



Claim Number

Last name and first name of accident victim

Section 1 - Attestation by the accident victim

► Signature required

I certify that the information provided below is accurate and complete and that I will inform the SAAQ of any change in this situation. I agree to pay the service provider any additional amount received following indexation on January 1 of each year and to inform the SAAQ of any change in this situation.

X

Signature of the accident victim of legal age or his or her representative

Date (Year-Month-Day)

Section 2 - Authorization of payment to the person providing assistance

► Signature required

(Complete if you want the payment to be made directly to the person providing assistance.)

I want payment of expenses made directly to the person providing assistance.

X

Signature of the accident victim of legal age or his or her representative

Date (Year-Month-Day)

Section 3 - Attestation by the person providing assistance

► Signature required

(Also complete section 4 if service was provided during more than one period or by more than one person.)

Last name, first name

Address

Postal code

I hereby declare that I received or will receive the amount of \$ _____ weekly for services provided to the accident victim for the period from _____ to _____

X

Signature of the person providing assistance

Telephone

Date (Year-Month-Day)

Section 4 - Attestation by the person providing assistance

► Signature required

(Complete if service was provided during more than one period or by more than one person.)

Last name, first name

Address

Postal code

I hereby declare that I received or will receive the amount of \$ _____ weekly for services provided to the accident victim for the period from _____ to _____

X

Signature of the person providing assistance

Telephone

Date (Year-Month-Day)

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Document Submission online service: www.saaq.gouv.qc.ca

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.



Type of assistance covered

The SAAQ may reimburse expenses incurred to obtain personal home assistance, where, by reason of the accident, the accident victim is unable to attend to personal care or perform, without assistance, the essential activities of everyday life (e.g. preparing meals, dressing or washing).

Indexing of the amount

The amount paid for personal assistance is indexed on January 1 of each year in accordance with the consumer price index.

Notice of changes

It is important to inform us quickly of any change in your situation. Some changes can have an impact on personal home assistance needs or the amount of eligible expenses. Changes that need to be reported include:

- hospitalization
- changing residences
- changes in your state of health
- changes in your family situation
- the replacement of the person providing assistance

Possible verification

The information provided in this form is subject to verification by the SAAQ or other government organizations. The amounts received by the person providing assistance may constitute taxable income.

To reach us

For more information, you can reach us from Monday to Friday between 8:30 a.m. and 4:30 p.m. at one of the following telephone numbers:

Québec area: 418 646-9877
Elsewhere in Québec: 1 800 463-6890
Elsewhere: 1 800 463-6898 (Canada, United States)

You can find a copy of this form in the E-forms section of our Web site (www.saaq.gouv.qc.ca) or by calling one of the numbers above.