

CLAIM FORMBEFORE THE STAY

To be sent within 5 working days when you have knowledge of the event and before the start of validity of the "ski pass, ski lessons and/or day nursery (service provided by ski schools)", to the address:

GBC MONTAGNE - Service Carré Neige - Résidence le Grand Cœur Bâtiment B, 298 avenue Maréchal Leclerc 73700 Bourg-Saint-Maurice

		The po	olicyholder — — — — — — — — — — — — — — — — — — —	
☐ Sir	Fullname:	•	Date of birth:	
☐ Madam	Fullname of the legal guardian (if the claim concerns a child):			
Child			a ormaj.	
Adress:			Post Code:	
	District:			
	Country:			
Fmail:			Phone:	
		The ca	uncellation ————————————————————————————————————	
Reason for ca	incellation:			
Serious illness, serious accident (resulting in an inability to ski or practise the sport for the full duration of the services booked), or death			Theft from private and/or business premises	
			Getting a job or an internship (provided that you are registered as unemployed via the employment centre)	
Economic lay-off			Theft of identity card or passport on the day of departure	
Court summons (only in the case of summons to appear as a juror, child adoption proceedings, appointment of an expert or			Attack in the 48 hours before departure within a 100km radius of the holiday home	
divorce) Convocation to a remedial school exam			Professional transfer or modification of holiday dates by the employer	
More than	50% of private and/	or business premises destroyed	Lack or excess of snow	
Details:				
			Time:	
Resort:				
		Refund(s	s) requested	
	Ski-pass	Ski lessons	,	
ļ	Oki-pass	ON 10000110		
		Supportin	g documents ————————————————————————————————————	
=	urchase of the Carre and/or ski lessons w	é Neige Intégral insurance, vith dates en prices	Any necessary documents justifying the cancellation (depending on the reason)	
Your bank	details : IBAN and	SWIFT code		
	You must be al	ble to provide us with a copy of both sides of a valid ic	dentity document or family record book for each insured person, on request.	
Signet at :		Date :	Signature	

The information collected by SOGESSUR, an entity of Société Générale Assurances and GBC Montagne, is subject to data processing intended for your identification and that of the beneficiaries, the application of the regulations in the fight against money laundering, and the financing of terrorism and the fight against fraud, as well as the management and execution of the contract, the implementation of bank transfers and direct debits and the management of claims by GBC Montagne. They are kept for the duration of the contract and until expiryof the statutory limitation periods. The recipients of the data are the insurers involved in the execution or management of your contract, and, where applicable, the administrative and judicial authorities to meet the legal and regulatory obligations in force. The management of health data forclaims management is done in accordance with the rules guaranteeing their confidentiality. In addition, you have the right to access, port, rectify, delete and oppose the information concerning you, which you can exercise by writing to SOGESSUR- Compliance Department - Service Protection data - 17 bis place Reflets - 92919 Paris Defense Cedex or from the online form available from the site https://www.assurances.societegenerale.com/fir/footer/donnees-personnelles/, where you can also consult the privacy policy of Société Générale Assurances. You also have the option of filing a complaint on the CNIL websiteby completing a complaint form online or by post by writing to: CNIL - 3 Place deFontenoy - TSA 80715- 75334 PARIS CEDEX07.



CLAIM FORMDURING THE STAY

Your claim has to be sent by post, within 15 days of the event, to the adress:

GBC MONTAGNE - Service Carré Neige - Résidence le Grand Cœur Bâtiment B, 298 avenue Maréchal Leclerc 73700 Bourg-Saint-Maurice

	i ne policynolder
Sir Fullname:	Date of birth:
☐ Madam Fullname of the legal guardian (if the claim	n concerns a child):
Child	
Adress:	Post Code:
	District:
	Country:
Email:	Phone:
	The event
	Time:
Resort:	_
Type of the event: Skiing / snow sports accident	U Other
Specify:	
	Rescue & Transport
Were you assisted by the ski patrol? Yes	No
If so, by which way? Sledge / Stretcher / Scooter	Helicopter
Were you transported by ambulance or taxi? Yes	□No
If so, on which date(s)?	From the medical centre to the hospital
For which trip(s)? From the place of the accident to	
From the place of the accident to	
	Refund(s) requested ————————————————————————————————————
☐ Ski-pass	Rescue / Transport
Ski lessons	Remaining medical expenses (only in addition to your healthcare organisations)
——————————————————————————————————————	ealthcare organisation(s)
Name of your primary healthcare organisation (social security	ırity):
Do you have supplementary healthcare insurance (a policy	y that supplements the refunds from your primary healthcare organisation)?
Yes No If so, which one?	
•	Supporting documents ————————————————————————————————————
 Proof of ski-pass and Carré Neige Intégral insurance purchase with dates and prices 	 Medical certificate from the doctor consulted on the resort, during the stay stating the nature of the injuries and the duration of the inability to ski
 Photo of the front and back of the ski-pass 	 Invoice for ski lessons, ski rescue, transport, etc. (if necessary)
Your bank details : IBAN and SWIFT code	
You must be able to provide us with a copy of both s	sides of a valid identity document or family record book for each insured person, on request.
Signed at:	Date: Signature

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