Société de l'assurance automobile Québec

Avec vous, au cœur de votre sécurité

Request for Information

In accordance with section 610 of the *Highway Safety Code*

Erase

[Consult the fees required for each record]

1- REQUESTED INFORMATION

☐ The name and last known address of the owner, for a road vehicle ownership claim on the part of a creditor.

You must provide the following information:

✓ Vehicle identification number (VIN): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

✓ Proof of ownership (Excerpt of the register of personal and movable real rights (RDPRM) or finance contract or proof of ownership).

☐ Depersonalized ownership history of a road vehicle (excluding individuals) for the purposes of a compensation claim.

You must provide the following information:

✓ Vehicle identification number (VIN): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

☐ Complete ownership history, in the case of an investigation for theft or fraud with regard to a road vehicle for the purposes of a compensation claim.

You must provide the following information:

✓ Vehicle identification number (VIN): |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

✓ Copy of the document that proves an investigation is underway regarding this vehicle.

✓ Copy of the insurance company mandate, if the request is made by a third party claims adjuster.

2- APPLICANT

Name organization		
Address		SAAQ claimant number
Reference number (optional)	Telephone	SAAQ account number
Name of authorized person	Name of policy holder's insurance company (for claims adjusters)	

I recognize that the requested information is accurate and necessary for the processing of a compensation claim in connection with a road vehicle accident, an investigation on road vehicle theft or fraud concerning a road vehicle, or a road vehicle ownership claim. I acknowledge having read sections 610, 644.1 and 644.2 of the *Highway Safety Code*.

Year-Month-Day

Signature of authorized person _____ Date _____

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.

- For any information, call 418-528-3183 or 1-866-642-1865 (toll-free)
- Fax 418-644-7167

- All applications must be mailed to:

Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
Édifice Jean-Lesage
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6