Société de l'assurance automobile Québec

Training and Work Experience

Erase

Accident Victim		Claim Number
Last name	First name	

1. Training

Date full-time studies began (Y Y Y Y M M)	Date full-time studies ended (Y Y Y Y M M)
Diploma or certificate obtained	Branch of study

Level of schooling completed (circle the number of years):

Elementary 1 2 3 4 5 6 7
Secondary 1 2 3 4 5
Cégep/College 1 2 3
University 1 2 3 4 5 or more: _____

Specify: _____

Did you hold a valid professional licence or certificate of qualification at the time of the accident?

☐ Yes ☐ No If you did, specify the type: _____

Professionnal licence No.: _____ Certificate of qualification No.: _____

Date of issue: Y Y Y Y M M D D Date of issue: Y Y Y Y M M D D

Were you a member of a professional corporation at the time of the accident?

☐ Yes ☐ No

If you were, specify: _____

2. Work Experience

Provide information about all the jobs you have held over the past 5 years, or provide information about the last 3 positions held if you did not work during the past 5 years. If the space provided is insufficient, attach a separate sheet.
***** This information is required to determine the amount of compensation to which you may be entitled.*****

① Full time ② Part time ③ Other, specify: _____

Date (beginning with the most recent)		Name of employer	Job title	Type of employment (1 to 3)	Number of hours		Gross income
From	To				Worked per week (not including overtime)	Regular work week for this job at this employer	
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____
Y Y Y Y M M	Y Y Y Y M M						☐ h ☐ weekly $ _____

Over the past 5 years, have there been periods when you were unable to hold a job due to illness, a workplace accident, preventive leave, etc.?

☐ Yes ☐ No If so, specify the job you held at the time:

Period		Reasons
From	To	
Y Y Y Y M M	Y Y Y Y M M	
Y Y Y Y M M	Y Y Y Y M M	
Y Y Y Y M M	Y Y Y Y M M	

Among the former jobs listed above, were there any that you could no longer hold on a regular, full-time basis before the accident or relapse, as applicable?

☐ Yes ☐ No If there were jobs you could no longer hold, please list them and explain why you could no longer hold them: _____

I declare in good faith that the information provided is accurate.

X _____ Y Y Y Y M M D D
Signature of accident victim (if of full age) or this or her representative — Date

KEEP ALL YOUR SUPPORTING DOCUMENTS SO THAT YOU CAN PROVIDE THEM TO US UPON REQUEST.
THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: **Document Submission online service:** saaq.gouv.qc.ca
Fax: 1 866 289-7952
Mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

IE