

CLAIMS HISTORY STATEMENT, VERIFICATION AND/OR RECTIFICATION REQUEST

A - Identification of applicant

Driver's licence number (please enclose a photocopy):																-					-		
Ms. <input type="checkbox"/>				Mr. <input type="checkbox"/>				Correspondence: French <input type="checkbox"/>										English <input type="checkbox"/>					
Last Name:											First Name:												
Address:											Apartment:												
City:				Province:				Postal Code:															
Home telephone number: ()						Work telephone number: ()																	

B - Additional Information

Insurance Company:			
Who referred you? Insurer <input type="checkbox"/>			
Broker <input type="checkbox"/>		Employer <input type="checkbox"/>	
Other <input type="checkbox"/>			

C - Verification and/or rectification Request (do not fill for a consultation request)

<small>(Please check the reason for your request)</small>	<small>(Please write the occurrence date or FCSA reference number)</small>
<input type="checkbox"/> Occurrence date in error	
<input type="checkbox"/> Involved vehicle	
<input type="checkbox"/> Not in agreement with the liability %	
<input type="checkbox"/> Involvement in the claim	
<input type="checkbox"/> To obtain more details on the claim	
<input type="checkbox"/> Other <small>(please specify)</small>	

D - Consent

I would like to obtain my FCSA Claims History Statement.

I would like to have the information contained in my FCSA Claims History Statement verified and/or rectified.

In connection with the steps it will take to respond to my request for verification and/or rectification, I hereby authorize the GAA to:

- release to insurers, that have transmitted information contained in my automobile Claims History Statement to the FCSA, the personal information that I have provided to the GAA and to check with them, if required, the accuracy of this information;
- obtain from these insurers any other personal information that is material to processing my request for verification and/or rectification and to release or exchange such information to or with any of these insurers;

and I hereby authorize the insurers to which this request has been made to release such information to the GAA.

Signature: _____

Date: _____

Please note that requests sent by fax or e-mail will not be accepted.

The Fichier central des sinistres automobiles

The *Fichier central des sinistres automobiles* (FCSA) is a claims tracking database. An insurer may obtain information from the FCSA and use it to determine the premium charged to an insured when issuing or renewing an automobile insurance contract.

A driver's permit holder has the right to consult the FCSA, to verify and to rectify the data contained on his or her file at any time.

FCSA Request Procedure

1. Claims History Statement Request

To obtain your automobile Claims History Statement from the FCSA, you should:

- Complete Sections A, B and D of the form, sign it and return the original along with a photocopy of your driver's licence, to the above address.

Upon receipt of the request at our office, your Claims History Statement will be forwarded to you.

2. Verification and/or Rectification Request

- If you would like to verify and/or rectify the information contained in your file, please complete sections A, B, C, D of the form.
- Upon receipt of your Claims History Statement, if you have any question or if you need to rectify the information contained in your file, please contact the FCSA agent processing your request.

For all verification and/or rectification request, you will receive an acknowledgement of receipt from the GAA and an answer will follow within 20 days from your request.

Important!

- DO NOT FORGET TO **sign** the request form. In order to avoid any delays, **we must have your original signature**.
- DO NOT FORGET TO **include a photocopy of your driver's licence** that clearly shows your name, address, and driver's licence number.
- DO NOT FORGET TO give a telephone number where you can be reached during regular business hours.

**For any further information, please contact the
Insurance Information Centre at
(514) 288-4321 (in Montréal or area) or 1 (877) 288-4321 (elsewhere in Québec)**