thank you for getting back to us. I am not sure if you have been made aware of this but the previous counsel died shortly after the settlement discussion. I am aware of the agreement but you would need a lawyer to facilitate the signing the release as my client has not signed any release yet.

In order to file a notice of discontinuance or take out an dismissal order, it would be necessary for me to file Notice of Change of Lawyer.

I am waiting for the complete file from the previous counsel's office but I do not anticipate that I would get this sooner than later as the previous counsel was a sole practitioner.

I would appreciate a copy of the pleadings and if there is a defence counsel on this file so that I can facilitate the settlement process.

Please find attached direction from my client to the previous lawyer's office.

Jae Cho, B.Sc., J.D.
Partner



TORONTO OFFICE

1110 FINCH AVENUE WEST SUITE 310
TORONTO ON M3J 2T2

RICHMOND HILL OFFICE

1550 16TH AVENUE BUILDING C NORTH
RICHMOND HILL ON L4B 3K9

THORNHILL OFFICE

180 STEELES AVENUE. WEST
THORNHILL ON L4J 2L1

jcho@vclawyers.ca | T [416 661 4529](tel:4166614529) | F [416 661 5529](tel:4166615529)

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Exhibit 2

From: [David Valenti](#)
Sent: Thursday, February 18, 2021 11:50 AM
To: [Jae Cho](#)
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)
Attachments: P6257343-BI-1-DIS-STC09022619817bb1bf-Plt- SOC.pdf; P6257343-BI-000-INV-PRP0902261981a494f5-MVA Report .pdf; P6257343-BI-1-DIS-SDN09022619832ec856-Executed Full & Final Release.pdf

Statement of claim, release and police report attached

From: Jae Cho <jcho@vclawyers.ca>
Sent: 18 February 2021 11:33 AM
To: David Valenti <david.valenti@dgig.ca>
Cc: Hyeji Lee <hlee@vclawyers.ca>; Ann Won <awon@vclawyers.ca>; Allan Weiss <aweiss@vclawyers.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

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Without Prejudice

Hi David,

I just got off the phone with AB insurer and was advised that the settlement was also reached January of last year without my client's knowledge and signature.

To my dismay, this will turn into a litigation for the estate of the previous counsel and against the LawPro.

I am in receipt of the release and SDN from AB. I do need the copies of the release and pleading as well to come up with particulars.

Your prompt attention in this matter will be greatly appreciated.

Thank you.

Jae Cho, B.Sc., J.D.
Partner



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From: David Valenti <david.valenti@dgig.ca>
Sent: Wednesday, February 17, 2021 10:58 AM
To: Jae Cho <jcho@vclawyers.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

I will talk to my legal counsel and follow up shortly.

Regards,

David Valenti
Claims Advisor – Bodily Injury

P.O. Box 7065, Mississauga, Ontario L5A 4K7
Phone : 1 – 866-688-3888 Ext. 5511193
Fax : 1 866-525-3569

david.valenti@dgig.ca

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From: Jae Cho <jcho@vclawyers.ca>
Sent: 17 February 2021 10:55 AM
To: Hyeji Lee <hlee@vclawyers.ca>; David Valenti <david.valenti@dgig.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

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Hi David,

I would appreciate the complete file that you have as well, including the pleadings.

Thanks.

Jae

Jae Cho, B.Sc., J.D.

Partner



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TORONTO ON M3J 2T2

RICHMOND HILL OFFICE

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From: Hyeji Lee <hlee@vclawyers.ca>
Sent: Wednesday, February 17, 2021 10:52 AM
To: David Valenti <david.valenti@dgig.ca>
Cc: Jae Cho <jcho@vclawyers.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

Hi David,

Further to Mr. Cho's email, please find attached the Direction and Authorization signed by our client. Kindly please provide us with the copy of release and the cheque.

Thank you.

Regards,

Hyeji Lee
Law Clerk



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1110 FINCH AVENUE WEST SUITE 310
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THORNHILL ON L4J 2L1

-
hlee@vclawyers.ca | T [416 661 4529](tel:4166614529) ext. [231](tel:231) | F [416 661 5529](tel:4166615529)

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From: Jae Cho <jcho@vclawyers.ca>
Sent: Wednesday, February 17, 2021 8:26 AM
To: David Valenti <david.valenti@dgig.ca>
Cc: Hyeji Lee <hlee@vclawyers.ca>
Subject: Re: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

Hi David,

I will ask my office to send an authorization for the complete copy if needed.

Please send me the copy of the release signed by my client and copy of the cheque if you gave access to it.

Best

Jae

Sent from my iPhone

On Feb 17, 2021, at 8:22 AM, David Valenti <david.valenti@dgig.ca> wrote:

Cheque cashed June 17, 2020

From: Jae Cho <jcho@vclawyers.ca>
Sent: 17 February 2021 8:22 AM
To: David Valenti <david.valenti@dgig.ca>
Subject: Re: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

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Thank you for clarification.

I will speak to my client as my understanding is that they have not received any funds from any settlement.

Best

Jae

Sent from my iPhone

On Feb 17, 2021, at 7:23 AM, David Valenti <david.valenti@dgig.ca> wrote:

The release was received in June 2020 and the settlement funds were cashed in June 2020.

David Valenti
Claims Advisor – Bodily Injury

P.O. Box 7065, Mississauga, Ontario L5A 4K7
Phone : 1 – 866-688-3888 Ext. 5511193
Fax : 1 866-525-3569

david.valenti@dgjg.ca

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From: Jae Cho <jcho@vclawyers.ca>
Sent: 16 February 2021 2:24 PM
To: David Valenti <david.valenti@dgjg.ca>
Cc: Hyeji Lee <hlee@vclawyers.ca>; Ann Won <awon@vclawyers.ca>
Subject: RE: Mija Ko (Your claim#: P6257343 /DOL: August 22, 2015)

Sécurité – Ce courriel provient d'un expéditeur externe. Merci d'être vigilant, particulièrement avec les liens et pièces jointes, et de ne jamais donner des informations personnelles.

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Hi David,

Thank you for getting back to us. I am not sure if you have been made aware of this but the previous counsel died shortly after the settlement discussion. I am aware of the agreement but you would need a lawyer to facilitate the signing the release as my client has not signed any release yet.

In order to file a notice of discontinuance or take out an dismissal order, it would be necessary for me to file Notice of Change of Lawyer.

I am waiting for the complete file from the previous counsel's office but I do not anticipate that I would get this sooner than later as the previous counsel was a sole practitioner.

I would appreciate a copy of the pleadings and if there is a defence counsel on this file so that I can facilitate the settlement process.

Please find attached direction from my client to the previous lawyer's office.

Jae Cho, B.Sc., J.D.
Partner

<image001.png>

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Exhibit 3

From: [Jenny Truong](#)
Sent: Friday, February 19, 2021 4:47 PM
To: [Hyeji Lee](#)
Cc: [Jae Cho](#)
Subject: RE: re Mija Ko (Claim#: 700000995001 /DOL: August 22, 2015)
Attachments: AB releases - 2020-01-14.pdf

Good afternoon Hyeji,

Please see attachment.

Thanks,

Jenny Truong | Recovery Care Specialist

The Wawanesa Mutual Insurance Company Suite 100 - 4110 Yonge Street, Toronto, Ontario, M2P 2B7
Direct: 416-228-7838 | Toll Free: 1-844-929-2637 ext 7007838 | Fax: 416-228-7828 | E-mail:
jtruong@wawanesa.com



Earning Your Trust Since 1896

From: Hyeji Lee <hlee@vclawyers.ca>
Sent: Thursday, February 18, 2021 1:16 PM
To: Jenny Truong <jtruong@wawanesa.com>
Cc: Jae Cho <jcho@vclawyers.ca>
Subject: re Mija Ko (Claim#: 700000995001 /DOL: August 22, 2015)

Good afternoon Jenny,

Further to the telephone conversation with Mr. Cho, please provide us with the copy of full and final release.

Thank you.

Regards,

Hyeji Lee
Law Clerk



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--

Le présent courriel est envoyé par la Compagnie mutuelle d'assurance Wawanesa, 191 Broadway, Winnipeg, Manitoba, R3C 3P1. Téléphone : (204) 985-3923. Sans frais d'interurbain : 1-844-929-2637. Site web de l'entreprise : wawanesa.com. Visitez wawanesa.com/desabonnement pour vous désabonner si vous ne voulez pas, à l'avenir, recevoir de messages publicitaires par voie électronique de notre part. Il est à noter que vous continuerez de recevoir de notre part des messages électroniques autres que publicitaires, tels que de relevés, de l'information sur votre police, des rappels de renouvellement et autres messages factuels de cet ordre.

Exhibit 4

FULL AND FINAL RELEASE

IN CONSIDERATION of the payment of **TWO HUNDRED FIFTY THOUSAND DOLLARS** (\$250,000.00), to be paid to **MIJA KO**, paid by or on behalf of **WAWANESA MUTUAL INSURANCE COMPANY**, as follows:

Brad Doby Professional Corporation ✓
~~DUBY & ASSOCIATES~~ "In Trust"...\$ 250,000.00
R qk

I, **MIJA KO**, do hereby release, remise and forever discharge **WAWANESA MUTUAL INSURANCE COMPANY**, its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants, from any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim is made under policy number 7893477, which I and/or my heirs, executors, administrators, or assigns hereafter ever had, now have or may have in the future, against the said **WAWANESA MUTUAL INSURANCE COMPANY** and its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants.

IT IS UNDERSTOOD and agreed that the payment of the said sum is not and shall not be construed as an admission by the said **WAWANESA MUTUAL INSURANCE COMPANY**, or any other release, of any liability whatever arising out of the said accident or policy and such liability is expressly denied.

AND I DECLARE that the terms of this settlement are fully understood, that the amount stated herein is the sole consideration for this Release and that such amount is accepted voluntarily as full and final settlement of any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim for Statutory Accident Benefits is made under policy number 7893477.

AND I CONFIRM that there are no other collateral agreements, representations, conditions, terms, express or implied, affecting this settlement other than the terms and conditions as set out in this Release and the attached Settlement Disclosure Notice as provided to me pursuant to Section 9.1 of the Ontario Regulation 664, R.R.O. 1990.

AND I HEREBY ACKNOWLEDGE RECEIPT of a written notice as required by Section 9.1 of the Ontario Regulation 664, R.R.O. 1990 and I acknowledge that I have read and understood the contents of that SETTLEMENT DISCLOSURE NOTICE as evidenced by my signature thereto.

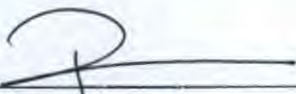
AND I UNDERSTAND THAT no mediation, arbitration, litigation or other proceeding may be initiated or maintained with respect to any obligation of **WAWANESA MUTUAL INSURANCE COMPANY**, with respect to any accident which occurred on or about August 22, 2015 to date.

qk

AND I UNDERSTAND THAT this agreement includes confirmation from **MIJA KO** that there are no further motor vehicle accidents from August 22, 2015 to date and there are no outstanding assignments or directions involving **WAWANESA MUTUAL INSURANCE COMPANY**.

I HAVE READ OVER the above release and understand that it is a Full and Final Release of all claims for damages or injuries whether such damages or injuries are known or not yet ascertained at the present time.

IN WITNESS WHEREOF the party hereto has set his hand and seal this 9 day of January, 2020.



Witness Ravi Gurusingham



MIJA KO

I am a Lawyer authorized to practice law in the Province of Ontario and I hereby represent and declare that I have fully explained the foregoing Release to the signing party and it was acknowledged to me that the signing party understands the Release and the legal effect thereof and the signature which appears at the end of the Release is that of my client.

Dated at Toronto, this 9 day of January 2020.



BRAD DUBY



SETTLEMENT DISCLOSURE NOTICE

Final Settlement of a Statutory Accident Benefits Claim (For accidents on or after November 1, 1996)

Notice and Caution

Your insurer is required to give you this **Settlement Disclosure Notice** if you have both agreed on a cash settlement that will permanently end your entitlement to one or more accident benefits. This **Settlement Disclosure Notice** must be completed and signed by your insurer. Your insurer will probably also give you a Release to sign.

- You cannot enter into a cash settlement within a year from the date of the accident, with some exceptions.*
- You should consider seeking independent legal, financial, and medical advice before you enter into the settlement.
- For a settlement to be binding, you must sign **both** this settlement disclosure notice and a release. If you sign this settlement disclosure notice and a release, you will be giving up rights you may have now or in future, even if your condition changes.
- If you choose not to sign, your benefits will not be affected or reduced.
- If you do sign this settlement disclosure notice and a release, either on the same day or different days, you have **2 business days from the day of the last document you signed** (either this settlement disclosure notice or a release) **to change your mind and rescind the settlement**. To do so you must deliver a written notice to the office of the insurer or its representative and return any money you received as consideration for the settlement.
- You have the right to seek any medical information relating to your claim in your insurer's file and to obtain a copy at the insurer's expense. If you want to see this information ask your insurer for a copy.

Read this entire document carefully

*For disputes commenced and not completed on or before March 31, 2016 you may enter into a cash settlement within a year from the date of the accident if within the same period you brought a lawsuit and commenced discovery; or you referred the dispute to an arbitrator at the Financial Services Commission of Ontario (FSCO) and completed a pre-hearing conference; or you and your insurer agreed to a private arbitration and entered into an arbitration agreement.

Effective April 1, 2016, an individual who wishes to dispute a denial by an insurance company for statutory accident benefits must proceed through the Ministry of the Attorney General's Licence Appeal Tribunal (LAT) and not the FSCO. You may enter into a cash settlement: 1) on or after the first anniversary date of the accident; or 2) if you have applied to the LAT, on or after the date a case conference was held.

Insurer's Offer to Settle Benefits

Offer to settle income replacement benefits

You have been offered \$ 0.00 for all past and future income replacement benefits.

Offer to settle non-earner benefits

You have been offered \$ 45,600.00 for all past and future non-earner benefits.

Offer to settle caregiver benefits

You have been offered \$ 0.00 for all past and future caregiver benefits.

Offer to settle medical benefits

You have been offered \$ 50,000.00 for all past and future medical benefits.

Offer to settle rehabilitation benefits

You have been offered \$ 0.00 for all past and future rehabilitation benefits.

Offer to settle attendant care benefits

You have been offered \$ 144,000.00 for all past and future attendant care benefits.

Offer to settle death and funeral benefits

You have been offered \$ 0.00 for all past and future death benefits and funeral benefits.

Offer to settle benefits for payment of other expenses (specify)

Housekeeping and Home Maintenance

You have been offered \$ 10,400.00 for all past and future benefits for other expenses.

Offer to settle any other items (specify)

N/A

You have been offered \$ 0.00 for other items.

Total Offer \$ 250,000.00

Provide any other details:

- This offer includes all expenses incurred for goods and services as previously approved.
 This offer does not include all expenses incurred for goods and services as previously approved.



What does it mean if you settle your claim?

There are a number of consequences of this settlement if you sign this Settlement Disclosure Notice and a Release.

- You are finally and permanently settling your claim for the benefits specified. You are forever giving up the right to claim such benefits in the future, even if your medical problems get worse.
- You are permanently giving up your right under the Insurance Act to dispute, litigate, appeal, apply to vary, or to proceed to judicial review by a court, concerning the benefits which are the subject of the settlement.
- The tax implications of the settlement may be different than the tax implications of the benefits described. In general, any investment income earned on the cash amount of the settlement may be subject to tax.

Example

If you are entitled to receive weekly income benefits, and agree to settle your claim for \$20,000.00 which you then invest, any interest income you receive will likely be taxable. If you choose to receive weekly income benefits instead of a settlement, your weekly benefits will probably not be taxable.

You are advised to consider seeking independent legal, financial and medical advice before entering into any settlement. It is especially important to seek advice if your impairment is "catastrophic".*

*What is a "catastrophic impairment"?

The exact definition of "catastrophic impairment" depends on the date of your accident.

The definition of "catastrophic impairment" is one that results in but may not be limited to: paraplegia, quadriplegia or tetraplegia, certain amputation or other impairments causing total and permanent loss of use of one or more arm(s) or leg(s), loss of vision in both eyes, certain brain injuries, significant or extreme mental and behavioural disorders, or certain other combinations of impairments that result in 55% or more impairment of the whole person. A determination must be made by medical experts.

If you feel your injuries may be catastrophic, you should contact your medical and legal advisors. **If your impairment is catastrophic, the amount of benefits available to you changes significantly (see "Description of Benefits").**

Description of Benefits

- This policy includes optional benefits. For further details, please speak with your agent/broker.

The details of the benefits and your rights and responsibilities are in the Statutory Accident Benefits Schedule of the Insurance Act (Ontario). Your insurer is obligated to give you information about the benefits available. The benefit limits under your policy are those in effect at the time of the accident.

The benefits provided under the Statutory Accident Benefits Schedule are complex and extensive. A short description of these benefits is provided below.

Income Replacement Benefit

This benefit compensates for lost income if you are unable to perform the essential tasks of the job you did before the accident. For accidents that occur before September 1, 2010, the benefit is 80% of your net income before the accident. If you were self-employed, 80% of your weekly loss from self-employment that you incur as a result of the accident will also be added.

For accidents on or after September 1, 2010, the benefit is 70% of your gross income before the accident. If you were self-employed, 70% of your weekly loss from self-employment that you incur as a result of the accident may also be added.

The maximum benefit is \$400 per week. If you have purchased optional income replacement benefits this amount will be increased.

Non-Earner Benefit

For policies issued on or after November 1, 1996 to May 31, 2016 and in effect at the time of the accident, this benefit compensates you if you suffered a complete inability to carry on a normal life, and do not qualify for an income replacement benefit or have not elected a caregiver benefit. The benefit is \$185 per week, but may be \$320 per week if you were a student or recent graduate, less the total of all other income replacement assistance, if any, for the same week. The benefit begins 26 weeks after you suffer a complete inability to carry on a normal life. This benefit is available if you are 16 years of age or older.

For policies issued on or after June 1, 2016, this benefit compensates you if you suffered a complete inability to carry on a normal life, and do not qualify for an income replacement benefit or have not elected a caregiver benefit. The benefit is not payable for the first four weeks after the onset of the disability and for more than 104 weeks following an accident. The benefit is \$185 per week less the total of all other income replacement assistance, if any, for the same week. This benefit is not payable to you if you are under 18 years of age.

Caregiver Benefit,

This benefit compensates you for expenses incurred if you cannot continue as the main caregiver for a person in your household such as child under age 16 or other person who needs care. The benefit pays expenses up to \$250 per week, but if you provide care for more than one person, the limit is increased by \$50 for each additional person. The benefit is payable if as a result of and within 104 weeks after the accident, you suffer a substantial inability to engage in the caregiving activities in which you engaged in at the time of the accident even if the impairment sustained is not a catastrophic impairment. After 104 weeks of disability, to qualify for the caregiver benefit, you must suffer a complete inability to carry on a normal life. If your accident occurred on or after September 1, 2010, this benefit is available only if you have suffered catastrophic injuries as a result of your accident and cannot continue as the main caregiver for a member of the household who is in need of care or if you have purchased the optional caregiver benefit.

Description of Benefits (continued)

Medical, Rehabilitation and Attendant Care Benefit

For accidents that occur before September 1, 2010, the maximum amount paid for medical and rehabilitation expenses combined is \$100,000, with a 10 year time limit, and \$72,000 for attendant care expenses with a two year time limit. If your impairment is catastrophic, the maximum amount is \$1,000,000 for medical and rehabilitation expenses, and \$1,000,000 for attendant care expenses, with no time limits.

For policies issued on or after September 1, 2010 to May 31, 2016 and in effect at the time of the accident, the maximum amount paid for medical and rehabilitation expenses combined for non-catastrophic claims is \$50,000, with a 10 year time limit, and \$36,000 for attendant care expenses with a two year time limit. If your impairment is catastrophic, the maximum amount is \$1,000,000 for medical, rehabilitation expenses and \$1,000,000 for attendant care expenses, with no time limits. If you have purchased optional benefits these amounts may be increased.

For policies issued on or after June 1, 2016, the standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses, combined with a five year time limit in most cases. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. Your medical, rehabilitation and attendant care limits are increased if you have purchased the optional coverage of \$130,000 or \$1,000,000. In addition, if the optional catastrophic impairment benefit is also purchased an additional \$1 million is available.

These are expenses that are not covered by any other medical plan.

Case Manager Services

This benefit compensates for expenses for services provided by a case manager in catastrophic injury claims or, for accidents that occurred on or after October 1, 2003, if you have purchased the optional medical, rehabilitation and attendant care benefit.

Payment of Other Expenses

If you or other insured persons have been injured, this benefit may pay for some other expenses such as the cost of visiting an insured person during treatment or recovery, the repair or replacement of some items lost or damaged in the accident and some lost educational expenses. It may also pay for some housekeeping and home maintenance if the insured person sustains a catastrophic impairment.

Death Benefit

This benefit pays family members of a person killed in an automobile accident. \$25,000 is paid to a surviving spouse, \$10,000 to each surviving dependant, and a total of \$10,000 to a person in respect of whom the deceased was a dependant. If you have purchased optional benefits this amount may be increased.

Funeral Benefit

This benefit pays up to \$8,000 to cover funeral expenses. If you have purchased optional benefits this amount may be increased.

Description of Benefits (continued)

Optional Benefits

Optional benefits increase the amount of standard benefits or provide benefits that may not otherwise be payable. They must be purchased before the accident. For accidents that occur before September 1, 2010, the optional benefits are: increased income replacement; increased caregiver and dependant care benefits; increased medical, rehabilitation and attendant care benefit; increased death and funeral benefits, and an indexation benefit.

For policies issued on or after September 1, 2010 to May 31, 2016 and in effect at the time of the accident, the optional benefits are: increased income replacement; caregiver, housekeeping and home maintenance benefits for non-catastrophic claims; increased medical, rehabilitation and attendant care benefit; increased death and funeral benefits, a dependant care benefit and an indexation benefit.

For policies issued on or after June 1, 2016, the optional benefits are: increased income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance benefits for non-catastrophic claims; increased death and funeral benefits; a dependant care benefit and an indexation benefit.

For more information on your benefits or coverages call your insurance representative.

Insurer's Disclosure and Acknowledgment

Name of Insurer:
Wawanesa Mutual Insurance Company

Policy Number:
7893477

Claim Number:
995001

Date of Loss:
August 22, 2015

The insurer acknowledges that it has made available for review by the insured person or the insured person's representative all medical reports, medical records and other information of a medical nature in the insurer's file relating to the insured person.

I certify the information provided in this Settlement Disclosure Notice is complete and correct.

_____ Signature of Insurer or Authorized Representative of Insurer	January 9, 2020 Date
James Schmidt Representative of Insurer (print name)	(416) 640-2391 Telephone number
Lisa Woznica Name of Insurer's Complaint Officer*	(844) 241-0229 Telephone number

* If you have a complaint about your claim, you may contact your insurer's Complaint officer who will review and attempt to resolve it with you.

If you change your mind and want to rescind this settlement Read carefully

This agreement to settle is only binding if you have signed this settlement disclosure notice and a release, either on the same day or different days. If, after both documents have been signed and you change your mind and want to rescind this settlement you must:

Deliver a notice in writing to the office of the insurer or its representative and return any money you received as consideration for the settlement within 2 business days from the day of the last document you signed (either this settlement disclosure notice or the release).

For Example:

If you signed this settlement disclosure notice and a release at the same time or on the same day, you have 2 business days from that day to deliver a notice in writing to the office of the insurer or its representative and return any money you received as consideration for the settlement.

If you signed a release first and later signed this settlement disclosure notice, you have 2 business days from the day that you signed this settlement disclosure notice to deliver a notice in writing to the office of the insurer or its representative and return any money you received as consideration for the settlement.

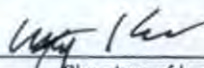
If you signed this settlement disclosure notice first and later signed a release, you have 2 business days from the day that you signed the release to deliver a notice in writing to the office of the insurer or its representative and return any money you received as consideration for the settlement.

Insured's Acknowledgment

I acknowledge that I have received and read the above Settlement Disclosure Notice provided to me by an insurer, and have considered whether or not to obtain independent legal, financial and medical advice.

Mija Ko

Name of Insured (Print)


Signature of Insured

January 9 2020
Date

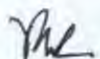


Exhibit 5

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

MIJA KO

Plaintiff

- and -

MARY PRSA

Defendant

FULL AND FINAL RELEASE

FOR VALUABLE CONSIDERATION in the sum of **Fifty-Thousand Dollars (\$50,000.00)** (which sums include damages, costs, prejudgment interest, costs, GST, HST and disbursements), receipt and sufficiency of which is hereby acknowledged, and in consideration of a consent to a dismissal of the within action on a without costs basis, I, **MIJA KO** (hereinafter referred to as the Releasor), hereby release and forever discharge **MARY PRSA** (hereinafter referred to as the Releasee, which term shall include the Releasee's heirs, executors and administrators or successors and assigns as the case may be) from any and all actions, causes of actions, claims without limitation and demands for indemnity, damages, loss or injury, including **Family Law Act** claims, howsoever arising, which heretofore may have been or may hereafter be sustained in a motor vehicle-bicycle accident that occurred on August 22, 2015, on Kipling Avenue at or near the intersection of Horner Avenue in Etobicoke, Ontario, including all damage, loss or injury not now known or anticipated but which may arise in the future and all effects and consequences thereof and which is more particularly set out in an action commenced in the Ontario Superior Court of Justice (*Toronto*), bearing Court File No. CV-17-579971.

AND FOR THE SAID CONSIDERATION the Releasor hereby agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the **Negligence Act** and any amendments thereto from the person, persons or corporation discharged by this Release.

AND IT IS FURTHER UNDERSTOOD AND AGREED that the Releasor undertakes to keep the terms of the settlement giving rise to the execution of this Release strictly confidential and further undertake not to publicize the settlement or its subject matter in any manner whatsoever, it being understood that this is a fundamental term of the settlement.

IT IS AGREED AND UNDERSTOOD that if the Releasor commences such an action, or take such proceedings, and the Releasee is added to such proceeding in any manner whatsoever, whether justified in law or not, the Releasor will immediately discontinue the proceedings and/or claims, and the Releasor will be severally liable to the Releasee for the legal costs incurred by any such proceeding, on a substantial indemnity scale. This Full and Final Release shall operate conclusively as an estoppel in the event of any claim, action, complaint or proceeding which might be brought in the future by the Releasor with respect to the matters covered by this Full and Final Release. This Full and Final Release may be pleaded in the event any such claim, action, complaint or proceeding is brought, as a complete defence and reply, and may be relied upon in any proceeding to dismiss the claim, action, complaint or proceeding on a summary basis and no objection will be raised by the Releasor in any subsequent action that the other parties in the subsequent action were not privy to formation of this Full and Final Release.

IT IS UNDERSTOOD AND AGREED that the said payment or promise of payment is deemed to be no admission of liability whatsoever on the part of the Releasee.

FURTHER, THE RELEASOR HEREBY DECLARES, that she fully understands the terms of the settlement, that the amount stated therein is the full consideration of this Full and Final Release, and that she voluntarily accepts the said sum for the purposes of making a full and final settlement.

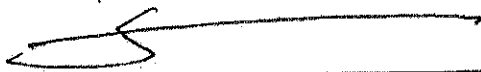
THE RELEASOR acknowledges that she has obtained the advice of legal counsel before executing this Full and Final Release and hereby declares that all of its terms are fully and completely understood by her.

THE RELEASOR HEREBY DIRECTS that the above-referenced sum be paid to her lawyer, **BRAD DUBY PROFESSIONAL CORPORATION, in trust** and this shall be good and sufficient authority for so doing.

IT IS FURTHER UNDERSTOOD AND AGREED that the document may be executed in counterparts each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.

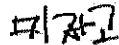
IN WITNESS WHEREOF, I have hereunto set my hand this 12 day of June, 2020.

SIGNED, SEALED, AND DELIVERED
in the presence of



Name and Address of Witness

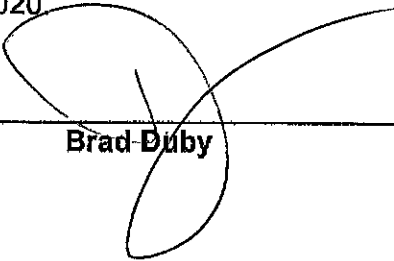
Suek on
201-5700 Yonge St
Toronto ON



MIJA KO

I, **Brad Duby of Brad Duby Professional Corporation**, authorized to practice law in the Province of Ontario, hereby represent and declare that I have fully explained the foregoing Release to my client, **MIJA KO** and further declare that the signature, which appears above, is that of my client.

Dated at the City of Toronto this 1st day of June, 2020



Brad Duby

Exhibit 6

WITNESS STATEMENT

My name is Raviguanthas (Ravi) Gunasingam, and my current address is 131 Bathgate Drive, Toronto, Ontario, M1C 1T7. I am a real estate agent working with Royal LePage Ignite Realty Brokerage located at D2-795 Milner Avenue, Toronto, Ontario, M1B 3C3. My phone number is 416 432 5499. I spoke to Jae Cho of Vaturi and Cho LLP, the lawyer representing Ms. Mi Ja Ko. I spoke to Mr. Cho on March 9, 2021, around 11:00 am over a telephone conversation and herein confirm the details of the conversation. I personally know Mr. Brad Duby as a paralegal. I do not practice as a paralegal anymore. I have referred clients to him in the past. I was advised that my signature was on one of the full and final release for a client with the name Mi Ja Ko. I confirmed that I carefully examined the full and final release of Ms. Mi Ja Ko as **Exhibit "A"** to this statement. I confirm that I did not attend Brad Duby Professional Corporation on January 9, 2020, which is the date when the alleged release was signed. I was actually out of the country at that time on a family vacation visiting Nassau, Bahamas. I left Canada on January 8, 2020, and came back on January 13, 2020. Please see the documents pertaining to itinerary as well as a copy of my passport showing the stamp from the Bahamas Immigration Department upon arrival as **Exhibit "B"**. I confirm that the signature is not my signature, and I confirm that I did not meet with Ms. Mi Ja Ko on that day to witness her signature. I have never met Ms. Mi Ja Ko, and this was the first time that I heard the name Mi Ja Ko from Mr. Cho. I read the contents on this page and confirm that these are true statements to the best of my recollection.

Date: April 15, 2021



Raviguanthas (Ravi) Gunasingham

Exhibit "A"

referred to in the
Witness Statement of
Ravi Guansingham

FULL AND FINAL RELEASE

IN CONSIDERATION of the payment of **TWO HUNDRED FIFTY THOUSAND DOLLARS** (\$250,000.00), to be paid to **MIJA KO**, paid by or on behalf of **WAWANESA MUTUAL INSURANCE COMPANY**, as follows:

Brad Doby Professional Corporation ✓
~~DUBY & ASSOCIATES~~ "In Trust"...\$ 250,000.00
R qk

I, **MIJA KO**, do hereby release, remise and forever discharge **WAWANESA MUTUAL INSURANCE COMPANY**, its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants, from any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim is made under policy number 7893477, which I and/or my heirs, executors, administrators, or assigns hereafter ever had, now have or may have in the future, against the said **WAWANESA MUTUAL INSURANCE COMPANY** and its administrators, assigns, successors, affiliated companies, employees, solicitors, agents and servants.

IT IS UNDERSTOOD and agreed that the payment of the said sum is not and shall not be construed as an admission by the said **WAWANESA MUTUAL INSURANCE COMPANY**, or any other release, of any liability whatever arising out of the said accident or policy and such liability is expressly denied.

AND I DECLARE that the terms of this settlement are fully understood, that the amount stated herein is the sole consideration for this Release and that such amount is accepted voluntarily as full and final settlement of any and all actions, causes of action, Mediation, Arbitration, damages, claims and demands for Statutory Accident Benefits, and demands whatsoever arising from a motor vehicle accident which occurred on or about August 22, 2015 and for which a claim for Statutory Accident Benefits is made under policy number 7893477.

AND I CONFIRM that there are no other collateral agreements, representations, conditions, terms, express or implied, affecting this settlement other than the terms and conditions as set out in this Release and the attached Settlement Disclosure Notice as provided to me pursuant to Section 9.1 of the Ontario Regulation 664, R.R.O. 1990.

AND I HEREBY ACKNOWLEDGE RECEIPT of a written notice as required by Section 9.1 of the Ontario Regulation 664, R.R.O. 1990 and I acknowledge that I have read and understood the contents of that SETTLEMENT DISCLOSURE NOTICE as evidenced by my signature thereto.

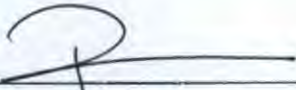
AND I UNDERSTAND THAT no mediation, arbitration, litigation or other proceeding may be initiated or maintained with respect to any obligation of **WAWANESA MUTUAL INSURANCE COMPANY**, with respect to any accident which occurred on or about August 22, 2015 to date.

qk

AND I UNDERSTAND THAT this agreement includes confirmation from **MIJA KO** that there are no further motor vehicle accidents from August 22, 2015 to date and there are no outstanding assignments or directions involving **WAWANESA MUTUAL INSURANCE COMPANY**.

I HAVE READ OVER the above release and understand that it is a Full and Final Release of all claims for damages or injuries whether such damages or injuries are known or not yet ascertained at the present time.

IN WITNESS WHEREOF the party hereto has set his hand and seal this 9 day of January, 2020.



Witness Ravi Gurusingham



MIJA KO

I am a Lawyer authorized to practice law in the Province of Ontario and I hereby represent and declare that I have fully explained the foregoing Release to the signing party and it was acknowledged to me that the signing party understands the Release and the legal effect thereof and the signature which appears at the end of the Release is that of my client.

Dated at Toronto, this 9 day of January 2020.



BRAD DUBY



Exhibit "B"

referred to in the
Witness Statement of
Ravi Guansingham



Nassau

Jan 8, 2020 - Jan 13, 2020 | Itinerary # 7505201590972

Important Information

- We combined two one-way tickets to get you the best deal on this flight. If you need to make changes or cancel, you'll need to do it twice-once for each one-way ticket.
- Remember to bring your itinerary and government-issued photo ID for airport check-in and security
- Face masks required: Travellers must wear a face covering over their nose and mouth. Check with the airline to see their full policy.
- Pre-flight temperature checks: Travellers with a fever won't be allowed to fly. Check with the airline to see their full policy.

Price Summary

One way Flight

Hotel

Total	CA \$4,235.34
Collected by Expedia	CA \$3,521.62
Subtotal	CA \$2,265.53
Taxes & Fees	CA \$1,256.09
Property fee	CA \$356.86
Due at property	C\$356.86
Resort fee	C\$221.10
Tourism fee	C\$135.76

Toronto (YYZ) → Nassau (NAS)

Jan 8, 2020 - Jan 8, 2020 , 4 one way tickets

COMPLETED

Air Canada

VVAABX

We hope you had a great trip. Thank you for choosing Expedia for your travel reservations.

Traveller Information

RAVIGUNATHAS GUNASINGHAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046625
 Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046623
 RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046624
 RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046625

Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.


- [Additional fees for your flight to Nassau](#)

If you are denied boarding or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier or visit the Canadian Transportation Agency's website. Si l'embarquement vous est refusé ou que vos bagages sont perdus ou endommagés, vous pourriez avoir droit à certains avantages au titre des normes de traitement et de

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Jan 8, 2020 - Departure Nonstop

Total travel time: 3 h 15 m

	Toronto	Nassau	3 h 15 m
			2,076 km
	YYZ 7:50 am	NAS 11:05 am	
	Terminal 1	Terminal A	
	Air Canada 1816		
	Economy / Coach (A) Confirm seats with the airline*		

Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the [complete penalty rules for changes and cancellations](#) applicable to this fare.
- Please read important information regarding [airline liability limitations](#).
- For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

compensation, en vertu du Règlement sur la protection des passagers aériens (Air Passenger Protection Regulations). Pour plus d'informations sur les droits des passagers, veuillez contacter votre compagnie aérienne ou bien vous rendre sur le site Internet de l'Office des transports du Canada (Canadian Transportation Agency).

Nassau (NAS) → Toronto (YYZ)

Jan 13, 2020 - Jan 13, 2020 , 4 one way tickets

COMPLETED

Air Canada

VV5VKI

We hope you had a great trip. Thank you for choosing Expedia for your travel reservations.

Additional Flight Services

Traveller Information

RAVIGUNATHAS GUNASINGHAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046620
NEETA KULASINGAM Adult	Air Canada Aeroplan 595187097	Ticket # 0143733046621
ASHVIN RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046626
ASHVIN RAVIGUNATHAS Child	Air Canada Aeroplan 595187097	Ticket # 0143733046627

- The airline may charge additional fees for checked baggage or other optional services.
 - [Additional fees for your flight to Toronto](#)

If you are denied boarding or your baggage is lost or damaged, you may be entitled to certain standards of treatment and compensation under the Air Passenger Protection Regulations. For more information about your passenger rights please contact your air carrier or visit the Canadian Transportation Agency's website. Si l'embarquement vous est refusé ou que vos bagages sont perdus ou endommagés, vous pourriez avoir droit à certains avantages au titre des normes de traitement et de compensation, en vertu du Règlement sur la protection des passagers aériens (Air Passenger Protection Regulations). Pour plus d'informations

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

Jan 13, 2020 - Departure Nonstop

Total travel time: 3 h 15 m

	Nassau	Toronto	3 h 15 m
			2,076 km

NAS 12:05 pm YYZ 3:20 pm
 Terminal A Terminal 1
 Air Canada 1817
 Economy / Coach (L) | Confirm seats with the airline*

sur les droits des passagers, veuillez contacter votre compagnie aérienne ou bien vous rendre sur le site Internet de l'Office des transports du Canada (Canadian Transportation Agency).

Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the [complete penalty rules for changes and cancellations](#) applicable to this fare.
- Please read important information regarding [airline liability limitations](#).
- For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

Grand Hyatt Baha Mar

8 Jan. 2020 - 13 Jan. 2020 , 1 room | 5 nights

COMPLETED

Confirmation # 50902392

This reservation is complete. We hope you had a great trip.



One Baha Mar Boulevard, Nassau, New Providence Bahamas

Tel: 1 (242) 788-8000, Fax: +1

Check-in

- Check-in time starts at 4:00 PM
- Check-in time ends at anytime
- Minimum check-in age is: 18
- Front desk staff will greet guests on arrival. It is Hyatt's practice to enter any occupied guestroom at a minimum of once within a 24-hour period, even if a guest has requested privacy. Appropriate efforts are made to provide advance notice to the registered guest before entering an occupied guestroom. For more details, please contact the property using the information on the booking confirmation.
- This property provides health screenings (rapid antigen screenings for COVID-19) on site. PCR screening is available for a fee. Guests should contact the concierge upon arrival for details and to schedule departure health screenings.
- If a late check-in is planned, contact this property directly for their late check-in policy.

Important Hotel Information

Although Expedia does not charge a fee to change or cancel your booking, Grand Hyatt Baha Mar may still charge a fee in accordance with its own rules & regulations.

Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate.

You'll be asked to pay the following charges at the property:

- Tourism fee: USD 20.63 per accommodation, per night
- Resort fee: USD 33.60 per accommodation, per night

The resort fee includes:

- Pool access
- Beach access
- Beach loungers
- Beach towels
- Health club access
- Fitness center access
- Sporting facilities or equipment
- Internet access
- Newspaper
- Phone calls
- In-room safe
- In-room coffee

- Cancellations or changes made after 6:00p (Eastern Standard Time (US & Canada)) on 1 Jan. 2020 or no-shows are subject to a property fee equal to the first and second nights rates plus taxes and fees.
- Prices and hotel availability are not guaranteed until full payment is received. If you would like to book multiple rooms, you must use a different name for each room. Otherwise, the duplicate reservation will be cancelled by the hotel.
- View your [online itinerary](#) for additional rules and restrictions.

For residents of Québec, prices include a contribution to the Indemnity Fund of C\$1.00 per C\$1,000 of travel services purchased.

Room **Grand Room, 2 Queen Beds**

Confirmation **50902392**

#:

Reserved for **Ravigunathas Gunasingham**
2 adults , 2 children

Requests **2 Queen Beds, non-smoking room**

- Housekeeping
- Additional inclusions

We have included all charges provided to us by the property.

The price shown above DOES NOT include any applicable hotel service fees, charges for optional incidentals (such as minibar snacks or telephone calls), or regulatory surcharges. The hotel will assess these fees, charges, and surcharges upon check-out.

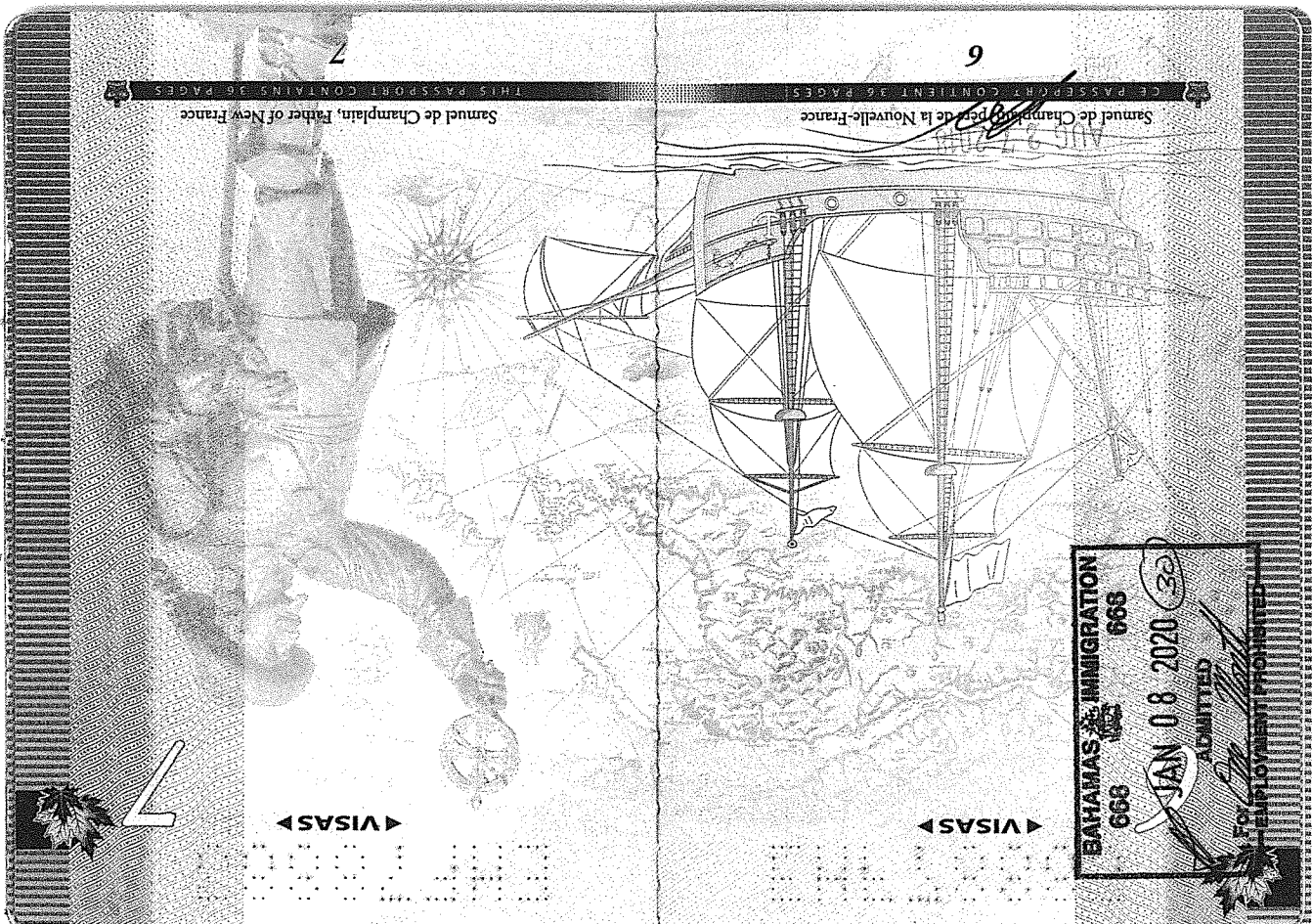
Need help with your reservation?

- Visit our [Customer Support](#) page.
- Call Expedia gold Priority Customer care at 1-800-224-1534.
- For faster service, mention itinerary #7505201590972

Travel Industry Council of Ontario

In accordance with the *Ontario Travel Industry Act, 2002*, this page contains detailed information on the names, addresses and registration numbers applicable to the providers of travel and ticket fulfillment services.

Ticket fulfillment services provided by Tour East Holidays (Canada) Inc., 15 Kern Road, Suite 9, Toronto, Ontario M3B 1S9. TICO Registration No.: 50015827



CE PASSPORT CONTIEN 36 PAGES / THIS PASSPORT CONTAINS 36 PAGES

Samuel de Champlain, Father of New France

Samuel de Champlain, père de la Nouvelle-France

▶ VISA ▶

▶ VISA ▶

BAHAMAS IMMIGRATION
668
JAN 08 2020
ADMITTED
EMPLOYMENT PROHIBITED

Exhibit 7

WITNESS STATEMENT

I, SONOK KIM, also known as SONOK OH and also known as SUNNY KIM reside at 134 Barrington Avenue, East York, Ontario, M4C 4Z2 and my telephone number is 416 797 8048. I spoke with Jae Cho of Vaturi and Cho LLP, the lawyer representing Ms. Mi Ja Ko, on February 23, 2021 around 11:30 a.m. over the phone and herein confirm the details of the conversation. I worked at Hanson Duby Lawyers and when Mr. Brad Duby went on his own I continued to work with Mr. Brad Duby at Brad Duby Professional Corporation as a Legal Assistant/Law Clerk until September 27, 2019. I started a new position on September 30, 2019. I carefully examined the full and final release of Ms. Mi Ja Ko executed on June 12, 2020 as **Exhibit "A"** to this statement and I confirm that I have not met with Ms. Mi Ja Ko following my resignation on September 27, 2019. I did not witness her signature and I am not aware of the address of Unit 209, 5700 Yonge Street, Toronto, ON, which appears underneath the witness signature. I confirm that all of the contents on this statement are accurate and true to the best of my knowledge.

Date: March 15, 2021



Sonok Kim

Exhibit "A" referred to in the
Witness Statement of Sunok Kim

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

MIJA KO

Plaintiff

- and -

MARY PRSA

Defendant

FULL AND FINAL RELEASE

FOR VALUABLE CONSIDERATION in the sum of **Fifty-Thousand Dollars (\$50,000.00)** (which sums include damages, costs, prejudgment interest, costs, GST, HST and disbursements), receipt and sufficiency of which is hereby acknowledged, and in consideration of a consent to a dismissal of the within action on a without costs basis, I, **MIJA KO** (hereinafter referred to as the Releasor), hereby release and forever discharge **MARY PRSA** (hereinafter referred to as the Releasee, which term shall include the Releasee's heirs, executors and administrators or successors and assigns as the case may be) from any and all actions, causes of actions, claims without limitation and demands for indemnity, damages, loss or injury, including **Family Law Act** claims, howsoever arising, which heretofore may have been or may hereafter be sustained in a motor vehicle-bicycle accident that occurred on August 22, 2015, on Kipling Avenue at or near the intersection of Horner Avenue in Etobicoke, Ontario, including all damage, loss or injury not now known or anticipated but which may arise in the future and all effects and consequences thereof and which is more particularly set out in an action commenced in the Ontario Superior Court of Justice (*Toronto*), bearing Court File No. CV-17-579971.

AND FOR THE SAID CONSIDERATION the Releasor hereby agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the **Negligence Act** and any amendments thereto from the person, persons or corporation discharged by this Release.

AND IT IS FURTHER UNDERSTOOD AND AGREED that the Releasor undertakes to keep the terms of the settlement giving rise to the execution of this Release strictly confidential and further undertake not to publicize the settlement or its subject matter in any manner whatsoever, it being understood that this is a fundamental term of the settlement.

IT IS AGREED AND UNDERSTOOD that if the Releasor commences such an action, or take such proceedings, and the Releasee is added to such proceeding in any manner whatsoever, whether justified in law or not, the Releasor will immediately discontinue the proceedings and/or claims, and the Releasor will be severally liable to the Releasee for the legal costs incurred by any such proceeding, on a substantial indemnity scale. This Full and Final Release shall operate conclusively as an estoppel in the event of any claim, action, complaint or proceeding which might be brought in the future by the Releasor with respect to the matters covered by this Full and Final Release. This Full and Final Release may be pleaded in the event any such claim, action, complaint or proceeding is brought, as a complete defence and reply, and may be relied upon in any proceeding to dismiss the claim, action, complaint or proceeding on a summary basis and no objection will be raised by the Releasor in any subsequent action that the other parties in the subsequent action were not privy to formation of this Full and Final Release.

IT IS UNDERSTOOD AND AGREED that the said payment or promise of payment is deemed to be no admission of liability whatsoever on the part of the Releasee.

FURTHER, THE RELEASOR HEREBY DECLARES, that she fully understands the terms of the settlement, that the amount stated therein is the full consideration of this Full and Final Release, and that she voluntarily accepts the said sum for the purposes of making a full and final settlement.

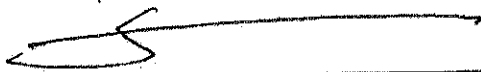
THE RELEASOR acknowledges that she has obtained the advice of legal counsel before executing this Full and Final Release and hereby declares that all of its terms are fully and completely understood by her.

THE RELEASOR HEREBY DIRECTS that the above-referenced sum be paid to her lawyer, **BRAD DUBY PROFESSIONAL CORPORATION, in trust** and this shall be good and sufficient authority for so doing.

IT IS FURTHER UNDERSTOOD AND AGREED that the document may be executed in counterparts each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.

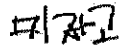
IN WITNESS WHEREOF, I have hereunto set my hand this 12 day of June, 2020.

SIGNED, SEALED, AND DELIVERED
in the presence of



Name and Address of Witness

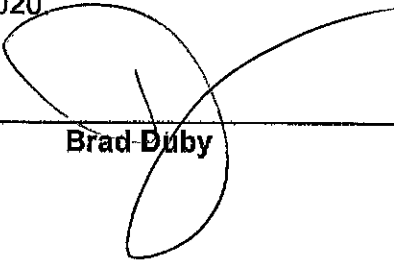
Suek on
201-5700 Yonge St
Toronto ON



MIJA KO

I, **Brad Duby of Brad Duby Professional Corporation**, authorized to practice law in the Province of Ontario, hereby represent and declare that I have fully explained the foregoing Release to my client, **MIJA KO** and further declare that the signature, which appears above, is that of my client.

Dated at the City of Toronto this 1st day of June, 2020



Brad Duby

Exhibit 8



TORONTO OFFICE
1110 Finch Avenue West, Suite 310
Toronto, Ontario, M3J 2T2
Tel: 416-661-4529
Fax: 416-661-5529

Avi C. Vaturi, B.A., J.D., Partner
Jae Cho, B.Sc., J.D., Partner
Maurice Vaturi, B.A., LL.L., LL.B. Counsel
Allan Weiss, B.A. (Hons), J.D.

RICHMOND HILL OFFICE
1550 16th Avenue, Building C North
Richmond Hill, Ontario, L4B 3K9
Tel: 905-237-0117
Fax: 905-237-0363

April 14, 2021

SENT BY FAX & EMAIL
(Total No. of Pages: 8)

Direct e-mail: jcho@vclawyers.ca

ATTN: David Valenti
Desjardins Insurance
P.O Box 7065
Mississauga, ON L5A 4K7

Dear David Valenti,

RE: OUR CLIENT : Mi Ja Ko
YOUR CLAIM NO. : P6257343
DATE OF LOSS : August 22, 2015
OUR FILE NO. : VC21054

As I have advised you, I have been retained by Ms. Mi Ja Ko after her previous lawyer, Mr. Bradley Robert Alfred Duby, passed away.

To my surprise, during our email correspondence, I was advised by you that the file was settled back on June 12, 2020. My client had no knowledge of this.

I have reviewed the Full and Final Release dated June 12, 2020 which was kindly provided by you. I have also spoken to the witness, Ms. Sonok Oh a.k.a Sonok Kim, on February 23, 2021. Ms. Oh also confirmed that the signature appearing on the Full and Final release is not of her own, and she never met with Ms. Mi Ja Ko. On June 12, 2020, Ms. Oh was employed by another firm. Ms. Oh left Brad Duby Professional Corporation on September 27, 2019, and she never met with Ms. Mi Ja Ko following her resignation on September 27, 2019. Please see the attached Witness Statement dated March 15, 2021.

Furthermore, if you look at the signature of Ms. Ko on OCF-1 dated November 27, 2015, the signatures are completely different. The signature appearing on OCF-1 is the authentic signature of my client. I have attached the OCF-1 as your reference.

It is my client's position that there was never an agreement to settle this file on a full and final basis. Please be advised that there was no agreement between Ms. Mi Ja Ko and the defendant, Mary Prsa, and the Full and Final Release is null and void.

My office will move to set aside the dismissal order or Notice of Discontinuance.

Yours very truly,

VATURI & CHO LLP

A handwritten signature in black ink, appearing to be 'Jae H. Cho', with a long horizontal flourish extending to the right.

Jae H. Cho

Encl.

WITNESS STATEMENT

I, SONOK KIM, also known as SONOK OH and also known as SUNNY KIM reside at 134 Barrington Avenue, East York, Ontario, M4C 4Z2 and my telephone number is 416 797 8048. I spoke with Jae Cho of Vaturi and Cho LLP, the lawyer representing Ms. Mi Ja Ko, on February 23, 2021 around 11:30 a.m. over the phone and herein confirm the details of the conversation. I worked at Hanson Duby Lawyers and when Mr. Brad Duby went on his own I continued to work with Mr. Brad Duby at Brad Duby Professional Corporation as a Legal Assistant/Law Clerk until September 27, 2019. I started a new position on September 30, 2019. I carefully examined the full and final release of Ms. Mi Ja Ko executed on June 12, 2020 as **Exhibit "A"** to this statement and I confirm that I have not met with Ms. Mi Ja Ko following my resignation on September 27, 2019. I did not witness her signature and I am not aware of the address of Unit 209, 5700 Yonge Street, Toronto, ON, which appears underneath the witness signature. I confirm that all of the contents on this statement are accurate and true to the best of my knowledge.

Date: March 15, 2021



Sonok Kim

Return this form to:

Application for Accident Benefits (OCF-1)

Use this form for accidents that occur on or after November 1, 1996.

Claim Number:	P6257343
Policy Number:	K6070012
Date of Accident: <small>(YYYYMMDD)</small>	2015-08-22

A separate form must be completed for each person who is applying for accident benefits. Completion of ALL sections is mandatory. Your application may be denied if information is incomplete or incorrect. Please print clearly.

Part 1 Applicant Information	Last Name Ko		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Widow(er)	
	First Name and Initial Mi JA			Birth Date Year: 1967 Month: 01 Day: 27		Is anyone dependent on you for financial support or care? <input type="checkbox"/> Yes, how many persons? <input checked="" type="checkbox"/> No
	Address 708-25 Mabelle Avenue					
	City Toronto		Province ON	Postal Code M9A 4Y1		
	Home Telephone 647 800 0722		Work Telephone		Fax Number	
	You can be reached: <input type="checkbox"/> by telephone <input type="checkbox"/> at home <input type="checkbox"/> by personal visit <input type="checkbox"/> at work <input checked="" type="checkbox"/> other Personal Representative			Language Spoken: Korean		What is the best time to reach you: Day(s) of the week: M-F Time of day: 9 a.m. - 5 p.m.

Part 2 Applicant's Representative (if applicable)	Complete this section only if the applicant injured in the accident is deceased, is a minor, is unable to fill out the form on their own, or has retained you as their representative					
	Last Name Duby				Relationship with applicant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Lawyer <input type="checkbox"/> Other <input type="checkbox"/> Other Paid Representative	
	First Name and Initial Brad					
	Address 2 Clinton Pl.					
	City Toronto		Province ON		Postal Code M6G 1J9	
	Work Telephone 416 588 9100		Fax Number 416 588 9102		E-mail: brad@hansonduby.com	

Part 3 Accident Details and Health Information	Date of Accident	Year: 2015 Month: 08 Day: 22	Time of Accident 15:29	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	You were at:	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other Cyclist
	Accident Location; Hwy. No./Street Name Horner Ave & Kipling Ave				City: Toronto Province: ON	
	Did the accident occur while you were at work?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Did you file a claim with the Workplace Safety and Insurance Board?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Was the accident reported to the police?			<input checked="" type="checkbox"/> Yes (Give details below) <input type="checkbox"/> No		
	Officer Name PC Klein - Horvath		Badge No. 9394	Date accident reported to the police		Year: 2015 Month: 08 Day: 22
	Police Department/Collision Reporting Centre Toronto Police Service					
	Were you charged? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Give details)					
	Give a brief description of the accident. If you suffered any injuries as a result of the accident, describe the cause and extent of the injuries. Third party struck me as she turned					
	Were you able to return to your normal activities following the accident?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Did you go to the hospital?			<input checked="" type="checkbox"/> Yes (Give details) <input type="checkbox"/> No			
Did you go see a health professional? (for example: physician, chiropractor, physiotherapist?)			<input checked="" type="checkbox"/> Yes (Give details) <input type="checkbox"/> No			
Dr. Wang Family Physician						

Additional sheets attached

**Part 3
Accident
Details and
Health
Information
(cont'd)**

Name of Health Professional		Name of Facility	
Address			
City	Province	Postal Code	
Has this Health Professional begun any treatment? <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No			
<input type="checkbox"/> Additional sheets attached			

**Part 4
Details of
Automobile
Insurance**

In order to determine which automobile insurer is responsible for paying benefits, it is necessary to know whether you have your own policy or whether you are covered by somebody else's insurance policy. To help make that determination, please complete the following:

A Are you covered under any of the following automobile insurance policies?

Your own policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Your spouse's policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The policy of any person on whom you are dependent (e.g. a parent)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A policy that lists you as a driver (e.g. a friend)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Your employer's policy (e.g. company car) or spouse's employer's policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A policy insuring long-term rental cars (for rentals exceeding 30 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "No" to all of the above, go to **B**. If you answered "Yes" to any of the above, complete the following:

Name of Policyholder	
Insurance Company	Policy Number
Automobile - Make, Model, Year	Licence Plate Number
Were you an occupant of this automobile at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "Yes" to more than one box in this part, provide additional insurance details below.

Name of Policyholder	
Insurance Company	Policy Number
Automobile - Make, Model, Year	Licence Plate Number
Were you an occupant of this automobile at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B If you checked "No" to all of the boxes in **A**, you must send your application to the insurer of the automobile that you occupied at the time of the accident, or the vehicle that struck you if you were a pedestrian or bicyclist. If this automobile was not insured or was unidentified, describe any other vehicle involved in the accident. Provide details below.

The policy you are claiming under insures: <input type="checkbox"/> The vehicle I was riding in at the time of the accident <input checked="" type="checkbox"/> The vehicle that struck me as a pedestrian/bicyclist <input type="checkbox"/> Another vehicle that was involved in the accident	Vehicle type covered by this policy: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi/Limousine <input type="checkbox"/> Snowmobile <input type="checkbox"/> Other _____
--	---

Owner of the Vehicle <i>Mary Prsa</i>		Home Telephone	
Address <i>43 Heman St.</i>		Work Telephone	
City <i>Toronto</i>	Province <i>ON</i>	Postal Code <i>M6V 1X4</i>	
Automobile - Make, Model, Year <i>1991 Buick</i>			
Insurance Company <i>The Personal</i>	Policy Number <i>K6070312</i>		
Name of Policyholder <i>Mary Prsa</i>	Licence Plate Number <i>WRF096</i>		
Did you report the accident to any other insurance company? <input type="checkbox"/> Yes (provide details) <input checked="" type="checkbox"/> No			
Insurance Company	Type of Insurance		

**Part 5
Applicant
Status**

Which of the following describes your status at the time of the accident?

Employed <input type="checkbox"/> Employed and working <input type="checkbox"/> Self-Employed	Not Employed <input checked="" type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed and, <input type="checkbox"/> have worked 26 weeks in the past 52 weeks <input type="checkbox"/> receiving Employment Insurance Benefits <input type="checkbox"/> Retired	<input type="checkbox"/> Student or recent graduate <input type="checkbox"/> Caregiver
--	---	---

**Part 6
Student
Attending
School**

Were you attending school on a full-time basis at the time of accident or had you completed your education less than one year before the accident?

Yes (Give details below) No (Continue to Part 7)

Name of School		Date Last Attended	Year	Month	Day
Address			Program and Level		
City	Province	Postal Code	Projected Date for Completion of Studies	Year	Month Day

Are you now attending school? Yes (Enter date) Year Month Day No

Were you able to return to school after the accident? Yes (Enter date) Year Month Day No

**Part 7
Caregiver**

Were you the main caregiver to people living with you, at the time of the accident?

Yes (Complete information below) No (Continue to part 8)

Were you paid to provide care to these people? Yes (Continue to part 8) No

List the people who you were caring for at the time of the accident

Name	Date of Birth			Disabled	
	Year	Month	Day	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional sheets attached

Did your injuries prevent you from performing the caregiving activities you did prior to the accident?

Yes (Explain below) From what date? Year Month Day No

Explanation:

Additional sheets attached

At any period since the accident, were you able to return to caregiving?

Yes (From what date?) Year Month Day No

**Part 8
Income
Replacement
Determination**

Give details of your employment for the past 52 weeks. Start with your current or most recent employer. If you held more than one position with the same employer, use a separate line for each position. Gross income is before taxes and deductions.

If you were self-employed during the 4 weeks prior to the accident, please consider yourself the employer for the purpose of completing this section.

Date Year/Month/Day	Name and Address of Most Recent Employer	Position/Essential Tasks	No. of Hours Per week	Gross Income for the period
From: To:				\$
From: To:				\$
From: To:				\$
From: To:				\$

Additional sheets attached

Did your injuries prevent you from working?

Yes (From what date?)

Year Month Day

No (Continue to Part 9)

At any period since the accident, were you able to return to work since the accident?

Yes

Year Month Day

No

(From what date?)

The amount of your benefit is based on your past income. During which of the following periods did you have the highest average weekly income?

Last 4 weeks (not applicable for self-employed persons)

Last 52 weeks

Last fiscal year (self-employed only)

**Part 9
Other
Insurance or
Collateral
Payments**

Do you, your spouse or anyone you are dependent on (eg. parents) have any other benefit plan that covers you (e.g., group or private, union, disability, medical or dental, etc.)?

Yes (Give details below)

No

Name of Benefit Payor	Type of Coverage	Policy or Certificate Number

During the past 52 weeks, did you receive any income from a disability plan?

Yes (Enter dates)

No

From: Year Month Day To: Year Month Day

Total Amount Received \$

Are you receiving Employment Insurance Benefits?

Yes (Enter date)

No

From: Year Month Day To: Year Month Day

Total Amount Received \$

Additional sheets attached

Are you receiving Social Assistance Benefits (welfare)?

Yes

No

**Part 10
Motor Vehicle
Accident
Claims fund**

DO NOT FILL OUT UNLESS ITEMS (1) TO (5) ON PAGE 2 DO NOT APPLY AND YOU ARE APPLYING TO THE MOTOR VEHICLE ACCIDENT CLAIMS FUND

You and your representative acknowledge that you have the responsibility to investigate and apply to all potential insurers to which the applicant may have recourse BEFORE submitting an application to the Motor Vehicle Accident Claims Fund (MVACF).

You and your representative acknowledge that the application MUST INCLUDE a completed:

- NOTICE OF COLLECTION OF PERSONAL INFORMATION FORM, signed and attached*
- Form 3 – Section 6 MVACF Application for Statutory Accident Benefits, signed and attached*
- Motor Vehicle Accident (Police) Report, attached.

before the applicant can make an application for the payment of accident benefits from the MVACF.

(* These forms are available at www.fscs.gov.on.ca)

I certify that I have read this part and understand that this application for accident benefits is not complete until the required forms are completed, signed and provided to the MVAC Fund.

Name of Applicant or Substitute Decision Maker (please print)	Signature of Applicant or Substitute Decision Maker	Date (YYMMDD)
---	---	---------------

Motor Vehicle Accident Claims Fund
PO Box 85
5160 Yonge Street
Toronto, ON. M2N 6L9

Toronto calling area: (416) 250-1422
Toll Free: 1- (800) 268-7188

**Part 11
Signature**

TO THE INSURER TO WHOM THIS APPLICATION IS BEING SUBMITTED:

I UNDERSTAND that you, and persons acting for you, will collect and use personal information and personal health information about me that is related to my claims for accident benefits arising out of the accident described in this application, and that all such information will be collected directly from me, or from any other person with my consent.

I ALSO UNDERSTAND that this information will be collected and used only as reasonably necessary for the purposes of:

- Investigating my claims and processing my claims as required by law, including the Ontario Automobile Policy;
- Obtaining or verifying information relating to my claims in order to determine entitlement and the proper amount of payment;
- Recovering payment from insurers and others liable in law for amounts that you pay in connection with my claims;
- Identifying and analyzing the nature and costs of goods and services that are provided to automobile accident victims by health care providers;
- Preventing fraud, and detecting fraud where there are reasonable grounds to suspect fraud;
- Compiling anonymized statistics for government agencies; and
- Assessing underwriting risks and claims experience.

I ALSO UNDERSTAND that you, and persons acting for you, may disclose this information to the following persons, who may collect and use this information only as reasonably necessary to enable you to carry out the purposes described above:

Insurers; insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organizations that consolidate claims and underwriting information for the insurance industry; and my agents or representatives as designated by me from time to time.

I CONSENT to you collecting, using and disclosing this information in the manner described above, but no more of such information than is reasonably necessary to meet the legitimate purpose of such collection, use or disclosure.

I UNDERSTAND that if I have any questions about this consent I am free to consult with my insurance company representative or legal advisor before signing this document.

I AM ALSO AWARE that you, and persons acting for you, may be required or permitted by law to disclose this information to others without my knowledge or consent.

I certify that the information provided is true and correct.

I understand that it is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. I further understand that it is an offence under the federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.

Name of Applicant or Substitute Decision Maker (please print) <i>mija ko</i>	Signature of Applicant or Substitute Decision Maker <i>[Handwritten Signature]</i>	Date (YYMMDD) <i>2015-11-27</i>
---	---	------------------------------------

Exhibit 9



TORONTO OFFICE
1110 Finch Avenue West, Suite 310
Toronto, Ontario, M3J 2T2
Tel: 416-661-4529
Fax: 416-661-5529

Avi C. Vaturi, B.A., J.D., Partner
Joe Cho, B.Sc., J.D., Partner
Maurice Vaturi, B.A., LL.L., LL.B. Counsel
Allan Weiss, B.A. (Hons), J.D.

RICHMOND HILL OFFICE
1550 16th Avenue, Building C North
Richmond Hill, Ontario, L4B 3K9
Tel: 905-237-0117
Fax: 905-237-0363

April 14, 2021

SENT BY FAX & EMAIL
(Total No. of Pages: 7)

Direct e-mail: jcho@vclawyers.ca

ATTN: Jenny Truong
Wawanesa Insurance
100-4110 Yonge Street
Toronto, ON M2P 2B7

Dear Jenny Truong,

RE: OUR CLIENT : **Mi Ja Ko**
POLICY NO. : **7893477**
CLAIM NO. : **700000995001**
DATE OF LOSS : **August 22, 2015**
OUR FILE NO. : **VC21054**

As I have advised you, I have been retained by our mutual client, Ms. Mi Ja Ko after her previous lawyer, Mr. Bradley Robert Alfred Duby, passed away.

I am in receipt of the complete file dated March 4, 2021 and completed the review. To my surprise, during our telephone conversation that took place in or around March 2021, I was advised by you that the file was settled back in January 2020. My client had no knowledge of this.

I reviewed the Full and Final Release and Settlement Disclosure dated January 9, 2020. I have spoken to the witness, Mr. Ravi Gunashinggam, on March 9, 2021. Mr. Gunashinggam confirmed that the signature appearing on the Full and Final release is not of his own and he never met with Ms. Mi Ja Ko.

Furthermore, if you look at the signature of Ms. Ko on OCF-1 dated November 27, 2015, the signatures are completely different. The signature appearing on OCF-1 is the authentic signature of my client. I have attached the OCF-1 as your reference.

It is my client's position that there was never an agreement to settle this file on a full and final basis. Please be advised that there was no agreement between Ms. Mi Ja Ko and Wawanesa Insurance Company, and the Full and Final Release and Settlement Disclosure are null and void. Please reinstate the benefit.

Yours very truly,

VATURI & CHO LLP

A handwritten signature in black ink, appearing to be 'Jae H. Cho', with a long horizontal flourish extending to the right.

Jae H. Cho

Encl.

Return this form to:

Application for Accident Benefits (OCF-1)

Use this form for accidents that occur on or after November 1, 1996.

Claim Number:	P6257343
Policy Number:	K6070012
Date of Accident: <small>(YYYYMMDD)</small>	2015-08-22

A separate form must be completed for each person who is applying for accident benefits. Completion of ALL sections is mandatory. Your application may be denied if information is incomplete or incorrect. Please print clearly.

**Part 1
Applicant
Information**

Last Name Ko		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Widow(er)	
First Name and Initial Mi JA		Birth Date Year: 1967 Month: 01 Day: 27			
Address 708-25 Mabelle Avenue				Is anyone dependent on you for financial support or care? <input type="checkbox"/> Yes, how many persons? <input checked="" type="checkbox"/> No	
City Toronto		Province ON	Postal Code M9A 4Y1		
Home Telephone 647 800 0722		Work Telephone		Fax Number	
You can be reached: <input type="checkbox"/> by telephone <input type="checkbox"/> at home <input type="checkbox"/> by personal visit <input type="checkbox"/> at work <input checked="" type="checkbox"/> other Personal Representative		Language Spoken: Korean		What is the best time to reach you: Day(s) of the week: M-F Time of day: 9 a.m. - 5 p.m.	

**Part 2
Applicant's
Representative
(if applicable)**

Complete this section only if the applicant injured in the accident is deceased, is a minor, is unable to fill out the form on their own, or has retained you as their representative

Last Name Duby		Relationship with applicant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Lawyer <input type="checkbox"/> Other <input type="checkbox"/> Other Paid Representative	
First Name and Initial Brad			
Address 2 Clinton Pl.			
City Toronto		Province ON	Postal Code M6G 1J9
Work Telephone 416 588 9100		Fax Number 416 588 9102	E-mail: brad@hansonduby.com

**Part 3
Accident
Details and
Health
Information**

Date of Accident: Year: 2015 Month: 08 Day: 22	Time of Accident: 15:29 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	You were at: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other Cyclist	
Accident Location; Hwy. No./Street Name Horner Ave & Kipling Ave		City Toronto	Province ON
Did the accident occur while you were at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did you file a claim with the Workplace Safety and Insurance Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was the accident reported to the police? <input checked="" type="checkbox"/> Yes (Give details below) <input type="checkbox"/> No			
Officer Name PC Klein-Horsman	Badge No. 9394	Date accident reported to the police	Year: 2015 Month: 08 Day: 22
Police Department/Collision Reporting Centre Toronto Police Service			
Were you charged? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Give details)			
Give a brief description of the accident. If you suffered any injuries as a result of the accident, describe the cause and extent of the injuries. Third party struck me as she turned			
Were you able to return to your normal activities following the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did you go to the hospital? St. Joseph's <input checked="" type="checkbox"/> Yes (Give details) <input type="checkbox"/> No			
Did you go see a health professional? (for example: physician, chiropractor, physiotherapist?) Dr. Wang Family Physician <input checked="" type="checkbox"/> Yes (Give details) <input type="checkbox"/> No			

Additional sheets attached

**Part 3
Accident
Details and
Health
Information
(cont'd)**

Name of Health Professional		Name of Facility	
Address			
City	Province	Postal Code	
Has this Health Professional begun any treatment? <input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No			
<input type="checkbox"/> Additional sheets attached			

**Part 4
Details of
Automobile
Insurance**

In order to determine which automobile insurer is responsible for paying benefits, it is necessary to know whether you have your own policy or whether you are covered by somebody else's insurance policy. To help make that determination, please complete the following:

A Are you covered under any of the following automobile insurance policies?

Your own policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Your spouse's policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The policy of any person on whom you are dependent (e.g. a parent)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A policy that lists you as a driver (e.g. a friend)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Your employer's policy (e.g. company car) or spouse's employer's policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A policy insuring long-term rental cars (for rentals exceeding 30 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "No" to all of the above, go to **B**. If you answered "Yes" to any of the above, complete the following:

Name of Policyholder	
Insurance Company	Policy Number
Automobile - Make, Model, Year	Licence Plate Number
Were you an occupant of this automobile at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "Yes" to more than one box in this part, provide additional insurance details below.

Name of Policyholder	
Insurance Company	Policy Number
Automobile - Make, Model, Year	Licence Plate Number
Were you an occupant of this automobile at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B If you checked "No" to all of the boxes in **A**, you must send your application to the insurer of the automobile that you occupied at the time of the accident, or the vehicle that struck you if you were a pedestrian or bicyclist. If this automobile was not insured or was unidentified, describe any other vehicle involved in the accident. Provide details below.

The policy you are claiming under insures: <input type="checkbox"/> The vehicle I was riding in at the time of the accident <input checked="" type="checkbox"/> The vehicle that struck me as a pedestrian/bicyclist <input type="checkbox"/> Another vehicle that was involved in the accident	Vehicle type covered by this policy: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus <input type="checkbox"/> Taxi/Limousine <input type="checkbox"/> Snowmobile <input type="checkbox"/> Other _____
--	---

Owner of the Vehicle <i>Mary Prsa</i>		Home Telephone	
Address <i>43 Heman St.</i>		Work Telephone	
City <i>Toronto</i>	Province <i>ON</i>	Postal Code <i>M6V 1X4</i>	
Automobile - Make, Model, Year <i>1991 Buick</i>			
Insurance Company <i>The Personal</i>	Policy Number <i>K6070312</i>		
Name of Policyholder <i>Mary Prsa</i>	Licence Plate Number <i>WRF096</i>		
Did you report the accident to any other insurance company? <input type="checkbox"/> Yes (provide details) <input checked="" type="checkbox"/> No			
Insurance Company	Type of Insurance		

**Part 5
Applicant
Status**

Which of the following describes your status at the time of the accident?

Employed <input type="checkbox"/> Employed and working <input type="checkbox"/> Self-Employed	Not Employed <input checked="" type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed and, <input type="checkbox"/> have worked 26 weeks in the past 52 weeks <input type="checkbox"/> receiving Employment Insurance Benefits <input type="checkbox"/> Retired	<input type="checkbox"/> Student or recent graduate <input type="checkbox"/> Caregiver
--	---	---

**Part 6
Student
Attending
School**

Were you attending school on a full-time basis at the time of accident or had you completed your education less than one year before the accident?

Yes (Give details below) No (Continue to Part 7)

Name of School		Date Last Attended	Year	Month	Day
Address		Program and Level			
City	Province	Postal Code	Projected Date for Completion of Studies	Year	Month Day

Are you now attending school? Yes (Enter date) Year Month Day No

Were you able to return to school after the accident? Yes (Enter date) Year Month Day No

**Part 7
Caregiver**

Were you the main caregiver to people living with you, at the time of the accident?

Yes (Complete information below) No (Continue to part 8)

Were you paid to provide care to these people? Yes (Continue to part 8) No

List the people who you were caring for at the time of the accident

Name	Date of Birth			Disabled	
	Year	Month	Day	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional sheets attached

Did your injuries prevent you from performing the caregiving activities you did prior to the accident?

Yes (Explain below) From what date? Year Month Day No

Explanation:

Additional sheets attached

At any period since the accident, were you able to return to caregiving?

Yes (From what date?) Year Month Day No

**Part 8
Income
Replacement
Determination**

Give details of your employment for the past 52 weeks. Start with your current or most recent employer. If you held more than one position with the same employer, use a separate line for each position. Gross income is before taxes and deductions.

If you were self-employed during the 4 weeks prior to the accident, please consider yourself the employer for the purpose of completing this section.

Date Year/Month/Day	Name and Address of Most Recent Employer	Position/Essential Tasks	No. of Hours Per week	Gross Income for the period
From: To:				\$
From: To:				\$
From: To:				\$
From: To:				\$

Additional sheets attached

Did your injuries prevent you from working?

Yes (From what date?)

Year Month Day

No (Continue to Part 9)

At any period since the accident, were you able to return to work since the accident?

Yes

Year Month Day

No

(From what date?)

The amount of your benefit is based on your past income. During which of the following periods did you have the highest average weekly income?

Last 4 weeks (not applicable for self-employed persons)

Last 52 weeks

Last fiscal year (self-employed only)

**Part 9
Other
Insurance or
Collateral
Payments**

Do you, your spouse or anyone you are dependent on (eg. parents) have any other benefit plan that covers you (e.g., group or private, union, disability, medical or dental, etc.)?

Yes (Give details below)

No

Name of Benefit Payor	Type of Coverage	Policy or Certificate Number

During the past 52 weeks, did you receive any income from a disability plan?

Yes (Enter dates)

No

From: Year Month Day To: Year Month Day

Total Amount Received \$

Arc you receiving Employment Insurance Benefits?

Yes (Enter date)

No

From: Year Month Day To: Year Month Day

Total Amount Received \$

Additional sheets attached

Are you receiving Social Assistance Benefits (welfare)?

Yes

No

**Part 10
Motor Vehicle
Accident
Claims fund**

DO NOT FILL OUT UNLESS ITEMS (1) TO (5) ON PAGE 2 DO NOT APPLY AND YOU ARE APPLYING TO THE MOTOR VEHICLE ACCIDENT CLAIMS FUND

You and your representative acknowledge that you have the responsibility to investigate and apply to all potential insurers to which the applicant may have recourse BEFORE submitting an application to the Motor Vehicle Accident Claims Fund (MVACF).

You and your representative acknowledge that the application MUST INCLUDE a completed:

- NOTICE OF COLLECTION OF PERSONAL INFORMATION FORM, signed and attached*
- Form 3 – Section 6 MVACF Application for Statutory Accident Benefits, signed and attached*
- Motor Vehicle Accident (Police) Report, attached.

before the applicant can make an application for the payment of accident benefits from the MVACF.

(* These forms are available at www.fscs.gov.on.ca)

I certify that I have read this part and understand that this application for accident benefits is not complete until the required forms are completed, signed and provided to the MVAC Fund.

Name of Applicant or Substitute Decision Maker (please print)	Signature of Applicant or Substitute Decision Maker	Date (YYMMDD)
---	---	---------------

Motor Vehicle Accident Claims Fund

**PO Box 85
5160 Yonge Street
Toronto, ON. M2N 6L9**

**Toronto calling area: (416) 250-1422
Toll Free: 1- (800) 268-7188**

**Part 11
Signature**

TO THE INSURER TO WHOM THIS APPLICATION IS BEING SUBMITTED:

I UNDERSTAND that you, and persons acting for you, will collect and use personal information and personal health information about me that is related to my claims for accident benefits arising out of the accident described in this application, and that all such information will be collected directly from me, or from any other person with my consent.

I ALSO UNDERSTAND that this information will be collected and used only as reasonably necessary for the purposes of:

- Investigating my claims and processing my claims as required by law, including the Ontario Automobile Policy;
- Obtaining or verifying information relating to my claims in order to determine entitlement and the proper amount of payment;
- Recovering payment from insurers and others liable in law for amounts that you pay in connection with my claims;
- Identifying and analyzing the nature and costs of goods and services that are provided to automobile accident victims by health care providers;
- Preventing fraud, and detecting fraud where there are reasonable grounds to suspect fraud;
- Compiling anonymized statistics for government agencies; and
- Assessing underwriting risks and claims experience.

I ALSO UNDERSTAND that you, and persons acting for you, may disclose this information to the following persons, who may collect and use this information only as reasonably necessary to enable you to carry out the purposes described above:

Insurers; insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organizations that consolidate claims and underwriting information for the insurance industry; and my agents or representatives as designated by me from time to time.

I CONSENT to you collecting, using and disclosing this information in the manner described above, but no more of such information than is reasonably necessary to meet the legitimate purpose of such collection, use or disclosure.

I UNDERSTAND that if I have any questions about this consent I am free to consult with my insurance company representative or legal advisor before signing this document.

I AM ALSO AWARE that you, and persons acting for you, may be required or permitted by law to disclose this information to others without my knowledge or consent.

I certify that the information provided is true and correct.

I understand that it is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. I further understand that it is an offence under the federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.

Name of Applicant or Substitute Decision Maker (please print) <i>mija ko</i>	Signature of Applicant or Substitute Decision Maker <i>[Handwritten Signature]</i>	Date (YYMMDD) <i>2015-11-27</i>
---	---	------------------------------------

Exhibit 10



Wawanesa
Insurance

THE WAWANESA MUTUAL INSURANCE COMPANY
Suite 100 – 4110 Yonge Street, Toronto, Ontario M2P 2B7
Website: www.wawanesa.com

September 27, 2021

Mi Ja Ko
708-25 Mabelle Avenue
Toronto, ON
M9A 4Y1

Our Insured: Sang-Jin Ko
Claimant: Mi Ja Ko
Date of Accident: 8/22/2015
Our File No.: 7000000995001

Dear Mi Ja;

Thank you for allowing Wawanesa Insurance the opportunity to continue handling your Accident Benefits claim.

Please be advised that Wawanesa paid to your previous counsel, Brad Duby at Duby and Associates, the sum of \$250,000.00, in trust to Mr. Duby's firm, on or about January 23, 2020. This sum of money was intended to be paid to you as a full and final release of your accident benefits claim, in relation to the above noted accident.

Your current lawyer has alleged that you did not receive these funds. These allegations are unproven at the present time.

Wawanesa took all reasonable steps and precautions to ensure the settlement entered into was valid, and that you had capacity to enter into a valid settlement agreement, settling your accident benefits claim on a full and final basis. As such, Wawanesa will not be re-opening your claim for accident benefits.

Wawanesa notes that individuals who believe they have suffered a loss due to the actions of a lawyer may be entitled to compensation through LawPRO, a professional negligence insurer, as well as the Compensation Fund, a fund set up to cover certain losses arising from certain conduct of lawyers or paralegals. Other forms of compensation may be available to you. Please consult your legal representative for advice as may apply to your situation.

Thank you again for allowing Wawanesa Mutual Insurance the opportunity to continue handling your Accident Benefits claim. For your convenience, my telephone number and extension are below. Please do not hesitate to contact me if you have any questions or concerns.

Kind regards,

Claim: 7000000995001
September 27, 2021

Justine Lee

Justine Lee,
Recovery Care Specialist
Tel. 1-844-929-2637 ext. 7007838
Fax. 416-228-7828

CC: Vaturi & Cho LLP
Fax: 905-237-0363

Exhibit 11



Writer's Direct Line:
(416) 640-2391 Ext. 24
jschmidt@blacklocklawfirm.com

April 21, 2021

VIA EMAIL

jcho@vclawyers.ca

Jae H. Cho
Vaturi & Cho LLP
Barristers & Solicitors
1110 Finch Ave., West, Suite 310
Toronto, Ontario, M3J 2T2

Dear Counsel:

Re: Claim No.: 995001
Date of Loss: August 22, 2015
Our File Name: Wawanesa ats. Ko
Our File No.: 332096

Please be advised that I have been retained by Wawanesa Mutual Insurance Company in this matter.

Please have your office reach out to my assistant my assistant, Katrina Gabral, at extension 31, or via email at kgabral@blacklocklawfirm.com to set up a teleconference to discuss this matter further.

Regards,

BLACKLOCK LAW FIRM

*James Schmidt**
JAMES SCHMIDT
JS/kg

*Electronically signed pursuant to the *Electronic Commerce Act*

Exhibit 12

From: [Robyn Boucher](#)
To: [Hyeji Lee](#)
Cc: [Jae Cho](#); [Allan Weiss](#); [Vaturi & Cho LLP](#)
Subject: RE: re Mi Ja Ko v. Mary Trsa (Court File No: CV-17-579971)
Date: Tuesday, April 20, 2021 9:26:12 AM
Attachments: [image002.png](#)
[image003.png](#)
[Prsa - Dismissal OrderKOCV-17-579971 April 7.21.pdf](#)

Hi Jae,

Thank you for speaking with me yesterday.

Please find a copy of the dismissal Order attached.

Kindly advise when a Motion date to set aside the dismissal is set.

Thanks,



Robyn Boucher, B.A. (Hons), J.D.
Claims Legal Counsel

Claims Legal Department

Mississauga
905-306-5252 ext. 5512993
1-877-306-5252
Fax: 905-306-3939

Turn the page on waste! Only print when you need to.

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From: Hyeji Lee <hlee@vclawyers.ca>
Sent: 19 April 2021 2:25 PM
To: Robyn Boucher <robyn.boucher@dgig.ca>
Cc: Jae Cho <jcho@vclawyers.ca>; Allan Weiss <aweiss@vclawyers.ca>; Vaturi & Cho LLP <student@vclawyers.ca>
Subject: re Mi Ja Ko v. Mary Trsa (Court File No: CV-17-579971)

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Good afternoon Counsel,

Attached please find our letter enclosing Notice of Change of Lawyer, served upon you pursuant to the *Rules of Civil Procedure*.

Mr. Cho would like to speak to you with regards to this file. Please find his available dates below:

April 26 – at 2PM

April 28 – at 4PM

April 29 – at 11AM or 4PM

May 3,4,5,6 – between 2PM to 5PM

Kindly please also provide us with the Dismissal Order dated March 31, 2021.

Thank you.

Regards,

Hyeji Lee

Law Clerk



TORONTO OFFICE (MAIN OFFICE)

1110 FINCH AVENUE WEST SUITE 310
TORONTO ON M3J 2T2

-

RICHMOND HILL OFFICE

1550 16TH AVENUE BUILDING C NORTH
RICHMOND HILL ON L4B 3K9

THORNHILL OFFICE

180 STEELES AVENUE WEST
THORNHILL ON L4J 2L1

-

hlee@vclawyers.ca | T [416 661 4529](tel:416-661-4529) ext. [231](tel:416-661-4529) | F [416 661 5529](tel:416-661-5529)

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Exhibit 13

**ONTARIO
SUPERIOR COURT OF JUSTICE**

THE HONOURABLE REGISTRAR) WED THE 31ST DAY
)
) OF MAR 2021

BETWEEN:



MIJA KO

Plaintiff

- and -

MARY PRSA

Defendant

ORDER

THIS MOTION made by counsel on behalf of the Defendant, for an Order dismissing this action on a without costs basis, was read this date at the City of Toronto, Ontario.

ON READING the Consent of the parties, hereto,

1. **THIS COURT ORDERS** that this action is hereby dismissed on a without costs basis.

Diane Rhoden

Digitally signed by Diane Rhoden
DN: cn=Diane Rhoden, o, ou, email=Diane.Rhoden@ontario.ca,
c=US
Date: 2021.04.07 16:49:53 -04'00'

KO

- and -

PRSA

Plaintiff

Defendant

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceedings commenced at **TORONTO**

ORDER

Robyn V. Boucher

LSO No.: 61782T

550 - 3 Robert Speck Parkway

Mississauga, ON L4Z 3Z9

Tel: (905) 306-5252 ext. 5512993

Fax: (905) 306-3939

Lawyer for the Defendant

THE TORONTO DOMINION BANK v.
Applicant

BRAD DUBY PROFESSIONAL CORPORATION
Respondent

Court File No. CV-21-00657656-00CL

**ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST**

Proceeding commenced in Toronto

AFFIDAVIT OF AVI C. VATURI

VATURI & CHO LLP

Barristers & Solicitors
1110 Finch Avenue West
Suite 310
Toronto, Ontario
M3J 2T2

Jae Hyon Cho
LSUC No. 61442E
jcho@vclawyers.ca
Tel: (416) 661-4529
Fax: (416) 661-5529

New Counsel

THE TORONTO DOMINION BANK v.
Applicant

BRAD DUBY PROFESSIONAL CORPORATION
Respondent

Court File No. CV-21-00657656-00CL

**ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST**

Proceeding commenced in Toronto

RESPONDING MOTION RECORD

VATURI & CHO LLP

Barristers & Solicitors
1110 Finch Avenue West
Suite 310
Toronto, Ontario
M3J 2T2

Jae Hyon Cho
LSUC No. 61442E
jcho@vclawyers.ca
Tel: (416) 661-4529
Fax: (416) 661-5529

New Counsel