

Application Form



Saskatchewan
Justice

Automobile Injury Appeal Commission

504-2400 College Avenue
Regina, Saskatchewan
S4P 1C8

Phone: (306) 798-5545
Toll Free: 1-866-798-5544
Fax: (306) 798-5540

1. Claimant Information

LAST NAME	FIRST NAME(S)	HOME PHONE NUMBER:
ADDRESS		WORK PHONE NUMBER:
CITY/TOWN	PROVINCE	POSTAL CODE

2. Claimant's representative (please attach proof of authority to act)

- Parent Guardian Executor, Administrator
or Trustee Other (please specify) _____

LAST NAME FIRST	NAME(S)	PHONE NUMBER:
ORGANIZATION		
ADDRESS		FAX NUMBER:
CITY/TOWN	PROVINCE	POSTAL CODE

3. Claimant's Legal Counsel (if applicable)

LAST NAME FIRST	NAME(S)	PHONE NUMBER:
ORGANIZATION		
ADDRESS		FAX NUMBER:
CITY/TOWN	PROVINCE	POSTAL CODE

4. SGI File No.: _____	Date of Insurer's decision: _____
Have you dealt with a Personal Injury Supervisor? Yes No	Was there mediation? Yes No
Have you filed an appeal with the Court of Queen's Bench? Yes No	Other special circumstances:

ATTACH A COPY OF SGI's WRITTEN REASONS FOR DECISION.

5. Why are you applying? (Please give a brief description of your reason)

6. Please identify those findings of facts in SGI's decision that you accept or do not accept.
(You may wish to use a copy of SGI's written decision if this is convenient)

7. What evidence (documents, witnesses, etc) will you be presenting to support your challenge?

8. Do you possess any documents that you will be using as evidence noted in Part 7 above? Yes No
(Please attach a list and copies of those documents, including medical documents, financial documents, etc.)

Note: It is not necessary to list or attach copies of documents you think are on SGI's file unless you now have a copy. The issues outlined in your application will assist in making these records available to you. SGI is required to forward to the Commission any record it has that is relevant to the issues raised in an application for appeal. You will have the right to examine and make copies of these records at the Commission. SGI will also notify you of your option to obtain copies of these records at your local claims office. Either way, all documents you intend to use at the hearing must be filed with the Commission before a hearing can be scheduled.

9. Are there any provisions of *The Automobile Accident Insurance Act, The Personal Injury Benefit Regulations*, or any other statute or regulation that you are relying on? Yes No (If so, please set them out.)

10. Are you seeking a waiver of payment of the \$75 application fee on the grounds of substantial hardship?
Yes No (If so, please complete the Certificate of Substantial Hardship.)

I certify that the information contained in this application form is true and that no relevant information has been withheld. I understand that Commission Hearings are open to the public and that Commission decisions are available on the Commission (www.autoinjuryappeal.sk.ca) and CANLII websites.

Date

Applicant

Applicant's Signature

Please note: Only the claimant named in Section 1 or their representative named in Section 2 can sign this application.