

Request for Additional Information Following an Accident

In accordance with section 607 of the *Highway Safety Code*

Fees apply. (See the fee schedule.)

1- REQUESTED INFORMATION

The last known address of a person involved in the incident.

You must provide the following information:

✓ A copy of one of the following documents naming the person involved: the accident report, the joint report of the accident, the police incident report or, failing that, the insurance claim.

✓ The person's driver's licence number: _____
Year Month Day
 or last name, first name and the date of birth: _____

The vehicle description and the name and last known address of the owner of the vehicle at the time of the incident.

You must provide the following information:

✓ A copy of one of the following documents identifying the vehicle involved: the accident report, the joint report of the accident, the police incident report or, failing that, the insurance claim.

✓ The vehicle identification number (VIN): _____
 or the vehicle's licence plate number: _____
Year Month Day

✓ Date of the incident: _____

2- APPLICANT

Name of body

Address

SAAQ reference number

Applicant's reference number (optional)

Telephone

Extension

SAAQ account number

Name of authorized person

Name of the insurance company being represented (in the case of an intermediary)

I certify that the requested information is accurate and necessary for the processing of a compensation claim in connection with a road vehicle accident.

Year-Month-Day

Signature of authorized person

Date

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act*, the *Act respecting the Société de l'assurance automobile du Québec* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at saaq.gouv.qc.ca or contact the Société's call centre.

- For more information:
 Québec area: 418 528-3183
 Elsewhere (Québec, Canada, United States): 1 866 642-1865
- Fax: 418 644-7167

- All requests must be mailed to:
 Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
 333, boulevard Jean-Lesage
 Case postale 19600, succursale Terminus
 Québec (Québec) G1K 8J6