

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 – EmploymentIs 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 DocumentSubmission online service: saaq.gouv.qc.ca/envoiodocuments

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.



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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) <input type="checkbox"/> Less than 5 kg <input type="checkbox"/> 5 to 10 kg <input type="checkbox"/> 10 to 20 kg <input type="checkbox"/> More than 20 kg Spine (neck and back) <input type="checkbox"/> Repetitive movements (torsion, extension) <input type="checkbox"/> Work in a stooped position Lower limb coordination (hips, legs, feet) <input type="checkbox"/> Walk on uneven terrain <input type="checkbox"/> Work in awkward positions (kneeling, squatting or crouching) <input type="checkbox"/> Use scaffolding, ladders, stairs <input type="checkbox"/> Use of a pedal mechanism Upper limb coordination (shoulders, arms, hands) <input type="checkbox"/> Carry out tasks requiring fine motor skills	Upper limb coordination (shoulders, arms, hands) – continuation <input type="checkbox"/> Keep arms lifted for long periods without support <input type="checkbox"/> Make movements above shoulder height <input type="checkbox"/> Make repetitive movements Senses <input type="checkbox"/> Have a full visual field <input type="checkbox"/> Distinguish smells <input type="checkbox"/> Communicate verbally <input type="checkbox"/> Distinguish sounds Body position <input type="checkbox"/> Work mainly while seated <input type="checkbox"/> Work mainly while standing or walking <input type="checkbox"/> Work in alternating positions Seated: _____ Standing: _____ Walking: _____
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Employment Duties

Please describe the main tasks related to the job.

Job requirements

Type of work <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/> In contact with customers Other characteristics <input type="checkbox"/> Respond to unforeseen or critical situations, work under pressure <input type="checkbox"/> Adapt to varying situations or frequent changes <input type="checkbox"/> Maintain a high level of attention or perform challenging cognitive tasks <input type="checkbox"/> Make crucial decisions (e.g. personnel management, coordination, problem solving)	Particularities of the job <input type="checkbox"/> Car travel <input type="checkbox"/> Shiftwork (e.g. day/evening/night) <input type="checkbox"/> Sustained fast-paced work
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Work Environment

Workplace <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Surroundings <input type="checkbox"/> Cold <input type="checkbox"/> Temperature variations <input type="checkbox"/> Heat <input type="checkbox"/> Vibrations <input type="checkbox"/> Noise <input type="checkbox"/> Dust Occupational hazards present, specify: <hr/> <hr/> <hr/> <hr/>

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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