

Signature of the Electronic Claim for Compensation



For claims submitted electronically by an applicant other than the accident victim or the parent of a minor child

Date of birth form with fields for Year, Month, Day

OR

Date of accident form with fields for Year, Month, Day

OR

Claim Number form

DECLARATION

I, _____, certify that I have read the information submitted in the electronic claim for compensation filled out by _____

NAME OF THE ACCIDENT VICTIM OR HIS OR HER REPRESENTATIVE

NAME OF PERSON WHO FILLED OUT THE CLAIM

- Checkboxes for 'This information is accurate and complete' and 'This information is accurate, except for the following corrections:'

Horizontal lines for providing corrections

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 the 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 OR HIS OR HER LEGAL REPRESENTATIVE

DATE (Year-Month-Day)

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):

Horizontal lines for address

Last name, first name of accident victim: _____

Relationship to the accident victim: _____ Telephone: _____

Protection of Personal Information

Information you provide on this form will only be used for the processing of your authorization. Only authorized Société personnel or, if applicable, its agents can access this information. For more information about your rights with regard to the protection of personal information, you may consult the Société's Policy on Privacy at saaq.gouv.qc.ca or call us at 418 643-7620 in the Québec area, 514 873-7620 in the Montréal area, or 1 800 361-7620 elsewhere in the province.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Document Submission online service:

saaq.gouv.qc.ca

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.