



Avec vous,
au cœur de votre sécurité

Claim number

Section 1 – Accident victim

Last name	First name	
Social insurance number		
Date of the accident or relapse		
Year	Month	Day

Section 2 – Québec income tax return

Enter the information for the taxation years indicated in the enclosed letter.

Year	Line 164*	Line 240 of form TP-80	Line 38 of form TP-80

* If your net business income from the last 12 months is greater than the net business income entered on line 164 for any of the years listed above, please provide us with financial statements for the last 12 months (gross income minus expenses).

Section 3 – Employment

Is the business in operation throughout the year? Yes No

If not, specify the periods during which the business is closed and the reasons why.

► Closing date: _____ Resumption date: _____ Reasons: _____
(Year-Month-Day) (Year-Month-Day)

► Closing date: _____ Resumption date: _____ Reasons: _____
(Year-Month-Day) (Year-Month-Day)

Average number of hours worked per week when the business is in operation: _____

Job title: _____

Office work: _____ Physical work: _____

Section 4 – Declaration

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

Signature

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

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 or contact the SAAQ's call centre.



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)

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