

CLAIM FORM

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

		The policyholde	r
Sir	Fullname:		Date of birth:
Madam Child	Fullname of the legal guardian (if the claim concerns a child):		
Child			
Adress:			Post Code:
			District:
			Country:
Email:			Phone:
		The event	
Date of the event:			Time:
Resort:			
Type of the ev	vent: Skiing / snow sports accident	Other	
Specify:			
		Rescue & Transpo	ort
Were vou assi	isted by the ski patrol?	□No	
	n way? Sledge / Stretcher / Scooter	☐ Helicopter	
	<u> </u>		
•	resported by ambulance or taxi? Yes	∐ No	
	h date(s)?		From the medical centre to the hospital
For which trip(`		From the medical centre to your holiday accommodation
	From the place of the accide	nt to the hospital	From the hospital to your holiday accommodation
		Refund(s) request	red
Ski-pass Rescue / 1		Rescue / Transpor	t
Ski lessons F		Remaining medical	l expenses (only in addition to your healthcare organisations)
		Healthcare organisat	ion(s)
Do you have s —			refunds from your primary healthcare organisation)?
Yes	s No If so, which one?		
		Supporting docume	ents
	-pass and Carré Neige Nordique Saison in vith dates and prices		ertificate from the doctor consulted on the resort, during the stayer nature of the injuries and the duration of the inability to ski
Your skipas	ss (card) if the inability covers the rest of the	ne season • Invoice fo	r ski lessons, ski rescue, transport, etc. (if necessary)
• Your bank o	details : IBAN and SWIFT code		
	You must be able to provide us with a copy of b	oth sides of a valid identity document	or family record book for each insured person, on request.
Signed at:		Date:	Signature
oigilioù at		Dato	Oignataro

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/fr/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.