

Avec vous,  
au cœur de votre sécurité

Claim Number

## Student

To be filled out by the claimant

Student's last name (accident victim or dependant, as applicable)

First name

Address

Street number Street name

Apartment

P.O. box

Municipality

Province or state

Country

Postal code

Accident victim's last name at birth

First name

Date of the accident  
Year Month Day

## Studies

To be filled out by the educational institution

Name of the educational institution

Address

Street number Street name

P.O. box

Municipality

Province or state

Country

Postal code

Please circle the level at which the  
student was enrolled at the time of  
the accident.

Secondary

1

2

3

4

5

University

Undergraduate

Master's

Doctorate

College

1

2

3

## Declaration

Was the person identified above enrolled at your educational  
institution at the time of the accident?☐ Yes☐ NoIf so, indicate the program in which the student was enrolled  
and check the appropriate box to specify whether the student  
had full-time or part-time status.☐ Full-time☐ Part-time

Start date

Year Month Day

Scheduled date of completion

Year Month Day

Number of courses per week: Number of hours of instruction per week:

Signature of the institutional authority

Date

Year Month Day

X

Name of the institutional authority (please print)

Title or position

Telephone

Extension

Seal of the institution



**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: Through the Reimbursement of Expenses and Document**  
**Submission online service:** [saaq.gouv.qc.ca/envoie/documents](https://saaq.gouv.qc.ca/envoie/documents)  
**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/confidentialite](https://saaq.gouv.qc.ca/confidentialite) or contact the SAAQ's call centre.