

## Signature of the Electronic Claim for Compensation



For claims submitted electronically by someone other than the accident victim, their representative or the parent of a minor child

Year	Month	Day	Or	Year	Month	Day	Or	Claim number
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Date of the accident

Accident victim's date of birth

Claim number

### Declaration

I the undersigned, \_\_\_\_\_,

First and last name of the accident victim or their representative

certify that I have read the information submitted in the electronic claim for compensation filled out by \_\_\_\_\_.

First and last name of the person who filled out the claim

### Further to this verification, I hereby confirm the following statements:

This information is accurate and complete.  
 This information is accurate, except for the following corrections:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If further information is required in order to establish entitlement to compensation and determine the amount thereof, where applicable, I hereby authorize the SAAQ, in accordance with section 83.17 of the *Automobile Insurance Act*, to obtain any such information from organizations 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, or the Régie de l'assurance maladie du Québec.

### Signature

X

Signature of the accident victim of legal age or the accident victim's representative

Year	Month	Day
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Date

### Representative:

If you have signed this form as the person with legal authority to act on behalf of the accident victim, please submit a legal document attesting to that fact and provide the following information:

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

Last name and first name of the accident victim:  
\_\_\_\_\_  
\_\_\_\_\_

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:**  
Through the Reimbursement of Expenses and Document Submission online service:  
[saaq.gouv.qc.ca/envoidocuments](http://saaq.gouv.qc.ca/envoidocuments)

**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.**

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](http://saaq.gouv.qc.ca/confidentialite) or contact the SAAQ's call centre.