

Name of accident victim _____

- An availability allowance can be awarded to the person who accompanies an accident victim whose age (younger than 16) or medical condition requires him or her to be accompanied to receive medical care, undergo a medical assessment or receive rehabilitation services. In certain cases, the SAAQ does not award an availability allowance to the accompanying person, such as, for example, if the accompanying person acts solely as a driver.
- Transportation and lodging expenses incurred by the accompanying person are also reimbursable (see page 2).

Accompanying Person

Name _____ First name _____

Address (if different from the accident victim's)
 Street number _____ Street name _____ Apartment _____

Municipality _____ Telephone _____

Province / State _____ Country _____ Postal code _____

Availability Allowance

	Date of presence			Length of présence		Reason for accompanying the victim ⁽¹⁾	Reason for travel					
	Year	Month	Day	4 hours or less	More than 4 hours		Physio-therapist	Occupational therapist	Chiro-practor	Psycho-logist	Doctor or hospital	Other (specify)
1				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. **Reason for accompanying the victim** — Please indicate whether accompaniment was for an accident victim younger than 16 or for a victim whose mental or physical condition made it necessary (specify the condition).

Declaration

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

Signature of accompanying person _____ Date _____ Year _____ Month _____ Day _____

Signature of accident victim (if of full age) or his or her representative _____ Date _____ Year _____ Month _____ Day _____

X _____ **X** _____

Important

To claim reimbursement of expenses incurred while accompanying the accident victim, please provide the information requested below.

Keep your receipts for three years so that you can submit them to us upon request.

- The date provided for the expenses incurred must correspond to the date for which an availability allowance is claimed.
- Expenses for transportation by private automobile qualify for reimbursement based on a per-kilometre rate. However, taxi fares are reimbursed only where public transit does not serve the route that must be taken or where the accident victim's condition does not allow him or her to use it.

Travel and Lodging Expenses (keep your receipts)

	Date of presence			Means of transport	Round-trip distance (km) ⁽²⁾	Parking	Amount claimed ⁽³⁾	Cost of meals and lodging (if justified)				Place of lodging
	Year	Month	Day					Breakfast	Lunch	Dinner	Lodging	
1												
2												
3												
4												
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16												

2. **Round-trip distance (km)** — Applies only to the distance travelled by car.

3. **Amount claimed** — If claiming travel distance in kilometres, do not enter an amount in this column.

Declaration

I certify that all the information provided is accurate and complete. X

Signature of accompanying person _____

Date _____
 Year Month Day

To get an additional copy of this form, go to the **E-forms** section of our Web site (www.saaq.gouv.qc.ca) or call the Centre des relations avec les accidentés at 1 800 463-6890.

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