

Avec vous,  
au cœur de votre sécurité

DO NOT WRITE HERE

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**Owner**

**1** Last name \_\_\_\_\_ Driver's licence number \_\_\_\_\_

First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Year Month Day

Address \_\_\_\_\_  
Street number Street name Apartment

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Daytime telephone (main) \_\_\_\_\_ Extension \_\_\_\_\_ Daytime telephone (secondary) \_\_\_\_\_ Extension \_\_\_\_\_  
 French  English

**Driver (if the driver was not the owner)**

**2** Last name \_\_\_\_\_ Driver's licence number \_\_\_\_\_

First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Year Month Day

Daytime telephone (main) \_\_\_\_\_ Extension \_\_\_\_\_ Daytime telephone (secondary) \_\_\_\_\_ Extension \_\_\_\_\_  
 French  English

**Witnesses**

**3** Did anyone witness the accident?  Yes  No

If there were any witnesses, please provide the following information for each one:

Last name \_\_\_\_\_ Telephone \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_  
Street number Street name Apartment

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

**Required Documents**

**4**

- The section of your automobile insurance policy showing the amount of the deductibles at the time of the accident, as well as the vehicle model
- A duly completed *Authorization to Obtain and Disclose Personal Information in the Case of Property Damage* form
- A detailed damage assessment carried out by a mechanic (or by a specialized contractor, if the damaged property is not a vehicle) specifying the estimated costs of the parts to be repaired or changed, as well as labour costs.
- Colour photos of the vehicle's four outer sides, the interior, and the odometer.

**RETURN THIS FORM:** By fax: Québec area: 418-646-6818 Elsewhere: 1-866-882-6964

By mail: Société de l'assurance automobile du Québec  
Case postale 19150, succursale Terminus  
Québec (Québec) G1K 9C3

