

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 and the vehicle model
 – A duly completed *Authorization to Obtain and Disclose Personal Information in the Case of Property Damage* form
 – The incident report (if the police did not go to the scene of the accident)

Optional Documents

5 – A damage assessment report from a professional, a supplier or a contractor, if the damaged property is not a vehicle
 – Photos of the damage to your vehicle or other property

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

