



**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)

**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 Claims 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 you can contact about the collection of personal information:**

Director  
Motor Vehicle Accident Claims Fund  
5160 Yonge Street, Box 85  
NORTH YORK 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.

Signature of Applicant \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date \_\_\_\_\_