

Avec vous,
au cœur de votre sécurité

Claim number

Accident victim

To be completed by the accident victim or their representative

Last name at birth		First name		Social insurance number	
Address Street number Street name		Apartment		Date of the accident	
P.O. box		Municipality		Province	
		Country		Postal code	

Employer

To be completed by the employer

Name or business name			
Address Street number Street name			
P.O. box			
Municipality		Province	
Country		Postal code	

NOTE :

The guaranteed employment that is the subject of this confirmation is the position that the victim would have held if the accident had not occurred.

Scheduled start date:

Year	Month	Day

Projected end date:
(if applicable)

Year	Month	Day

Date the accident victim applied
for employment:

Year	Month	Day

Date hiring was confirmed:

Year	Month	Day

Type of employment: ☐ Full-time ☐ Part-time
☐ Temporary ☐ Other, specify: _____

Number of hours worked per week: _____ h
Number of hours usually worked per week by a full-time employee at this place of employment: _____ h

Job title: _____

Main tasks that would have been performed by the accident victim:

Gross income \$ ☐ per hour ☐ per day ☐ per week
☐ per year ☐ other, specify: _____

Other regular remuneration that will not be paid further to the accident	Annual amount
Regular overtime	
Night work, isolation or other allowance	
Tips	
Commissions	
Bonuses	
Profit-sharing	
Dividends for work done	
Cash value of using a residence or an automobile supplied by the employer for personal purposes	
Equipment or clothing allowance	
Total	\$

Declaration

We certify that the above information is true and complete.

Signature of the employer or their authorized representative	Position		
Signature of the human resources manager	Year	Month	Day
			Telephone

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.

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.