



Claim number

Last name and first name of the accident victim

## Section 1 · Attestation by the accident victim

► Signature required

I certify that the information provided below is accurate and complete. I agree to pay the service provider any additional amount received following indexation on January 1 of each year and to inform the SAAQ of any change in my situation.

**X**

Signature of the accident victim of legal age or their representative

Date (Year-Month-Day)

## Section 2 · Authorization of payment to the service provider

(Complete this section if you want the payment to be made directly to the service provider.)

► Signature required

I want payment of expenses made directly to the service provider.

**X**

Signature of the accident victim of legal age or their representative

Date (Year-Month-Day)

## Section 3 · Attestation by the service provider

(Also complete section 4 if service was provided during more than one period or by more than one service provider.)

► Signature required

Last name, first name

Address

Postal code

I hereby declare that I received or will receive the amount of \$ \_\_\_\_\_  
weekly for services provided to the accident victim for the period from \_\_\_\_\_ to \_\_\_\_\_.

Date (Year-Month-Day)

Date (Year-Month-Day)

**X**

Signature of the service provider

Telephone

Date (Year-Month-Day)

## Section 4 · Attestation by the service provider

(Complete this section if service was provided during more than one period or by more than one service provider.)

► Signature required

Last name, first name

Address

Postal code

I hereby declare that I received or will receive the amount of \$ \_\_\_\_\_  
weekly for services provided to the accident victim for the period from \_\_\_\_\_ to \_\_\_\_\_.

Date (Year-Month-Day)

Date (Year-Month-Day)

**X**

Signature of the service provider

Telephone

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 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.

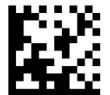
**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:**  
**Through the Reimbursement of Expenses and Document Submission online service:**

[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.*



## **Type of assistance covered**

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The SAAQ may reimburse expenses incurred to obtain personal home assistance, where, by reason of the accident, the accident victim is unable to attend to personal care or perform, without assistance, the essential activities of everyday life (e.g. preparing meals, dressing or washing).

## **Indexation**

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The amount paid for personal assistance is indexed on January 1 of each year in accordance with the consumer price index.

## **Notice of changes**

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It is important to inform us quickly of any change in your situation. Some changes can have an impact on personal home assistance needs or the amount of eligible expenses. Changes that need to be reported include:

- hospitalization;
- change of address;
- changes in your state of health;
- changes in your family situation;
- service provider substitution.

## **Possible verification**

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The information provided in this form is subject to verification by the SAAQ or other government organizations. The amounts received by the service provider may constitute taxable income.

## **To reach us**

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For more information, you can reach us from Monday to Friday between 8:30 a.m. and 4:30 p.m. at the following telephone number: 1-800-463-6890.

You can find a copy of this form in the Forms section of our website ([saq.gouv.qc.ca](http://saq.gouv.qc.ca)) or by calling one of the numbers above.