Société de l'assurance automobile Québec

Avec vous, au cœur de votre sécurité

Claim for Property Damage

Erase

1 Owner

Last name | Driver's licence number

First name | **Date of birth** Year Month Day

Address | Street number | Street name | Apartment

Municipality | Province | Postal code

Telephone (main) | Extension | Telephone (secondary) | Extension | Language of correspondence ☐ French ☐ English

Email

2 Driver (if the driver was not the owner)

Last name | Driver's licence number

First name | **Date of birth** Year Month Day

Telephone (main) | Extension | Telephone (secondary) | Extension | Language of correspondence ☐ French ☐ English

3 Witness

Did anyone witness the accident? ☐ Yes ☐ No **If "Yes"**, please provide the following information:

Last name | First name

Address | Street number | Street name | Apartment

Municipality | Province | Postal code | Telephone

4 Required documents

- This form along with the *Authorization to Obtain and Disclose Personal Information in the Case of Property Damage* form **duly completed and signed by the owner of the vehicle**
- A copy of the page in your automobile insurance policy in effect at the time of the accident indicating your civil liability coverage, the deductibles, the vehicle model, the term of the insurance contract and the name of the person insured
- A repair estimate from a mechanic including the name of the garage and its business (tax) numbers, the cost of each replacement part as well as the cost of labour, including the hourly rate
- **Colour photos** of the front, back and both sides of the vehicle and the odometer
- A police report or proof that you contacted the police within 48 hours

Return this form:

By fax: 418-646-6818 (Quebec)
1-866-882-6964 (elsewhere)

By mail: Société de l'assurance automobile du Québec
Case postale 19150, succursale Terminus
Québec (Québec) G1K 9C3

5 Description of the accident (causing vehicle or property damage)

Date and time of the accident Year Month Day	Hour Minute ☐ A.M. ☐ P.M.	Location of the accident (municipality)	Vehicle ☐ Parked ☐ Moving

Was the accident reported to the police within 48 hours? ☐ Yes ☐ No	Is there a police report? ☐ Yes ☐ No **If "Yes"** ▶ Report number	**Date of the report** Year Month Day

Make	Model	Year	Vehicle identification number (VIN)

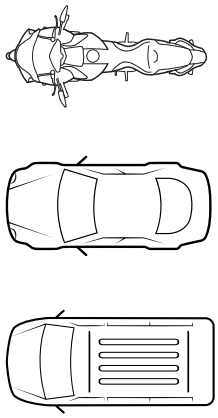
Transmission ☐ Automatic ☐ Standard	Licence plate number	Odometer (km)	Was the accident a hit-and-run? ☐ Yes ☐ No	Has the individual responsible for the hit-and-run accident been identified? ☐ Yes ☐ No

Excluding objects inside the vehicle, was any other property damaged (e.g. fence)?
☐ Yes ☐ No **If "Yes"**, please specify ▶

Please give a full, detailed account of all the facts relating to the accident. (If space is insufficient, use a separate sheet.)

Sketch of the accident

Please indicate where the damage is located.



Did you sustain any injuries in the accident? ☐ Yes ☐ No	Did you file a claim for compensation for your injuries? ☐ Yes ☐ No **If "Yes"** ▶ Claim number

6 Signature of the claim for property damage

I certify that the information provided on this claim form is accurate.

Signature of the owner or their representative if the owner is a minor **X**	**Date** Year Month Day

If you are signing this claim form as the vehicle owner's authorized representative, please indicate in what capacity you are acting and provide the additional information requested below.

☐ Father, mother or parent of a minor ☐ Other, please specify ▶

☐ Mr. ☐ Ms.	Last name of the representative	First name of the representative

Address, if different from the owner's	Street number	Street name

Apartment	Municipality	Province	Postal code

Telephone (main) Extension	Telephone (secondary) Extension	Language of correspondence ☐ French ☐ English

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.