Société de l'assurance automobile Québec

Authorization for the Disclosure of a Driving Record by the Société de l'assurance automobile du Québec – Through an Intermediary

Notice to the applicant and intermediary

Information entered on this form must not have been modified, crossed out or erased, or the application may be refused.

To help us better process your application, please complete this form on-screen before printing.

INFORMATION ON APPLICANT

Company, agency or other (print)			
First Financial Underwriting Services			
Last name and first name of the person authorized to act on behalf of the applicant (print)			
N. MAZZONNA FOR			
Address (Number, street, apt.)			
6360 Jean Talon E, #220			
Municipality/Province	Postal code	Telephone	Ext.
Montréal (Québec)	**H1S 1M8**	**800 570-3477**	

INFORMATION ON INTERMEDIARY

Company or agency acting as intermediary (print)			
Conseillers en systèmes d'information et en gestion CGI Inc.			
Last name and first name of authorized person (print)			
Officer in charge of the Technical Assistance Centre			
Address (Number, street, apt.)			
1350, Blvd. René-Lévesque West, 15th floor			
Municipality/Province	Postal code	Telephone	Ext.
Montréal, Québec	**H3G 1T4**		

Note: The intermediary agrees to use the information for the sole purpose of transmitting it to the applicant.

AUTHORIZATION OF LICENCE HOLDER

Driver's licence number

Fill all 13 spaces

Last name and first name of driver's licence holder

Date of birth	Telephone (home)	Telephone (work)
Year Month Day		extension

I, the undersigned, authorize the Société de l'assurance automobile du Québec to disclose the content of my driving record, in particular, suspensions, revocations, demerit points, offences, as well as accidents in which I was involved while driving a heavy vehicle, if applicable, to the above-named applicant. This authorization is valid for twelve (12) months as of the date of signature.

Year-Month-Day

Date

Signature of licence holder

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*, the *Act respecting the Société de l'assurance automobile du Québec* 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. You may consult, correct or obtain a copy of any personal information concerning you.

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 information, contact the intermediary by phone or email at:** Montréal area: 514 383-7289, poste 2
Elsewhere in Québec and Canada: 1 800 771-1099, extension 2
Email: support.mvr.gm@cgi.com

– **This form must be sent to:** Division de la diffusion (act. 850)
Société de l'assurance automobile du Québec
333, boulevard Jean-Lesage
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6