

REQUEST FOR COMPENSATION FROM THE STM

Direction - Affaires juridiques

1 of 2

CUSTOMER CLAIM FORM

Please check the circle indicating the location of the incident.

☐ Bus

☐ Métro

☐ Paratransit

CLAIMANT

☐ Madam

☐ Mister

Last name: _____ First name: _____ Age: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Home telephone: _____ Work telephone: _____ Cell: _____

E-mail: _____

THE EVENT

1. Date: _____ 2. Time: _____

3. Place: _____

4. Witness(es): _____

5. Address and telephone number of witness(es):

6. STM event report number if available: _____

7. Police (SPVM) report number if available: _____

8. STM comment or complaint number (Customer service): _____

9. Amount claimed: _____ 10. Purchase date of article claimed: _____

STM VEHICLE INVOLVED

Vehicle number: _____ Line number: _____ Route or stop number: _____

License plate number: _____

(Please turn over)



REQUEST FOR COMPENSATION FROM THE STM

Customer claim form (continued)

2 of 2

DESCRIPTION OF EVENT – FACTS SURROUNDING ACCIDENT/INCIDENT

Did you report this event to an STM employee? If so, when and to whom?:

CHECK DOCUMENTS PROVIDED (Do not forget to provide the documents)

- | | | |
|--|--|---|
| <input type="radio"/> Joint report | <input type="radio"/> Medical letter (medical diagnosis) | <input type="radio"/> Medical certificate |
| <input type="radio"/> Receipt | <input type="radio"/> Photo(s) | <input type="radio"/> Estimate |
| <input type="radio"/> Statement of earnings (pay slip) | <input type="radio"/> Letter from employer confirming employment and number of days of lost work | |
| <input type="radio"/> Other | | |

Signature: _____ Date: _____

PLEASE SEND THIS FORM TO THE FOLLOWING ADDRESS

STM
Direction - Affaires juridiques/Réclamations
800 De La Gauchetière West
P.O. Box 2000, suite 1170 (ground floor)
Montréal, Québec H5A 1J6
Telephone : 514 350-0800, extension : 85243 or 82444
FAX : 514 280-6126
Email : reclamation@stm.info

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