



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

## Notice of Collection of Personal Information

### *Applicants for Payment under Section 4*

*This consent and notification is 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:**

Motor Vehicle Accident Claims Act, R.S.O 1990, Chapter M.41, Section 4, as amended.

**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 determine a proper amount of payment out of the Motor Vehicle Accident Claims Fund for which I am applying on this application form and to consult with other regulatory bodies; to use the disclosure such information to parties for purposes which are consistent with the purposes set out in the previous clause;
- to consult with insurance companies; police forces (federal, provincial, municipal and foreign); employers; Ministry of Attorney General; Ministry of Consumer and Commercial Relations; Ministry of Labour; Ministry of Solicitor General; municipal governments; hospitals; doctors; insurance adjusters; the Office of the Registrar General; the Ministry of Transportation; automobile repair shops.

**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 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 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
*Signature(s) of Injured Person(s)	Print Name	Date
*Signature(s) of Injured Person(s)	Print Name	Date

\*Injured person's/persons' signatures(s) required for the sole purpose of obtaining and verifying information relating to the injured persons(s)