



**Accident victim**

Last name	First name	Claim number
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**Employment**

Job title	Business
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**Physical Abilities**

**Loads** (lifting, carrying, pulling, pushing)

Less than 5 kg  5 to 10 kg  10 to 20 kg  More than 20 kg

**Spine** (neck and back)

Repetitive movements (torsion, extension)

Work in a stooped position

**Lower limb coordination** (hips, legs, feet)

Walk on uneven terrain

Work in awkward positions (kneeling, squatting or crouching)

Use scaffolding, ladders, stairs

Use of a pedal mechanism

**Upper limb coordination** (shoulders, arms, hands)

Carry out tasks requiring fine motor skills

**Upper limb coordination** (shoulders, arms, hands) – continuation

Keep arms lifted for long periods without support

Make movements above shoulder height

Make repetitive movements

**Senses**

Have a full visual field  Distinguish smells

Communicate verbally  Distinguish sounds

**Body position**

Work mainly while seated

Work mainly while standing or walking

Work in alternating positions

Seated: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking: \_\_\_\_\_

**Employment Duties**

Please describe the main tasks related to the job.

**Job requirements**

**Type of work**

Individual  
 Team  
 In contact with customers

**Particularities of the job**

Car travel  
 Shiftwork (e.g. day/evening/night)  
 Sustained fast-paced work

**Other characteristics**

Respond to unforeseen or critical situations, work under pressure  
 Adapt to varying situations or frequent changes  
 Maintain a high level of attention or perform challenging cognitive tasks  
 Make crucial decisions (e.g. personnel management, coordination, problem solving)

**Work Environment**

**Workplace**

Indoor  Outdoor

**Surroundings**

Cold  Temperature variations  
 Heat  Vibrations  
 Noise  Dust

**Occupational hazards present, specify:**

**Declaration**

I certify that the information provided above is accurate and complete.

Signature of the accident victim or  
their representative

Date (Year-Month-Day)

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

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.

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