

Consultation and/or correction request

A - Identification of applicant

Section A is mandatory for consultation and/or correction requests

Driver's licence number

→ Important: Please enclose a photocopy of your driver's licence to this form.

| | | | | |
|---|------------------------------|-----------------|---------------------------------|----------------------------------|
| Ms. <input type="checkbox"/> | Mr. <input type="checkbox"/> | Correspondence: | French <input type="checkbox"/> | English <input type="checkbox"/> |
| First Name: | | Last Name: | | |
| Address: | | Apartment: | City: | |
| Province: | Postal code: | Home phone: () | Day phone: () | |
| Who referred you? <input type="checkbox"/> Insurer/Broker <input type="checkbox"/> Employer <input type="checkbox"/> Communauto <input type="checkbox"/> Other <input type="checkbox"/> _____ | | | | |

B – Consultation request to your Claims History Statement

Fill in section B to obtain your Claims History Statement

I would like to obtain my FCSA Claims History Statement:

By mail OR Online, please enter your email address: _____

→ To only obtain your Claims History Statement, skip to signature.

C – Correction request to your Claims History Statement

Fill in section C to make a rectification request

In connection with the steps required to respond to my correction request, **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 within my request to the GAA and to check with them the accuracy of this information;
- obtain from the insurers any other personal information that is material to processing my request for correction 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.

→ Please indicate in the schedule below the information appearing in your Claims History Statement that you wish to correct, as well as the date of loss:

| Date of loss | Information to correct |
|--------------|------------------------|
| | |
| | |
| | |
| | |

Signature (mandatory): _____ **Date:** _____

FICHER CENTRAL DES SINISTRES AUTOMOBILES

The *Fichier central des sinistres automobiles* (FCSA) is a claims tracking database containing all automobile claims incurred over the last six years for each driver's licence holder in Quebec. An insurer may obtain information from the FCSA and use it to determine the premium when issuing or renewing an automobile insurance contract.

A driver's licence holder has the right to request his Claims History Statement and, if required, to have the information contained in his file corrected in order to reflect the insurer's file.

IMPORTANT

In order to avoid any delays, please take note of the instructions below:

- You have to sign the form.
- You have to enclose a **photocopy of your driver's licence** that clearly shows your name, address, and the driver's licence number.

FCSA Request Procedure

1. Access Request

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

- Complete **sections A, B** of the current form.
- Return the original of the form with the **photocopy of your driver's licence** to the following address:

**FICHER CENTRAL DES SINISTRES AUTOMOBILES
1981 McGill College Avenue, Suite 620
Montreal, Quebec, H3A 2Y1**

You will receive your Claims History Statement, **within 30 days from receipt of your request**.

Upon receipt, if you have any question or if you wish to have the information contained in you file corrected, please contact the FCSA agent who processed your request.

2. Rectification Request

To have information contained in your Claims History Statement rectified, you must:

- Complete **sections A, B, and C** of the current form. Do not forget to indicate in **section C** the information you wish to have corrected.
- Return the **original of the form** with the **photocopy of your driver's licence** to the address mentioned above.

You will receive your Claims History Statement as it appears in the FCSA at the request's date. The answer to your correction request will be sent to you **within 30 days from its receipt**.

**For further information, please contact the
Insurance Information Center
514 288-4321 (in Montreal or area) or 1 877 288-4321 (elsewhere in Quebec)**