

Avec vous,  
au cœur de votre sécurité

Claim number

## To be completed by the accident victim or their representative

Last name		First name	
Address			Postal code
Date of the accident (Year-Month-Day)	Date studies were interrupted as a result of the accident (Year-Month-Day)	Have studies been resumed since the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of schooling underway at the time of the accident:		Studies resumed or are scheduled to resume on (Year-Month-Day)	
<input type="checkbox"/> Elementary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> CEGEP <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> Secondary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> University <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		Scheduled date of completion had the accident not occurred (Year-Month-Day)	
Specify the program in which the accident victim was enrolled at the time of the accident:			

**Please send a copy of the last report card or transcript issued prior to the accident, if this has not already been done, and a copy of the report card or transcript from the last missed school year or term.**

## Declaration by the educational institution

Name of the educational institution			
Address			Postal code
Did the accident victim miss a school year or term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Missed year or term	Start date (Year-Month-Day) End date (Year-Month-Day)
Check the box(es) corresponding to the level of schooling and the missed year(s) or term(s):			
<input type="checkbox"/> Elementary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> CEGEP <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Number of registered courses: _____ Number of missed courses: _____	
<input type="checkbox"/> Secondary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> University <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		Number of registered courses: _____ Number of missed courses: _____	
<input type="checkbox"/> Other, specify: _____			

I certify that the above information is true.

Signature of the institutional authority

Date (Year-Month-Day)

Position

Telephone

After validating and signing this form, the institution must return this form directly to the SAAQ.

## 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.

## 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.