

Application for Appeal

No Fault Insurance Personal Injury Decision

Claimant Information:

First name

Last name

Home telephone number

Address

Work telephone number

City/town

Province

Postal code

Cell phone number

Email address ***By providing an email address you agree to communicate primarily by email***

Please provide an alternate contact if, for some reason, the AIAC cannot reach you:

First name

Last name

Home telephone number

Work telephone number

Cell phone number

Email address

Claim Information:

Date of SGI decision letter

SGI file number

Date of Accident

I do not agree with SGI's decision for the following reason(s):

(If you need more space please attach an additional page.)

Enclose:

☐

Your \$75 application fee. Please make your cheque payable to the Minister of Finance.
(The fee is returned if you win your appeal); or

☐

A Fee Waiver application, if not providing the \$75 application fee. (The form is available at the AIAC office or online at www.saskatchewan.sk.ca/aiac;

☐

A copy of SGI's decision letter(s); and

☐

A copy of your mediation completion letter, if you participated in mediation.

Application for Appeal

Representation:

Will someone else be helping you? Yes ☐ No ☐

If yes, please indicate who that will be:

Lawyer ☐ If yes, please provide the name of the law firm:

Family member ☐ Advocate ☐ Guardian/Power of Attorney ☐ Executor/Administrator of Estate ☐

Other (specify):

Representative Information (If applicable, provide your representative's contact information):

Last name First name Home telephone number

Address Email address Work telephone number

City/town Province Postal code Cell phone number

All correspondence will be sent to you and copied to your representative unless you instruct us otherwise.

Once you file an appeal, you will have access to the [Appeal Advisor Program](#). The Appeal Advisor Program provides free independent advice in helping you prepare your case for appeal. If you wish to take advantage of this service, please check the box below.

☐ I would like the Appeal Advisor Program to contact me and, for this purpose, I authorize the Commission to provide my contact information and a full copy of an Appeal to my Advisor.

You should know

Through the course of the appeal process, the Commission will collect personal information about you (the claimant), including medical, financial and employment information and possibly photographs from the accident scene, etc. We collect this directly from you or your representative and SGI. This information is used for the purposes of conducting the appeal hearing and arriving at a decision.

Hearings are open to the public and a recording or transcript of the hearing, documents referenced during the proceedings and the written decision form part of the public record, and are accessible under [The Freedom of Information and Protection of Privacy Act](#).

Written decisions are posted to www.canlii.ca, however your identity is masked.

More detailed information about our privacy policy can be found on the AIAC web site. Your signature below indicates your consent for the collection, use and disclosure of personal information as described.

If you need assistance completing this form, please call the AIAC at (306) 798-5545 or toll free at 1-866-798-5544 or visit our website at www.saskatchewan.ca/aiac.

Signature of claimant or representative:

Date:

Contact the Automobile Injury Appeal Commission

E323 - 2440 Broad Street
REGINA, SK S4P 0A5
www.saskatchewan.ca/aiac

Phone: (306) 798-5545 Toll free:
1-866-798-5544
Fax: (306) 798-5540 email:
aiac.inquiries@gov.sk.ca