

## Follow-Up on the Accident Victim's Dependants

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	
<b>Address</b>			
Street number		Street name	Apartment
			Municipality
P. O. box		Province	Postal code
			Telephone
			Area code
Current marital status			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally separated <input type="checkbox"/> Common law union			
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> De facto separation <input type="checkbox"/> Civil union			
Since the:    Year    Month    Day			
→ 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](http://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

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)?    ☐ Yes    ☐ No  
**If "Yes," provide the name of the institution attended in each semester:**

\_\_\_\_\_ 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

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)?    ☐ Yes    ☐ No  
**If "Yes," provide the name of the institution attended in each semester:**

\_\_\_\_\_ 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

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)?    ☐ Yes    ☐ No  
**If "Yes," provide the name of the institution attended in each semester:**

\_\_\_\_\_ 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

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)?    ☐ Yes    ☐ No  
**If "Yes," provide the name of the institution attended in each semester:**

\_\_\_\_\_ 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.

\_\_\_\_\_ Signature of the accident victim or their representative

\_\_\_\_\_  
 Year    Month    Day  
 \_\_\_\_\_  
 Date

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:** Through the Reimbursement of Expenses and Document  
 Submission online service: [saaq.gouv.qc.ca/documentsubmission](https://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.**