



Claim Number

Section to be filled out by the accident victim

Section A

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

Section B - AUTHORIZATION TO DISCLOSE INFORMATION

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 C

Name of the educational institution _____
At the time of the accident or the relapse
 Was the accident victim enrolled in a full-time¹ program of study at your institution? Yes No
 If you answered "No", go to Section E.
 Was the accident victim admitted to a full-time¹ program of study at your institution? Yes No
 If you answered "No", what conditions must be met to finalize admission? _____
 1. Full-time: This notion refers to status as a regular or full-time student under your institution's academic regulations. Students deemed "regular" or "full-time" for the purposes of financing the institution or obtaining a loan or a grant are excluded.

Section D

Name of the program _____
 Was this person enrolled in this 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 AEC University Undergraduate Master's Doctorate Other (specify): _____
 Prior to the accident or the relapse, what was the expected date of completion of studies?² Y Y Y Y M M D D
 Were this person's studies interrupted by the accident or relapse? Yes No
 In the case of an interruption in studies, enter the start and end dates, if known. From Y Y Y Y M M D D to Y Y Y Y M M D D
 In the case of abandonment of studies, enter the date and the reason for abandonment. Y Y Y Y M M D D _____
 2. Scheduled date of completion of studies if the student had not had an accident or relapse, and followed the program on a regular basis.

Section E - DECLARATION

I hereby declare that the information in this form concerning the above-mentioned person complies with our institution's academic regulations.
 Signature of the authorized person _____ Year Month Day
 X
 Name of the authorized person (in block letters) Function Telephone Extension

Protection of Personal Information

All information gathered by the SAAQ for the purposes of administering the public automobile insurance plan is handled confidentially. The SAAQ will only use or disclose such information for purposes prescribed by law. The SAAQ's Policy on Privacy is available at saaq.gouv.qc.ca/en/policies/policy-on-privacy/.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: Through the Reimbursement of Expenses and Document Submission
 online service: saaq.gouv.qc.ca/documentsubmission
 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.