



Avec vous,
au cœur de votre sécurité

Claim Number

Section 1 – Accident Victim

Social Insurance Number		Date of the accident or relapse		Year-Month-Day	
Last name at birth			First name		
Address	Street number	Street name	Apartment		P.O. box
	Municipality		Province or State	Country	Postal Code

Section 2 – Québec Income Tax Returns

	Year	Line 164*	Line 240 of form TP-80-V	Line 38 of form TP-80-V
Refer to the taxation years listed in the letter you received.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

* If your net business income from the last 12 months is greater than the net business income entered on line 164 for any of the years listed above, please provide us with financial statements for that period (gross income minus expenses).

Section 3 – Employment

Average number of hours worked per week during the last 52 weeks: _____ hours/week

Number of weeks worked during the last 52 weeks: _____ /52

Job title: _____

Job description:

Office work _____ % Physical work _____ %

Section 4 – Declaration

I certify that the information provided above is accurate and complete.

Signature

Date (Year-Month-Day)

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.