



Important:

1. Under articles 2840 and 2841 of the *Civil Code of Québec*, a photocopy, a fax or a scanned reproduction of this authorization is as valid as the original.
2. Any cancellation of this authorization must be made in writing and sent to the Société de l'assurance automobile du Québec (SAAQ).

Claim Number
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I, the undersigned, \_\_\_\_\_  
Last name, first name of accident victim

authorize the Société de l'assurance automobile du Québec to provide information by telephone in connection with the processing of my claim bearing number \_\_\_\_\_

(ex.: general information, documents received, payments made), except for medical information, to the following person \_\_\_\_\_, currently residing at \_\_\_\_\_  
Last name, first name of authorized person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of accident victim

Year	Month	Day

Date authorization effective

\_\_\_\_\_  
Signature of authorized person

**Protection of Personal Information**

Information you provide on this form will only be used for the processing of your authorization. Only authorized Société personnel or, if applicable, its agents can access this information. For more information about your rights with regard to the protection of personal information, you may consult the Société's Policy on Privacy at [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca) or call us at 418 643-7620 in the Québec area, 514 873-7620 in the Montréal area, or 1 800 361-7620 elsewhere in the province.

**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:** 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.**