

In accordance with section 607 of the *Highway Safety Code*

Avec vous,
au cœur de votre sécurité

1- REQUESTED INFORMATION											
<input type="checkbox"/> The last known address of a person involved in the incident. To obtain this information, you must provide: <ul style="list-style-type: none"> ✓ a copy of one of the following documents naming the person involved: the accident report, the joint report of the accident, the police report or, failing that, the insurance claim; ✓ the person's driver's licence number: <input style="width: 300px;" type="text"/> ✓ or last name, first name and date of birth: <input style="width: 400px;" type="text"/> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: -20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="margin: 0 5px;">Year</div> <div style="margin: 0 5px;">Month</div> <div style="margin: 0 5px;">Day</div> </div> 											
<input type="checkbox"/> The vehicle description and the name and last known address of the owner of the vehicle at the time of the incident. To obtain this information, you must provide: <ul style="list-style-type: none"> ✓ a copy of one of the following documents identifying the vehicle involved: the accident report, the joint report of the accident, the police report or, failing that, the insurance claim; ✓ the vehicle identification number (VIN): <input style="width: 300px;" type="text"/> or the vehicle licence plate number: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: -20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="margin: 0 5px;">Year</div> <div style="margin: 0 5px;">Month</div> <div style="margin: 0 5px;">Day</div> </div> ✓ the date of the incident: <input style="width: 100px;" type="text"/> 											

Organization			
Address			SAAQ reference number
Reference number (optional)	Telephone	Extension	SAAQ account number
Name of the authorized person		Name of the insurance company being represented (in the case of an intermediary)	
<p>I certify that the requested information is necessary for the processing of a compensation claim in connection with a road vehicle accident.</p>			
<p>_____ Signature of the authorized person</p>		<p>_____ Date (Year-Month-Day)</p>	

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/confidentialite or contact the SAAQ's call centre.

- Telephone: 418-528-3183 (région de Québec)
1-866-642-1865 (elsewhere (Québec, Canada, United States))
- Fax: 418-644-7167

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