

Name of the applicant		Name of the accident victim	
Address		Claim number	
Municipality		Date of the contested decision	
Province or territory		Postal code	
		Communication number	

Before completing this form, you can contact your compensation officer for additional information about the decision or decisions that were rendered.

Subject of the contested decision: \_\_\_\_\_

If you are contesting other decisions rendered within the past 60 days, you may enter them here:

Date of the decision: \_\_\_\_\_ Communication number: \_\_\_\_\_

Subject: \_\_\_\_\_

Date of the decision: \_\_\_\_\_ Communication number: \_\_\_\_\_

Subject: \_\_\_\_\_

Reasons/Grounds (if you do not have enough space, you can use a blank sheet of paper for your answers)

A) Please explain why you do not agree with the decision(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) What are your expectations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to submit other documents (reports, medical assessments, attestations, other supporting documents)?

Yes  No If so, please indicate what type of document(s) you will submit and the approximate date when you will be able to provide them to us: \_\_\_\_\_

Please provide the telephone number(s) where you can be reached: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of the accident victim or the applicant

\_\_\_\_\_  
Date (Year-Month-Day)

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Document Submission online service: [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca)

By fax: 418 528-2611

Toll-free fax: 1 866 349-2759

By mail: Société de l'assurance automobile du Québec

Case postale 19150, succursale Terminus

Québec (Québec) G1K 9C3

Keep the original or a copy for your files.

## REPRESENTATION MANDATE

I authorize the undersigned to represent me in my application for review. This person will have access to all information concerning my application for review and is authorized to discuss any related subjects on my behalf. I therefore authorize the Société de l'assurance automobile du Québec (SAAQ) to forward all of the information regarding this application for review to my representative.

Name of the representative: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

If your representative is a corporation,  
please provide its name: \_\_\_\_\_