



Avec vous,
au cœur de votre sécurité

Claim Number

DECLARATION

I, _____, certify that the information submitted in the claim is accurate and complete.
Name of the accident victim or his or her representative

If further information is required in order to establish entitlement to compensation and determine the amount thereof, I hereby authorize the SAAQ, in accordance with section 83.17 of the *Automobile Insurance Act*, to obtain any such information from bodies that can provide it to the SAAQ, such as Retraite Québec, the Commission des normes, de l'équité, de la santé et de la sécurité du travail, the Régie de l'assurance maladie du Québec, etc.

SIGNATURE

X

Signature of the accident victim of legal age or his or her representative

Date (Year-Month-Day)

Representative:

If this form is signed by a legal representative, please indicate under what capacity you are acting and provide the required information:

Last name: _____ First name: _____

Please provide any legal document that attests that you are authorized to act in this capacity.

Address (if different from the accident victim's):

Last name and first name of the accident victim: _____

Relationship to the accident victim: _____ Telephone: _____

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.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: Through the Reimbursement of Expenses and Document
Submission online service: saaq.gouv.qc.ca/envoiedocuments
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.