

Request for Additional Information Following an Accident

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

See the [applicable fees](#).

1- REQUESTED INFORMATION

The last known address of a person involved in the incident.

To obtain this information, you must provide:

✓ 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:

Year Month Day

✓ or last name, first name and date of birth:

Year Month Day

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:

✓ 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):

or the vehicle licence plate number:

Year Month Day

✓ the date of the incident:

Year

Month

Day

2- APPLICANT

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)

I certify that the requested information is necessary for the processing of a compensation claim in connection with a road vehicle accident.

Signature of the authorized person

Date (Year-Month-Day)

Protection of Personal Information

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.

For more information:

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

All requests must be mailed to:

Division de la diffusion (act. 850)

Société de l'assurance automobile du Québec
Édifice Jean-Lesage 333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6