

Authorization for the Disclosure of Personal Information by the Société de l'assurance automobile du Québec

Please read the instructions overleaf and PRINT the information in the spaces provided.

SECTION 1 - AUTHORIZATION

I, the undersigned, _____,
Name

Address

authorize the Société de l'assurance automobile du Québec (SAAQ) to disclose to the applicant named in section 2:

any and all information the SAAQ holds concerning me in connection with the subject below.

only the following information the SAAQ holds concerning me in connection with the subject below:

Specify the type of information and, if relevant, the purpose for which consent is given.

Driver's licence Licence number (Shown under Numéro de dossier on some documents) Reference number

Vehicle registration Make Model Year Licence plate number Vehicle identification number (VIN)

Note: Only information concerning you may be disclosed. Information about someone else may not be disclosed without the person's consent or in accordance with legal provisions to that effect.

Compensation Claim number(s)

Other matter Specify the subject

SECTION 2 - APPLICANT

Name

Position (if applicable) Telephone ext.

Address Postal code

SECTION 3 - SIGNATURE

This authorization form or reproduction is valid until:

Year Month Day

Signature Date Telephone

INFORMATION ABOUT THE AUTHORIZATION FOR THE DISCLOSURE OF PERSONAL INFORMATION

This form authorizes the SAAQ to disclose personal information held in its records concerning you to someone you designate, in accordance with the choice(s) you indicate on the form. Other, more specific forms may be required for some types of information or in certain situations.

SECTION 1 – AUTORIZATION

PRINT your full name and address in this section. If you want to authorize the SAAQ to only disclose certain information, **specify the type of information covered by your authorization**. If the information concerns your driver's licence, give your driver's licence number and the reference number on your licence. If the information concerns a vehicle registered in your name, indicate the make, model and year, the licence plate number and the vehicle identification number (VIN). If the information concerns a claim for compensation, indicate the claim number(s). If the information concerns another matter, please specify the subject and file number.

Information you provide on this form will only be used for the processing of your authorization. Only authorized SAAQ personnel or its agents, if applicable, can access this information.

For further details about your rights with regard to the protection of personal information, please call us at one of the following numbers:

Québec area: 418 643-7620

Montréal area: 514 873-7620

Elsewhere in Québec: 1 800 361-7620

or write to the person responsible for access to documents and the protection of personal information at the following address:

**Responsable de l'accès aux documents et
de la protection des renseignements personnels**

Société de l'assurance automobile du Québec

333, boulevard Jean-Lesage, N-6-45

Case postale 19600, succursale Terminus

Québec (Québec) G1K 8J6

SECTION 2 – APPLICANT

PRINT the full name, position, address and telephone number of the person to whom the disclosure of personal information is authorized.

SECTION 3 – SIGNATURE

Your authorization is valid until the expiry date you enter.

If you wish to end your authorization before its expiry date, please notify the SAAQ in writing, and enclose a copy of this authorization form.

If no expiry date is entered, your authorization remains valid for up to six months from the date of signature.