



Financial Services
Commission
of Ontario
5160 Yonge Street,
Box 85
Toronto ON M2N 6L9

Notice of Collection of Personal Information Applicants for Statutory Accident Benefits

*This notice is made pursuant to the Freedom of Information and
Protection of Privacy Act, R.S.O. 1990, c.f.31*

File Number:

Legal authority for the collection of personal information:

Motor Vehicle Accident claims Act, R.S.O. 1990, c.M.41, as amended, section 6. Statutory Accident Benefits Schedule, O. Reg. 776/93, Part XV or O. Reg. 403/96, Part X, as applicable.

Principal purposes for which the personal information is intended to be used:

The Motor Vehicle Accident claims Fund (the "Fund") and any agent acting on behalf of the Fund will be using the information on this application form:

- to administer the *Motor Vehicle Accident Claim Act* generally;
- to complete or verify information relating to an application for accident benefits and to determine a proper amount of payment out of the Fund;
- to consult with insurance companies; employers; health practitioners; hospitals; insurance adjusters; accountants; financial advisors; solicitors, agents or representatives of the applicant; federal, provincial and municipal governments and agencies; and Canadian or foreign police forces to determine or verify entitlement to accident benefits; and
- to disclose such information to parties for purposes which are consistent with the purposes set out above.

The public official who can answer your questions about the collection of this information is:

Director
Motor Vehicle Accident Claims Fund
5160 Yonge Street, Box 85
Toronto ON M2N 6L9
Telephone: (416) 250-1422
Toll-Free outside Toronto calling area: 1-(800) 268-7188

Consent for Collection, use and Disclosure of Personal Information:

I irrevocably consent to the Fund collecting, using and disclosing the information contained in my accident benefits file. I also irrevocably consent to the Fund and any agent acting on behalf of the Fund collecting and using additional information about me from the sources mentioned above for the purposes set out above

And I also Consent to the use and to the disclosure of all such information as is contained on this form or is obtained as a result of verification.

Signature of Applicant

Print Name

Date