

REQUEST FOR COMPENSATION FROM THE STM

Secrétariat corporatif et 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)



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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

Joint report	Medical letter (medical diagnosis)	Medical certificate
Receipt	Photo(s)	Estimate
Statement of earnings (pay slip)	Letter from employer confirming employment and number of days of lost work	
Other		

Signature : _____ Date : _____

PLEASE SEND THIS FORM TO THE FOLLOWING ADDRESS

STM
Secrétariat corporatif et 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 : 85240, 87911 or 85243
FAX : 514 280-6126
Email : reclamation@stm.info

