

Notice of Non-Liability for an Accident

Avec vous,
au cœur de votre sécuritéBefore completing this form, you should read the "Additional Information" section on [Page 2](#).☐ **Authorized operator**
(Fill out sections 1, 2, 3, 4 and 6)☐ **Operator doing business with a claims
adjuster** (Fill out all sections)

Section 1 – OPERATOR

Corporate name (or name) of operator				Last name and first name of respondent authorized by operator, if applicable			
Address	Street Number	Apt., office or floor	Street name	P.O. box	Postal station		
Municipality			Province	Postal code			
Telephone		Fax	Email				

Section 2 – ACCIDENT

Accident report number	Date of accident	Year-Month-Day	Licence plate number of vehicle involved in the accident
Last name and first name of operator's driver involved in the accident			

Section 3 – LIABILITY FOR THE ACCIDENT (Section A or B)

► a) Collision between two or more vehicles

Provide the applicable number from the *Driver's Fault Chart* of the *Direct Compensation Agreement for the Settlement of Automobile Claims*. Check off the driver's percentage of liability for the accident.Number from *Driver's Fault Chart*☐ 0% ☐ 50% ☐ 100%

Reasons why the driver is not at fault. (Use an additional sheet of paper if required.)

► b) Collision with a pedestrian or cyclist

The *Driver's Fault Chart*¹ of the *Direct Compensation Agreement for the Settlement of Automobile Claims* does not apply. Check off the driver's percentage of liability for the accident.☐ 0% ☐ 50% ☐ 100%

Reasons why the driver is not at fault. (Use an additional sheet of paper if required.)

Section 4 – INFORMATION AND DOCUMENTS CONSULTED (Check the appropriate boxes)

- | | | |
|---|--|--|
| <input type="checkbox"/> Police accident report | <input type="checkbox"/> Internal accident report | <input type="checkbox"/> Driver's account or testimony |
| <input type="checkbox"/> Eyewitness accounts | <input type="checkbox"/> Position of the insurer of any other party involved in the accident | |
| <input type="checkbox"/> Other documents ► Specify: _____ | | |

Section 5 – CLAIMS ADJUSTER (if this notice is completed by a claims adjuster)

Last name and first name of claims adjuster				Name of claims adjuster's firm (if applicable)	
Address	Street Number	Apt., office or floor	Street name	P.O. box	Postal station
Municipality			Province	Postal Code	
Telephone		Fax	Email		
Autorité des marchés financiers du Québec certificate number					
Signature of claims adjuster					

Section 6 – SIGNATURE

I have read the information to be submitted to the Société de l'assurance automobile du Québec (SAAQ), as well as the [Additional Information](#) on the next page.

Signature of operator or authorized respondent

Date (Year-Month-Day)

¹ The *Driver's Fault Chart* of the *Direct Compensation Agreement for the Settlement of Automobile Claims* generally applies to collisions involving two or more vehicles. The ordinary rules of law apply in all other accident cases.

Additional Information

You may file the **Notice of Non-Liability for an Accident** form, or use it as a model and submit the required information to the **Société de l'assurance automobile du Québec (SAAQ)** in another format. You can find this form on the SAAQ website (saaq.gouv.qc.ca) in the "Transportation of Goods" section.

Operators who use the services of a claims adjuster, or who are authorized to submit their own proof, must determine whether or not the heavy vehicle driver is liable for the accident. To do so, they must rely on accident reports prepared internally or provided by the police, the *Driver's Fault Chart of the Direct Compensation Agreement for the Settlement of Automobile Claims*, as well as the position of the insurer of the other parties involved in the accident and any eyewitness accounts. These documents must be consulted where a collision between two or more vehicles has occurred. If the collision involved a pedestrian or cyclist, all of these documents must also be consulted, except for the *Driver's Fault Chart*, which does not apply in such cases.

Fees charged by a claims adjuster are at the operator's expense.

Operators are responsible for ensuring that the claims adjuster has a valid certificate issued by the **Autorité des marchés financiers** du Québec.

To process proof or applications submitted by an operator, the SAAQ must receive all the information requested on this form. Where information is missing, the SAAQ shall inform the operator of the deadline for submitting the missing information so that it can continue processing the file. Liability for an accident remains on record until the SAAQ receives the missing information.

The SAAQ reserves the right to require additional information or documents to clarify proof received or a an application. Accordingly, please be sure to keep all relevant documents. Liability for an accident remains on record until the SAAQ receives the additional information requested.

Proof of non-liability for an accident may be disputed by the SAAQ in the following cases:

- information in the documents the operator submitted as proof does not match the information in the accident report;
- information in the accident report or in the documents the operator submitted as proof is vague, ambiguous or incomplete; or
- the operator or the operator's claims adjuster has not clearly stated whether or not the heavy vehicle driver involved in the accident is liable for the accident.

If the SAAQ disputes the proof provided, it will inform the operator. In such cases, liability for the accident will remain in the operator's conduct record for the purposes of the operator's ongoing conduct review. The SAAQ will also let the operator know what it must do to contest the decision.

The SAAQ may also ask its own claims adjuster to analyze the disputed proof. If the claims adjuster finds that the heavy vehicle driver involved in the accident is liable, liability for the accident will remain in the operator's conduct record for the purposes of the operator's ongoing conduct review. In that event, the SAAQ will inform the operator in writing of its decision and the procedure for appealing the decision.

To appeal a decision, an operator must file a written application for review within 15 days of receiving the SAAQ's decision.

The SAAQ will then have its own claims adjuster or an independent claims adjuster, as applicable, analyze the proof of non-liability submitted by the operator. The independent claims adjuster will inform the operator in writing of the results of this analysis. If the claims adjuster finds that the driver is liable for the accident, the operator will be required to pay the adjuster's professional fees. However, if the independent claims adjuster finds that the driver is not liable, the SAAQ will pay the fees.

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.

Mail this form to



**Direction des politiques, de la performance et
des relations avec le milieu, E-4-32**
Société de l'assurance automobile du Québec
Édifice Jean-Lesage
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

OR

Fax it to



418-643-1896