



Claim Number

Last name and first name of accident victim

Section 1 – Attestation by the accident victim

▶ Signature required

I certify that the information provided below is accurate and complete, and that I will inform the SAAQ of any change in my situation.

X

Signature of the accident victim of legal age or his or her representative

Date (Year-Month-Day)

Section 2 – Authorization of payment to the person providing assistance
(To fill out if you want payment made directly to the person providing assistance.)

▶ Signature required

I want the payment of expenses made directly to the person providing assistance.

X

Signature of the accident victim of legal age or his or her representative

Date (Year-Month-Day)

Section 3 – Attestation by the person providing assistance

▶ Signature required

Last name and first name

Address

Postal code

Date of leave	Date of return	Number of days*	Amount claimed per day
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____
Y Y Y Y M M D D	Y Y Y Y M M D D	_____	\$ _____

* The number of days spent at home, including the day the victim left the centre and the day he or she returned.
For example: left Friday evening, returned on Sunday = 3 days.

X

Signature of person providing assistance

Telephone

Date (Year-Month-Day)

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



Type of assistance covered

The SAAQ may reimburse expenses incurred to obtain personal home assistance where, by reason of the accident, the accident victim is unable to care for him- or herself or perform, without assistance, the essential activities of everyday life (e.g. preparing meals, dressing or washing).

Furthermore, the SAAQ may reimburse expenses incurred for personal assistance provided to an accident victim staying in a rehabilitation or residential centre during temporary outings for the days spent outside the centre, including the day the victim leaves and the day he or she returns.

Notice of changes

It is important to notify us quickly of any change in your situation. Certain changes can have an impact on personal home assistance needs or the amount of eligible expenses. Changes that need to be reported include:

- hospitalization
- changing residences
- changes in your state of health
- changes in your family situation
- the replacement of the person providing assistance

Possible verification

The information provided in this form is subject to verification by the SAAQ or any other governmental organization. The amounts received by the person providing assistance may constitute taxable income.

To reach us

For more information, you can reach us from Monday to Friday between 8:30 a.m. and 4:30 p.m. at one of the following telephone numbers:

Québec area: 418 646-9877

Elsewhere in Québec: 1 800 463-6890

Elsewhere: 1 800 463-6898 (Canada, United States)

You can find a copy of this form in the E-forms section of our Web site (www.saaq.gouv.qc.ca) or by calling one of the numbers above.