

Application for Review – Compensation

Full name of the applicant		Full name of the accident victim		
Address	Number	Street		
Municipality		Province or territory	Country	Postal code
Claim number		Date of the contested decision (Year-Month-Day)	Communication number	

Before completing this form, you can contact your compensation officer for additional information about the decision or decisions that were rendered.

Subject of the contested decision: _____

If you wish to contest other decisions rendered within the past 60 days, you may enter them here:

Date of the decision (Year-Month-Day): _____ Communication number: _____

Subject: _____

Date of the decision (Year-Month-Day): _____ Communication number: _____

Subject: _____

Please explain why you do not agree with the contested decision or decisions (if you need more space for your answer, you can add a separate sheet of paper).

Will you be sending additional documents in support of your application for review? Yes No I don't know
E.g. medical file, second medical opinion, proof of income, job description, etc.

Specify the type(s) of documents: _____

Telephone numbers: Home: _____ Other: _____

X

Signature of the accident victim or the person authorized to act on the accident victim's behalf _____ Date (Year-Month-Day) _____

If you are acting on behalf of the accident victim, please specify in what capacity: Parent Guardian/Tutor Other, specify: _____

COMPLETE THIS SECTION ONLY IF YOU ARE MANDATING SOMEONE TO REPRESENT YOU

I authorize the person named below to represent me in my application for review. This person will have access to all the information concerning my application for review and is authorized to discuss any related subjects on my behalf. I therefore authorize the Société de l'assurance automobile du Québec to forward all of the information regarding this application for review to my representative.

Name of the representative: _____ Telephone number: _____

Name of the firm or business: _____

Address: _____

X

Signature of the accident victim _____ 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 our 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 or contact the SAAQ's call centre.

There are three ways to submit a document: Through the Reimbursement of Expenses and Document Submission online service: saaq.gouv.qc.ca/documentsubmission

By fax: 418-528-2611

By toll-free fax: 1-866-349-2759

By mail: Société de l'assurance automobile du Québec
Case postale 19150, succursale Terminus
Québec (Québec) G1K 9C3