



Avec vous,
au cœur de votre sécurité

Claim Number

DECLARATION

I, _____, certify that the information submitted in the claim is accurate and complete.
Name of the accident victim or his or her representative

If further information is required in order to establish entitlement to compensation and determine the amount thereof, I hereby authorize the SAAQ, in accordance with section 83.17 of the *Automobile Insurance Act*, to obtain any such information from bodies that can provide it to the SAAQ, such as Retraite Québec, the Commission des normes, de l'équité, de la santé et de la sécurité du travail, the Régie de l'assurance maladie du Québec, etc.

SIGNATURE

X _____ Date (Year-Month-Day)
Signature of the accident victim of legal age or his or her representative

Representative:

If this form is signed by a legal representative, please indicate under what capacity you are acting and provide the required information:

Last name: _____ First name: _____

Please provide any legal document that attests that you are authorized to act in this capacity.

Address (if different from the accident victim's):

Last name and first name of the accident victim: _____

Relationship to the accident victim: _____ Telephone: _____

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/the-saaqs-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
Édifice Jean-Lesage
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.