

Avec vous,  
au cœur de votre sécurité

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 wish to contest 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: \_\_\_\_\_

**Please explain why you do not agree with the contested decision or decisions (if you need more space for your answer, you can add a separate sheet of paper).**

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

**Telephone numbers:** Home: \_\_\_\_\_ Other: \_\_\_\_\_

**X** \_\_\_\_\_

**Signature of the accident victim or the person authorized to act on the accident victim's behalf** Date (Year-Month-Day)

If you are acting on behalf of the accident victim,  Parent  Guardian/Tutor  Other, specify: \_\_\_\_\_  
please specify in what capacity:

**COMPLETE THIS SECTION ONLY IF YOU ARE MANDATING SOMEONE TO REPRESENT YOU**

I authorize the person named below to represent me in my application for review. This person will have access to all the 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 to forward all of the information regarding this application for review to my representative.

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

Name of the firm or business: \_\_\_\_\_

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

**X** \_\_\_\_\_

**Signature of the accident victim** Date (Year-Month-Day)

**THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:**

**Through the Reimbursement of Expenses and Document Submission online service:**

[saaq.gouv.qc.ca/documentsubmission](http://saaq.gouv.qc.ca/documentsubmission)

**By fax:** 418-528-2611

**By 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.**