



Under section 83.10 of the *Automobile Insurance Act*, an employer must, within 6 days of having been so requested by the SAAQ, provide the SAAQ with an attestation of income for an employee who has filed a claim for compensation with the SAAQ.

**Schedule 2**

**Accident Victim**

To be filled out by the accident victim

Last name at birth \_\_\_\_\_ Date of the accident or relapse \_\_\_\_\_  
 Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 First name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street number \_\_\_\_\_ Street name \_\_\_\_\_ Apartment \_\_\_\_\_  
 P.O. box \_\_\_\_\_ Municipality \_\_\_\_\_  
 Province or state \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

**Employment Held by the Accident Victim**

Did the accident or relapse occur while this person was at work?  Yes  No  
 Employer's name or business name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street number \_\_\_\_\_ Street name \_\_\_\_\_  
 P.O. box \_\_\_\_\_ Municipality \_\_\_\_\_  
 Province or state \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

For subsections 1 to 4, refer to the instructions and additional information on the back of this form.

Date hired		Expected end (if applicable)		4) Other regular remuneration lost as a result of the accident or relapse	Annual amount
Year	Month	Day	Year	Month	Day
_____	_____	_____	_____	_____	_____
Job title at the time of the accident or relapse _____					
1) Type of employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary					
<input type="checkbox"/> Seasonal <input type="checkbox"/> On call					
2) Number of hours worked per week _____ h					
Regular full-time work week for this job at this employer _____ h					
3) Gross hourly wage \$ _____					
<b>Enclose a copy of a pay stub.</b>					
Date the employee stopped working as a result of the accident or relapse			Actual date of return to work		
Year	Month	Day	Year	Month	Day
_____	_____	_____	_____	_____	_____
Was this person already disabled at the time of the accident or relapse?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," specify: _____					
					<b>Total</b>
					\$

**Declaration**

I certify that the above information is accurate and complete.  
 Employer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
**X**  
 Name (please print) \_\_\_\_\_  
 Title or position \_\_\_\_\_ Telephone \_\_\_\_\_

Claim Number \_\_\_\_\_

**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.**

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## Instructions and Additional Information

### 1) Type of employment

In the case of part-time, temporary or on-call work, enclose a statement of the hours worked over the past 12 months, or since the person was hired (if less than a year ago).

### 2) Number of hours worked per week

Enter the number of hours worked per week. In the case of on-call work, enter the average number of hours worked per week over the past 12 months, or since the person was hired (if less than a year ago)

### 3) Gross hourly wage

Enter only the employee's base hourly wage. **Do not include** any other type of remuneration, such as premiums, bonuses, commissions, or allowances. Enter all other types of remuneration in subsection 4.

### 4) Other remuneration lost as a result of the accident

Enter the gross annual amount of any other type of remuneration **lost** as a result of the accident.

#### Be sure to enclose all required documents:

- a recent pay stub;
- a statement of the hours worked over the past 12 months in the case of part-time, temporary or on-call work (or since the person was hired, if less than a year ago).