

Avec vous,  
au cœur de votre sécurité

Claim number

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Last name and first name of the accident victim

- An availability allowance can be awarded to the person accompanying an accident victim whose age (younger than 16) or medical condition requires them to be accompanied to receive medical care, undergo a medical assessment or receive rehabilitation services. In certain cases, the SAAQ does not award an availability allowance to the accompanying person, such as, for example, if this person acts solely as a driver.
- Travel and lodging expenses incurred by the accompanying person are also reimbursable (see page 2).

**Accompanying Person**

Last name

First name

**Address** (if different from the accident victim's)

Street number Street name

Apartment

Municipality

Telephone

Province or state

Country

Postal code

**Availability Allowance**

	Date of the accompaniment			Length of the accompaniment		Reason for the accompaniment <sup>1</sup>	Reason for the trip					
	Year	Month	Day	4 hours or less	More than 4 hours		Physio-therapist	Occupational therapist	Chiro-practor	Psychol-ogist	Doctor or hospital	Other (specify)
1				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. **Reason for the accompaniment** — Please indicate whether the accompaniment was for an accident victim younger than 16 or for a victim whose mental or physical condition made it necessary (specify the condition).

**Declaration**

I certify that all the information provided is accurate and complete.

Signature of the accompanying person

Signature of the accident victim (if of legal age) or their representative

Date

Year Month Day

Date

Year Month Day

X

X

## Important

To claim reimbursement of expenses incurred while accompanying the accident victim, please provide the information requested below.

**Do not send us your receipts. Please keep them for three years so that you can submit them to us upon request.**

- The date provided for the expenses incurred must correspond to the date for which an availability allowance is claimed.
- When no public transit service is available on the required route, or if a health condition prevents the accident victim from using public transit:
  - expenses for transportation by private vehicle are reimbursed at a higher per-kilometre rate. Otherwise, the basic rate is used to calculate the reimbursement;
  - fares for remunerated passenger transportation by automobile (taxi or other) are reimbursed based on the amounts paid and must be pre-approved by your compensation officer.

## Travel and Lodging Expenses (keep your receipts)

Date of the accompaniment			Means of transport	Round-trip distance (km) <sup>2</sup>	Parking	Amount claimed <sup>3</sup>	Cost of meals and lodging (if justifiable)				Place of lodging
Year	Month	Day					Breakfast	Lunch	Dinner	Lodging	
1											
2											
3											
4											
5											
6											
7											
8											
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15											
16											

A : Automobile  
C : Public transit  
I : Bus, plane, train  
T : Remunerated passenger transportation by automobile (taxi or other)

G : Gatineau  
L : Laval or Longueuil  
M : Island of Montréal or outside Québec  
Q : Greater Québec area  
A : Elsewhere in Québec  
X : Elsewhere than in a hotel

2. **Round-trip distance (km)** — Enter the distance only in the case of transportation by private vehicle.
3. **Amount claimed** — If claiming kilometrage, do not enter an amount in this column.

## Declaration

I certify that all the information provided is accurate and complete.

Signature of the accompanying person

X

Date

Year Month Day

For an additional copy of this form, go to the forms section of our website at [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca) or call our Centre des relations avec la clientèle accidentée at 1-800-463-6890.

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:** Through the Reimbursement of Expenses and Document Submission online service: [saaq.gouv.qc.ca/documentsubmission](http://saaq.gouv.qc.ca/documentsubmission)  
By fax: 1-866-289-7952  
By mail: Société de l'assurance automobile du Québec  
Case postale 2500, succursale Terminus  
Québec (Québec) G1K 8A2  
**Keep the original or a copy for your files.**

## 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/privacy](http://saaq.gouv.qc.ca/privacy) or contact the SAAQ's call centre.