

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

Description of the Accident (in which a vehicle or other property sustained damage)

6

Date and time of accident				Is there a police report for the accident?				
Year	Month	Day	Hour	Minute	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Report number	
						Date of the report		
						Year	Month	Day

Did the police come to the scene of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of accident (municipality and province)		<input type="checkbox"/> Parked vehicle
			<input type="checkbox"/> Moving vehicle

Make	Model	Year	Serial number
------	-------	------	---------------

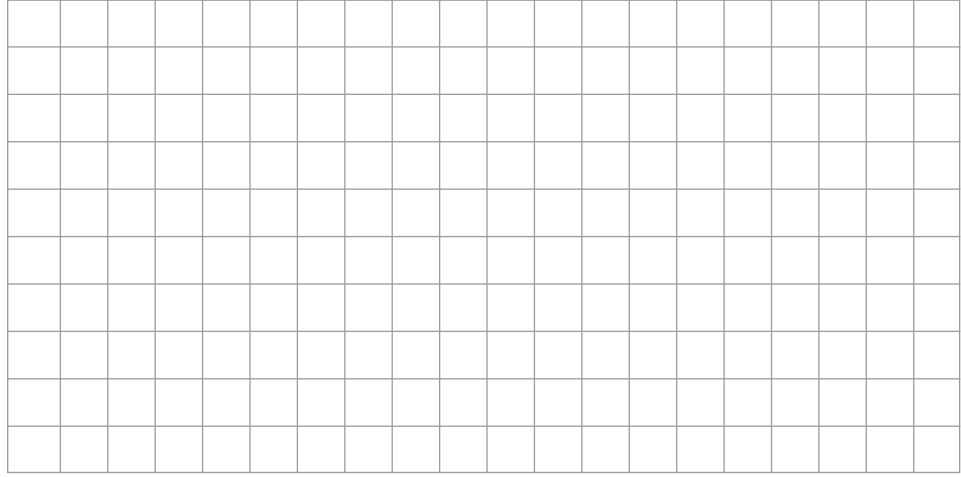
Licence plate number	Odometer reading (km)	Was the damage caused by a hit-and-run accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the individual responsible for the hit-and-run accident been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	-----------------------	---	---

Was any other property (excluding objects that were inside the vehicle) damaged (e.g. fence)?
Please specify:

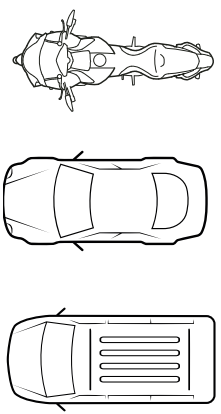
Please give a full, detailed account of all the facts relating to the accident.

(If space is insufficient, use a separate sheet.)

Sketch of the accident



Please indicate where the damage is located.



Did you sustain any injuries in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a claim for compensation for your injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you filed a claim for compensation, what is your claim number
--	---	--

Signature of the Claim for Property Damage

7

I certify that the information provided on this claim form is accurate.

SIGNATURE OF THE CLAIMANT (IF OF FULL AGE) OR OF THE CLAIMANT'S REPRESENTATIVE

X _____

Date: Year, Month, Day

If you are signing this claim form as the accident victim's authorized representative, please indicate in what capacity you are acting and provide the additional information requested below. Father or mother of a minor Other, please specify:

<input type="checkbox"/> Mr.	Last name of representative	
<input type="checkbox"/> Ms.	First name of representative	
Address, if different from the claimant's		
Street number	Street name	Apartment
Municipality	Province	Postal code
Daytime telephone (main)	Extension	Daytime telephone (secondary)
	Extension	<input type="checkbox"/> French <input type="checkbox"/> English