

Avec vous,
au cœur de votre sécurité

Claim Number

Under section 69 of the *Automobile Insurance Act*, an indemnity may be refused or its payment **discontinued or suspended** by decision of the **Société de l'assurance automobile du Québec (SAAQ)** when the claimant files false or untruthful information, or refuses or neglects to supply the information required for the application of the Act.

Accident victim

Last name _____ First name _____

Address

Street number _____ Street name _____ Apartment _____ Municipality _____

P. O. box _____ Province _____ Postal code _____ Telephone _____
Area code _____

Current marital status

Married Widowed Legally separated Common law union  Since the: Year Month Day
 Single Divorced De facto separation Civil union

→ Please provide the following information on the accident victim's spouse, where applicable.

Last name _____ First name _____ Health insurance number _____

Last name at birth if different from above _____ Social Insurance Number _____ Date of birth _____
Year _____ Month _____ Day _____

Current address if different from the accident victim's _____

Additional information

Is the accident victim currently paying spousal or child support? Yes No

→ If "Yes," please give the following details:

Date support payments started: Year Month Day

Annual amount currently paid: \$

Note: Enclose the court judgment if it has not already been forwarded to the **SAAQ**.

Note: If there is any change concerning an accident victim's dependants, please fill out this form and return it to the SAAQ so it can verify whether the accident victim's income replacement indemnity should be increased.

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 or contact the SAAQ's call centre.

1st dependant

Last name	First name	Date of birth Year Month Day	Health insurance number
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During the last twelve months, was that person in full-time attendance at:

A) An elementary or secondary school? Yes No

► If "Yes," provide the name of the school: _____

B) A post-secondary institution (CEGEP, college, university or other)?

If "Yes," provide the name of the institution attended in each semester:

 Yes No

Winter (January to April)

Summer (May to August)

Fall (September to December)

2nd dependant

Last name	First name	Date of birth Year Month Day	Health insurance number
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During the last twelve months, was that person in full-time attendance at:

A) An elementary or secondary school? Yes No

► If "Yes," provide the name of the school: _____

B) A post-secondary institution (CEGEP, college, university or other)?

If "Yes," provide the name of the institution attended in each semester:

 Yes No

Winter (January to April)

Summer (May to August)

Fall (September to December)

3rd dependant

Last name	First name	Date of birth Year Month Day	Health insurance number
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During the last twelve months, was that person in full-time attendance at:

A) An elementary or secondary school? Yes No

► If "Yes," provide the name of the school: _____

B) A post-secondary institution (CEGEP, college, university or other)?

If "Yes," provide the name of the institution attended in each semester:

 Yes No

Winter (January to April)

Summer (May to August)

Fall (September to December)

4th dependant

Last name	First name	Date of birth Year Month Day	Health insurance number
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During the last twelve months, was that person in full-time attendance at:

A) An elementary or secondary school? Yes No

► If "Yes," provide the name of the school: _____

B) A post-secondary institution (CEGEP, college, university or other)?

If "Yes," provide the name of the institution attended in each semester:

 Yes No

Winter (January to April)

Summer (May to August)

Fall (September to December)

I certify that, to the best of my knowledge, the information given above is true and complete.

Year	Month	Day
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Date		
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Signature of the accident victim or their representative

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: 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.