



Avec vous, au cœur de votre sécurité

Important:

- 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.
- Any cancellation of this authorization must be made in writing and sent to the Société de l'assurance automobile du Québec (SAAQ).

Claim Number

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

All information gathered by the SAAQ for the purposes of administering the public automobile insurance plan is handled confidentially. The SAAQ will only use or disclose such information for purposes prescribed by law. The SAAQ's Policy on Privacy is available at saaq.gouv.qc.ca/en/policies/policy-on-privacy/.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:
Through the Document Submission online service:
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.