

Date of accident		
Year	Month	Day
_ _	_	_

**Victim**

Last name at birth		First name	
Health Insurance Number		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth Year    Month    Day
Number	Street		
Municipality		Province	Postal code

**Accident**

Circumstances of the accident
Nature of injuries

**Insured person**

Last name		First name		Telephone Area code
Number	Street			
Municipality		Province	Postal code	

**Insurer**

Name of insurance company	
Number	Street
Municipality	
Province	Postal code
Person in charge of the file	
Telephone	
Email	
File number	Policy number

**Adjuster**

Name of adjuster's firm	
Number	Street
Municipality	
Province	Postal code
Person in charge of the file	
Telephone	
Email	
File number	

Additional comments	
Signature	Date

Return to : Service de la facturation et du recouvrement (B280)  
Régie de l'assurance maladie du Québec  
Case postale 6600, succursale Terminus  
Québec (Québec) G1K 7T3  
**OR** by email: [recouvrement.tierce@ramq.gouv.qc.ca](mailto:recouvrement.tierce@ramq.gouv.qc.ca)

For further information  
Telephone: 418 682-5107  
Fax: 418 646-3689