

# Day-to-Day Accident Insurance



AIG Insurance Company of Canada



Arranged through:  
**Lussier Dale Parizeau Inc.**  
Montreal, Quebec

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This insurance is issued to the person named as the contract holder on the proof of insurance document. This document along with your proof of insurance, describe the terms and conditions of your insurance, some of which may limit benefits and amounts payable. Please read them carefully to understand the conditions of your insurance.

You have 10 days from the date of receipt to examine these documents. If you are not entirely satisfied and you advise Cabinet en assurance de personnes CAA-Québec within that time, your premium will be refunded in full. Your signature is required for any cancellation request.

## Definitions

**Accident** means a sudden, unexpected, unintended, unforeseeable external event, occurring during the coverage period and which, independently of any other cause, results in injury.

**Accidental** means caused by an accident, as defined above.

**Activities of daily living** means the following 6 activities:

1. maintaining continence: controlling urination and bowel movements including the ability to use ostomy supplies or other devices such as catheters;
2. transferring: moving between a bed and a chair, or a bed and a wheelchair;
3. dressing: putting on and taking off all necessary items of clothing;
4. toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene;
5. eating: performing all major tasks of getting food into the body; and
6. bathing: washing in either a tub or shower, including the task of getting in or out of the tub or shower.

**Brain death** means the complete and permanent loss of brain function.

**Contract holder** means an individual who is 18 years of age and over but under 70 years of age at the time of the initial application and under 80 years of age on subsequent renewals, of Canadian nationality, either through citizenship or landed immigrant status, who is eligible to RAMQ or any other Canadian provincial or territorial government health program and who has willingly subscribed to the insurance provided herein.

**Coverage period** means the duration for which this insurance is in effect, beginning on the effective date and ending on the expiry date.

**Covered loss** means any loss as described in the table of losses, subject to the following specifications:

- **loss of life** means accidental death;
- **loss of use** means total and irremediable loss of use of any limb, which must be continuous for 12 months, with nerve damage determined to be permanent;
- **loss of arm or leg** means actual severance through or above elbow or knee joint;
- **loss of hand or foot** means actual severance through or above wrist or ankle joint but below the elbow or knee joint;
- **loss of thumb and index finger of the same hand** means complete severance through or above the first phalange;
- **loss of 4 fingers of the same hand** means complete severance through or above the first phalange of all 4 fingers;
- **loss of all toes of one foot** means complete severance of both phalanges of all toes;
- **loss of a finger** means the complete severance through or above the first phalange;
- **loss of a toe** means the complete severance of two phalanges;

- **loss of the entire sight of one or both eyes** means the total and irremediable loss of sight such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees. A qualified ophthalmologist must confirm the diagnosis in writing;
- **loss of hearing in one or both ears** means the diagnosis of permanent hearing loss, with an auditory threshold of more than 90 decibels. A qualified otorhinolaryngologist must confirm the diagnosis in writing;
- **loss of speech** means entire and irremediable loss of the ability to utter intelligible sounds;
- **quadriplegia, paraplegia and hemiplegia** mean complete and irreversible paralysis of the affected limbs.

**Dependent child** means any natural child, adopted child, step-child or child dependent upon the contract holder in a parent-child relationship for maintenance and support, who is eligible to RAMQ or any other provincial or territorial government health program and who is:

- a) under 23 years of age, unmarried and dependent upon you for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of loss; or
- b) under 26 years of age, unmarried, in attendance at a higher educational institution and dependent upon you for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of loss (excluding during school breaks and paid internships); or
- c) by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered your dependent child within the terms of the Canada Income Tax Act.

**Effective date** means the effective date indicated on your latest proof of insurance document.

**Expiry date** means the expiry date indicated on your latest proof of insurance document.

**Family protection**, if indicated on your proof of insurance, means that you, your spouse and dependent children are covered under this insurance. Should you apply for a family protection subsequently, your protection will become effective on the date we receive your application and the appropriate payment.

**Higher educational institution** as used herein, includes, but is not limited to, any university, a post-secondary college, trade schools and any General and Vocational College (CEGEP). This excludes preschools, primary and secondary schools.

**Hospital** means an establishment which:

- a) holds a license as a hospital (if licensing is required in the jurisdiction);
- b) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- c) provides 24 hours a day nursing service by registered or graduate nurses;
- d) has a staff of one or more licensed physicians available at all times;
- e) provides organized facilities for diagnosis and major medical surgical facilities;
- f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- g) is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

**Individual protection**, if indicated on your proof of insurance, means that only you are covered under this insurance.

**Injury** means bodily injury sustained by an insured person during the coverage period, resulting directly and independently of all other causes from an accident.

**Insured person**, in the case of an individual protection, means you; in the case of a single-parent protection, means you and your dependent children; in the case of a family protection means you, your spouse and your dependent children.

**Insurer** means AIG Insurance Company of Canada.

**Member of the immediate family** means a person who is related to the insured person in any of the following ways: spouse, brother-in-law or sister-in-law, son-in-law or daughter-in-law, father-in-law or mother-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (including legally adopted and stepchild).

**Physician** means a medical doctor, other than the insured person, a member of the insured person's immediate family or a person who lives with the insured person, who is licensed to administer medical treatment and prescribe drugs in the place where he or she provides medical services. The following persons are not considered as physicians: naturopaths, herbalists and homeopaths.

**Proof of insurance** means the document which has been issued to you in consideration of your initial application or renewal for insurance and your payment of premium.

**Psychological Therapy** means treatment or counselling by a therapist or counselor, who is licensed, registered, or certified to provide such treatment, whether such treatment is on an outpatient basis or on an inpatient basis at a medical facility licensed to provide such treatment, who is not a member of the insured person's immediate family or a person who lives with the insured person.

**Single-parent protection**, if indicated on your proof of insurance, means that you and your dependent children are covered under this insurance. Should you apply for a single-parent protection subsequently, your protection will become effective on the date we receive your application and the appropriate payment.

**Spouse** means a person who is under 70 years of age at the time of the contract holder's initial application and under 80 years of age at the time of the contract holder's subsequent renewals, who is eligible to RAMQ or any other Canadian provincial or territorial government health program and who is either a person with whom you are legally married or in a civil union, or with whom you are living in a conjugal relationship and which you have not been separated for 90 days or more due to the breakdown of your relationship. Where more than one qualifies, your spouse for the purposes of this insurance is the person to whom you are legally married.

**Sum insured** is the amount for which the insured person is covered based on the chosen protection and option and the premium paid, as indicated on your latest proof of insurance document.

**Total and permanent disability** means a state resulting from an injury that requires treatment by a physician within 30 days of the date of accident causing injury which prevents an insured person from performing at least 2 of the 6 activities of daily living without assistance from another person. Also, the insured person must be determined, on evidence satisfactory to the insurer, to be and remain, as of 12 months after the date of the injury, incapable of performing at least 2 of the 6 activities of daily living, without assistance from another person for the remainder of his or her lifetime. The disability must be determined to be total, permanent and irreversible and certified to be such by a physician acceptable to the insurer. The insured person's inability to actually obtain employment is not a criteria to qualify for total and permanent disability benefit.

**We, us** and **our**, refer to 9099-0383 Québec inc. f.a.s. Cabinet en assurance de personnes CAA-Québec.

**You** and **yours** refer to the individual indicated as the contract holder on the proof of insurance.

### Insuring agreement

The insurer will pay benefits as specifically provided by this insurance resulting, directly or independently of all other causes, from an accident during the coverage period.

### Sum insured

The sum insured is as follows based on the chosen protection and option:

Protection	Insured person	Sum insured	
		Option 1	Option 2
Individual protection	Contract holder:	\$100,000	\$200,000
Single-parent protection	Contract holder:	\$100,000	\$200,000
	Each dependent child:	\$15,000	\$25,000
Family protection	Contract holder:	\$100,000	\$200,000
	Spouse:	\$100,000	\$200,000
	Each dependent child:	\$15,000	\$25,000

### Reduction of the insured sum due to age

As soon as an insured person attains the age of 75, the coverage is reduced to 25% of the sum insured as follows:

Option 1: From \$100,000 to \$25,000

Option 2: From \$200,000 to \$50,000

### Accidental Death, Dismemberment, Paralysis and Loss of Use

If a covered loss occurs within 365 days from the date of the accident causing the loss, the insurer will pay a lump-sum payment as indicated in the following table of losses:

## Table of losses

• Loss of life.....	The sum insured
• Loss or loss of use of:	
◦ Both hands or both feet.....	The sum insured
◦ Entire sight of both eyes.....	The sum insured
◦ One hand and one foot.....	The sum insured
◦ One hand or one foot and the entire sight of one eye.....	The sum insured
◦ Speech and hearing in both ears.....	The sum insured
◦ One arm or one leg.....	4/5 of the sum insured
◦ One hand or one foot or the entire sight of one eye.....	3/4 of the sum insured
◦ Speech or hearing in both ears.....	3/4 of the sum insured
◦ Hearing in one ear.....	2/3 of the sum insured
◦ Thumb and index finger of the same hand or four fingers of one hand.....	1/3 of the sum insured
◦ All toes of one foot.....	1/4 of the sum insured
◦ A finger or a toe.....	1/20 of the sum insured
• Brain death.....	The sum insured
• Quadriplegia (upper and lower limbs).....	The sum insured
• Paraplegia (lower limbs).....	The sum insured
• Hemiplegia (upper limb and lower limb of one side of the body).....	The sum insured

If, as a result of any one accident, an insured person sustains more than one covered loss, the insurer will pay the amount provided for each covered loss, up to the amount applicable for loss of life.

## Disappearance

If the body of an insured person has not been found within 365 days of the forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then, for the purposes of this insurance such insured person shall, in the absence of any evidence to the contrary, be deemed to have suffered loss of life.

## Benefits

### Total and permanent disability benefit

If an insured person under 75 years of age suffers injury resulting in total and permanent disability within 365 days of the date of the accident, and if such disability is continuous for 12 months, the insurer will pay the difference between the amount which, according to the table of losses, would have been payable if the insured person had suffered loss of life and any other amount paid or payable under this insurance in respect to the injuries sustained.

### Accidental para-medical expense benefit

If, as a result of injury, and within 30 days from the date of the accident causing such injury, the insured person obtains para-medical treatment in **Canada**, recommended by a legally qualified physician and as a result of such injury incurs expenses for any of the following services, the insurer will reimburse the reasonable and necessary expenses for the following para-medical services:

- private duty nursing by a licensed registered nurse (R.N.), who is not a member of the insured person's immediate family or a person who lives with the insured person. This benefit is payable up to \$50 per hour to a maximum of \$5,000 for all injuries resulting from any one accident;
- transportation, when such service is provided by a professional ambulance service to the nearest approved hospital which is equipped to provide the required and recommended necessary treatment (recommendation by a physician is not required for initial transportation to hospital). This benefit is payable up to a maximum of \$5,000 for all injuries resulting from any one accident;
- Hospital charges for the difference between the public ward allowance under the insured person's Canadian provincial or territorial government health insurance plan and the accommodation charge for a semi-private hospital room. This benefit is payable up to a maximum of \$5,000 for all injuries resulting from any one accident;
- rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary;
- fees for services of a licensed physiotherapist. This benefit is payable up to a maximum of \$500 for all injuries resulting from any one accident;

- f) fees for services of a licensed chiropractor. This benefit is payable up to a maximum of \$500 for all injuries resulting from any one accident;
- g) fees for services of a licensed occupational therapist. This benefit is payable up to a maximum of \$500 for all injuries resulting from any one accident;
- h) expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding their replacement.

Reimbursement will only be made provided that expenses are:

- a) incurred in Canada;
- b) incurred within 52 weeks of the date of the accident causing injury;
- c) incurred only for therapeutic and not elective treatment; and
- d) supported by original receipts submitted to the insurer as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to, a group insurance, an automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is \$10,000 for all injuries resulting from any one accident.

### **Prosthetic appliances benefit**

If an insured person suffers injury resulting in a covered loss and needs an artificial limb, a prosthetic eye or any other prosthetic appliance, other than a hearing aid, prescribed by a legally qualified physician, the insurer will reimburse the reasonable expenses incurred for this purpose within 2 years from the date of the accident, up to a maximum amount of \$2,500 per accident.

### **Accidental dental injury expense**

If the insured person suffers injury to whole and sound teeth and, within 30 days from the date of the accident causing such injury, obtains treatment in Canada for such injury from a legally qualified dentist or dental surgeon and incurs related dental expenses, the insurer will reimburse the amount for such dental expenses up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the insured person receives such treatment.

Reimbursement will only be made provided that expenses are:

- a) incurred in Canada;
- b) incurred within 52 weeks of the date of the accident causing injury;
- c) incurred only for therapeutic and not elective or aesthetic treatment; and
- d) supported by original standard dental claim form submitted to the insurer as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to, a group insurance, an automobile insurance and any provincial or territorial hospital, medical or drug plan.

The maximum amount for all injuries resulting from any one accident is:

- Option 1: \$500
- Option 2: \$1,000

### **Fracture benefit**

If an insured person suffers an injury resulting in a fracture or dislocation described in the fracture table, and the fracture or dislocation is diagnosed within 30 days from the date of the accident causing such injury, the insurer will pay the amount specified in the fracture table.

The maximum amount for all injuries resulting from any one accident is:

- Option 1: \$1,000
- Option 2: \$2,000

## Fracture table

<b>Complete fracture (including Greenstick type fracture) of:</b>	<b>Option 1</b>	<b>Option 2</b>
• Cranium (depressed fracture) • Spine (more than one vertebra)	\$1,000	\$2,000
• Cranium (other than depressed fracture) • Spine (one vertebra)	\$400	\$800
• Upper jaw (maxilla) • Lower jaw (mandible) • Pelvic • Hip (femur)	\$350	\$700
• Knee cap (patella)	\$270	\$540
• Shoulder blade (scapula) • Forearm (compound or comminuted) • Wrist (Colles' fracture) • Leg (tibia or fibula) • Ankle (Pott's fracture)	\$250	\$500
• Spine (compression fracture)	\$200	\$400
• Sternum • Arm, between elbow and shoulder • Sacrum or coccyx	\$170	\$340
• Collarbone (Clavicle) • Forearm (not compound)	\$150	\$300
• Nose	\$120	\$240
• Two or more ribs	\$100	\$200
• Facial bone • Hand (One or more bones, excluding fingers) • Foot (One or more bones, excluding toes)	\$80	\$160
• Rib (per rib)	\$50	\$100
• Any bone not specified above	\$30	\$60

“Cranium” means the vault of the skull consisting of the following bones: frontal, parietal, occipital, temporal, sphenoid and ethmoid.

<b>Complete dislocation:</b>	<b>Option 1</b>	<b>Option 2</b>
• Hip	\$420	\$840
• Knee (with open primary repair)	\$400	\$800
• Shoulder (with open reduction)	\$250	\$500
• Wrist • Ankle	\$170	\$340
• Elbow	\$120	\$240
• Hand bones, other than fingers • Foot bones, other than toes	\$80	\$160

### Psychological therapy benefit

If, as a result of a covered loss from accidental injuries, an insured person incurs expenses to undergo psychological therapy prescribed by a physician, and if these expenses are incurred within 2 years from the accident, the insurer will pay the customary and reasonable expenses up to a maximum amount of \$2,500.

### Vocational rehabilitation benefit

If, as a result of a covered loss from accidental injuries, an insured person incurs occupational training expenses within a maximum of three years following the accident, the insurer will reimburse these expenses up to a maximum amount of \$25,000. No payment shall be made for room and board and living expenses.

### Day care benefit (applicable to single-parent and family protections only)

If you or your spouse suffers an injury resulting in loss of life, the insurer will reimburse day care expenses for any dependent child, if at the time of death or no later than 90 days after, is enrolled full time in a commercial and licensed day care centre and is under 13 years of age. This benefit is payable annually up to a maximum of \$5,000 per year for four consecutive years per dependent child.

### **Dependent child educational benefit (applicable to single-parent and family protections only)**

If you or your spouse suffers an injury resulting in loss of life, the insurer will reimburse the annual tuition fees charged by a higher educational institution, not including room and board and living expenses, up to a maximum of \$5,000 per school year per dependent child as long as they are already enrolled as a full time student at the time of death and continue to attend without interruption. This benefit is payable annually up to a maximum of 4 consecutive years per dependent child and up to a maximum of \$125,000 per family.

### **Spousal educational benefit (applicable to family protection only)**

If you or your spouse suffers injury resulting in loss of life, the insurer will reimburse the surviving spouse the cost incurred for a professional or trades training program in which such spouse enrolls for the purpose of obtaining an independent source of support and maintenance, within 3 years of the insured person's loss of life, up to a maximum amount of \$25,000. No payment shall be made for room and board and living expenses.

### **Repatriation benefit**

If an insured person suffers injury resulting in loss of life more than 50 kilometers away from their city of residence and such loss of life occurs within 365 days of the date of the accident causing the injury, the insurer will reimburse the actual expenses incurred for preparing the deceased insured person for burial or cremation and shipment of the remains to the deceased person's city of residence, up to a maximum amount of \$15,000 per insured person.

### **Funeral benefit**

If an insured person suffers injury resulting in loss of life, the insurer will reimburse the person who has incurred the actual expenses pertaining to the cremation, burial or funeral of the insured person up to a maximum amount of \$5,000 per insured person, regardless if the funeral prearrangements were made.

### **Bereavement benefit**

If an insured person suffers injury resulting in loss of life, the insurer will reimburse customary and reasonable bereavement counseling services provided that the counseling is for your spouse, your dependent children or your parents, if such expenses are incurred within one year from the date of the accident, up to a maximum total amount of \$1,000.

Services should be provided by a therapist or counselor, who is not a member of the insured person's immediate family or a person who lives with the insured person.

### **Additional benefits exclusively for CAA-Quebec members**

If, as a result of a covered loss from accidental injuries, you or your spouse, in the case of family protection, is a member of CAA-Quebec at the time of the accident, these two benefits are exclusively offered :

#### **Home alteration and vehicle modification benefit**

If the insured person requires the use of a wheelchair to be ambulatory, then the insurer will reimburse, upon presentation of proof of payment:

- a) the one-time cost of alterations necessary to make the insured person's residence habitable and wheelchair accessible, provided such alterations are recommended by a recognized organization providing support and assistance to wheelchair users and are made by a person or persons experienced in that type of work; and
- b) the lesser of:
  - (i) the one-time cost of modifications necessary to make the motor vehicle in which the insured person usually travels accessible or drivable provided such modifications are carried out by a person or persons with experience in such matters and modifications are approved by the vehicle licensing authorities in the province of residence of the insured person.
  - (ii) the one-time cost to purchase a wheelchair accessible specifically modified vehicle.

The maximum amount payable under items a) and b) combined is \$15,000 per accident.

#### **In-hospital benefit**

If an insured person is hospitalized, the insurer will reimburse the expenses up to a maximum of:

- a) \$2,500 per month for a hospital confinement of more than 30 nights for a maximum of 12 months; or
- b) \$35 per day for a hospital confinement of more than 5 but less than 30 nights.



## **Limitations and exclusions**

### **Aggregate limit per accident**

The insurer will not pay more than \$20,000,000 per accident under any DMA24+ Accident Insurance and Day-to-Day Accident Insurance regardless of the number of insured persons involved in any one accident. If the total of all benefits payable as a result of any one accident exceeds \$20,000,000, then the total amount of the benefit applicable to each insured person shall be reduced proportionately.

### **No duplication of coverage**

There shall be no duplication of coverage. In the event that a person is covered under an ADD24+ and a Day-to-Day Accident Insurance contract as an “insured person”, this person shall be deemed to be covered under the contract that provides the greatest amount of insurance coverage.

### **Exclusions**

The insurer will not cover any losses caused or sustained, directly or indirectly, solely or partly, by the following:

- 1) suicide or any attempt thereat, while sane;
- 2) self-inflicted injury or any attempt thereat, while sane or insane;
- 3) declared or undeclared war or any act thereof;
- 4) sickness, disease, mental incapacity or bodily infirmity;
- 5) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or an aneurysm;
- 6) injury sustained while receiving medical or surgical treatment for a sickness, a disease, a mental incapacity or a bodily infirmity;
- 7) (i) while travelling in any aircraft used for air navigation, including boarding and alighting, if the insured person:
  - a) rides as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b) performs, learns to perform or instructs others to perform as a pilot or crew member of any aircraft.(ii) while travelling in any aircraft or any craft designed to fly or glide above the earth's surface, including boarding and alighting, if:
  - a) used for crop dusting, spraying, seeding, fire-fighting, traffic control, air ambulance, pipeline or power line inspection, aerial photography, exploration, racing, endurance tests or acrobatic flying; or
  - b) operated to or from an off-shore landing site; or
  - c) used in any operation that requires a special permit from the Civil Aviation Branch of Transport Canada, even if it is granted (this does not apply if the permit is required only because of the territory flown or landed on);
- 8) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- 9) while on full-time active duty in the armed forces or organized reserve corps of any country or international authority;
- 10) while driving any passenger vehicle, or any means of transportation or conveyance under the influence of an intoxicant or your blood alcohol is over 80 milligrams in 100 millilitres of blood;
- 11) while under the influence of a drug (excluding cannabis) or substance which is controlled as indicated under the laws of the jurisdiction where the accident occurred to such an extent that it causes or contributes to the loss, unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed physician;
- 12) while committing or attempting to commit any act which, if adjudicated by a court, would be an indictable offence under the laws of the jurisdiction where the act was committed;
- 13) any natural cause.

## Conditions

### Renewals, grace period

This insurance is annual and issued in consideration of the advance payment of the premium required for the initial coverage period. It may be renewed from coverage period to coverage period as long you are under 80 years of age at the time of renewal, by paying the annual premium prior to the expiry date or during the grace period of 45 days. The cost of the insurance is not guaranteed and may change at renewal. In such case, you will receive a notice advising you of the change.

### Beneficiary

Any claims payable under this insurance will be payable to you, if living. In case of your own accidental death, the benefit will be payable to the beneficiary designated on your proof of insurance. If there is no such designation, it will be payable to your Estate.

In Quebec, the designation of your spouse with whom you are legally married or in a civil union is irrevocable, unless specified otherwise on your application for insurance.

### Termination date

The insurance ends on the earliest of:

- a) the date the policy is terminated by the insurer;
- b) the expiry date indicated on your proof of insurance if the premium payment is not received within 45 days from this date;
- c) the date you no longer satisfy the definition of contract holder.

### Termination by you

You may terminate this insurance at any time by giving written notice or by communicating with Cabinet en assurance de personnes CAA-Québec. We shall refund the unused portion of the premium according to our table at the time of termination. Your signature is required for any cancellation request.

### Termination by us

We may terminate this insurance at any time by giving written notice of termination to you and by refunding, concurrently with the giving of notice, the amount paid in excess of the proportional premium for the expired time.

The notice of termination may be personally delivered to you, or it may be sent by registered mail to your latest address on our records. Termination takes effect 15 days after the date of delivery of the notice or 15 days counted from the day following the date of mailing sent by registered mail, as the case may be.

### Notice and proof of claim

In the event of a claim, you, a beneficiary entitled to make a claim or an agent of one of these persons, will,

- a) give written or verbal notice to Cabinet en assurance de personnes CAA-Québec no later than 30 days from the date of the accident; and
- b) within 90 days of the date of the covered loss, provide the insurer such proof as reasonably possible in the circumstances.

### Failure to give notice or proof

Failure to give notice or proof of claim within the time prescribed above does not invalidate the claim if the notice or proof is provided as soon as reasonably possible, and in no event later than one year from the date of the accident.

### Rights of examination

As a condition for the settlement of a claim under this insurance,

- a) the claimant shall afford the insurer an opportunity to examine the insured person when and so often as reasonably required; and
- b) in the case of death of the insured person, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

### Limitation of actions

An action or proceeding against the insurer and/or us for the recovery of a claim under this insurance shall not be commenced more than 1 year after the date the indemnity became payable or would have become payable if it had been a valid claim.

**Notice concerning privacy**

By purchasing this insurance, you have provided us with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of communicating with you, assessing your application and issuing your insurance.

We may also occasionally notify you of special offers relating to CAA-Quebec products and services and those of its partners. However, if you do not wish to be informed of these offers, or if you wish to access your personal information we have on file, you may write to our Privacy officer at:

**CAA-Quebec**  
444 Bouvier Street  
Quebec, QC G2J 1E3

Your insurance file will be kept confidential at our offices. Your personal information may be shared with AIG Insurance Company of Canada for the purpose of claim processing.

**Identification of parties**

This insurance is underwritten by:

AIG Insurance Company of Canada  
2000 McGill College Avenue, Suite 1200  
Montreal, QC H3A 3H3

This insurance is distributed by:

Cabinet en assurance de personnes CAA-Québec  
1180 Drummond Street  
Montreal, QC H3G 2R7

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