



Avec vous,
au cœur de votre sécurité

F4

Claim Number

Section to be filled out by the accident victim

Last name at birth _____ Date of the accident or relapse, as applicable
Year Month Day _____

First name _____

Address _____
Street number Street name Apartment _____

P.O. box _____ Municipality _____

Province or state _____ Country _____ Postal code _____

I hereby authorize the educational institution indicated below to provide the Société de l'assurance automobile du Québec with the information it requires to establish my right to compensation. Signature _____ Year Month Day _____

Section to be filled out by the educational institution

Section 1

Name of the educational institution _____

At the time of the accident or the relapse

Was the accident victim **16 years of age or older**? Yes No

Was he or she **enrolled and accepted in a full-time¹** program of study at your establishment? Yes No

If you answered "Yes" to the two previous questions, fill out sections 2 and 3 below.

If you answered "No" to one of the previous questions, go to section 3.

1. **Full-time:** This notion refers to status as a regular or full-time student under your institution's regulation regarding studies. Students deemed "regular" or "full-time" for the purposes of financing the institution or obtaining a loan or a grant are excluded.

Section 2

Name of the program in which the person was enrolled and accepted at the time of the accident or relapse _____

Was this person enrolled in a course of studies as part of active Emploi-Québec or Service Canada measures? Yes No

Level of schooling of the program

High school 1 2 3 4 5 Regular Occupational training (DEP) General program for adults

CEGEP 1 2 3 University Undergraduate Master's Doctorate Other (specify): _____

Enter the date on which the person would have completed the program **had the accident not occurred**². _____

Has the person resumed his or her studies in full since the accident? Yes No

In the case of an interruption in studies, enter the start and end dates, if known. _____ to _____

In the case of abandonment of studies, enter the date and the reason for abandonment. _____

2. **Scheduled date of completion of studies prior to the accident:** The date on which the person, under your institution's applicable regulations regarding studies, would normally have completed the program of studies in which they were enrolled and accepted had the accident or relapse not occurred.

Section 3

Declaration

I do hereby declare that the information in this form concerning the above-mentioned person complies with our institution's regulations regarding studies.

Signature of the authorized person _____

X

Year Month Day _____

Title or function _____

Telephone _____

Extension _____

Seal of the institution

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Reimbursement of Expenses and Document Submission online service:

saaq.gouv.qc.ca/document-submission

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.

DO NOT WRITE IN THIS SPACE