

Request for Information

In accordance with section 610 of the *Highway Safety Code*

[Consult the fees required for each record.](#)

1- REQUESTED INFORMATION

The name and last known address of the owner, for a road vehicle ownership claim on the part of a creditor.

You must provide the following information:

✓ Vehicle identification number (VIN): _____

✓ Proof of ownership (Excerpt of the register of personal and movable real rights (RDPRM) or finance contract or proof of ownership).

Depersonalized ownership history of a road vehicle (excluding individuals) for the purposes of a compensation claim.

You must provide the following information:

✓ Vehicle identification number (VIN): _____

Complete ownership history, in the case of an investigation for theft or fraud with regard to a road vehicle for the purposes of a compensation claim.

You must provide the following information:

✓ Vehicle identification number (VIN): _____

✓ Copy of the document that proves an investigation is underway regarding this vehicle.

✓ Copy of the insurance company mandate, if the request is made by a third party claims adjuster.

2- APPLICANT

Name of company or body		
Address		SAAQ claimant number
Reference number (optional)	Telephone	SAAQ account number
Name of authorized person	Name of policy holder's insurance company (for claims adjusters)	
<p>I recognize that the requested information is accurate and necessary for the processing of a compensation claim in connection with a road vehicle accident, an investigation on road vehicle theft or fraud concerning a road vehicle, or a road vehicle ownership claim. I acknowledge having read sections 610, 644.1 and 644.2 of the <i>Highway Safety Code</i>.</p> <p style="text-align: right;">Year-Month-Day</p> <p>_____ Signature of authorized person</p> <p style="text-align: right;">_____ Date</p>		

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the Société's Web site at saaq.gouv.qc.ca or contact the Société's call centre.

- For any information, call 418 528-3183 or 1 866 642-1865 (toll-free)

- Fax 418 644-7167

- All applications must be mailed to:

Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
 333, boulevard Jean-Lesage
 Case postale 19600, succursale Terminus
 Québec (Québec) G1K 8J6