

Request for Information

In accordance with sections 607 or 610 of the *Highway Safety Code*

Consult the fees required for each record

1- INCIDENT	
<input type="checkbox"/> Motor vehicle accident	► Accident report number: _____
<input type="checkbox"/> Motor vehicle theft investigation	► Investigation file number: _____
<input type="checkbox"/> Motor vehicle fraud investigation	► Claim file number: _____
<input type="checkbox"/> Motor vehicle ownership claim	► Excerpt from the Registre des froits personnels et réels mobiliers (RDPRM) or finance contract or proof of ownership
Date of incident _____ <small>Year-Month-Day</small>	Place of incident _____
Name of policy holder _____	

2- REQUESTED INFORMATION	
<hr/> <hr/> <hr/> <hr/>	
Check the appropriate box to obtain:	
<input type="checkbox"/> Ownership history in the case of a motor vehicle theft.	<input type="checkbox"/> Name of owner for a motor vehicle owner-ship claim.
	<input type="checkbox"/> Denominalized ownership history for a motor vehicle ownership claim.

3- APPLICANT	
Name of company or agency _____	
Address _____	
Telephone _____	SAAQ account number _____
Name of authorized person _____	Name of policy holder's insurance company (<i>for claims adjuster</i>) _____
<p>I recognize that the requested information is accurate and necessary for the processing of a compensation claim in connection with an automobile accident, an investigation on an automobile theft or fraud concerning a motor vehicle, or a motor vehicle ownership claim. I acknowledge having read sections 607, 610, 644.1 and 644.2 of the <i>Highway Safety Code</i>.</p>	
_____	_____
Signature of the authorized person	Date

Protection of Personal Information

All information gathered by authorized Société de l'assurance automobile du Québec personnel is handled confidentially. The Société requires this personal information to apply the *Automobile Insurance Act* and the *Highway Safety Code*. Under the *Act respecting access to documents held by public bodies and the Protection of personal information*, it may be conveyed to Government departments or agencies, or used for statistical, survey, study, audit or investigative purposes. Failure to provide information can result in a refusal of service on the Société's part. Individuals may consult or correct any personal information concerning them held in Société records.

For more information, consult the Policy on Privacy on the Société's Web site at: www.saaq.gouv.qc.ca or contact the Société's call centre.

- For all information, call toll-free 418 528-3183 / 1 866 642-1865
- Fax 418 644-7167
- All applications must be sent to: Service de la diffusion et de la liaison avec les corps policiers
Société de l'assurance automobile du Québec
333, boulevard Jean-Lesage, C-3-44
Case Postale 19600, succursale Terminus
Québec (Québec) G1K 8J6