

## **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 policyholder

Sir	Fullname:		Date of birth:	
Madam	Fullname of the legal guardian (if the	claim concerns a child):		
Child				
Adress:			Post Code:	
			District:	
			Country:	
Email:			Phone:	
		The event		
Date of the ev	ent:		Time:	
	ent: 🔲 Skiing / snow sports acciden			
		Rescue & Transp	ort	
Were you ass	sted by the ski patrol?			
If so, by which				
-	sported by ambulance or taxi?			
	n date(s)?		From the medical centre to the hospital	
For which trip(s)? From the place of the accident			From the medical centre to your holiday accommodation	
	From the place of the acci	dent to the hospital	From the hospital to your holiday accommodation	
		Refund(s) reques	ted	
	Ski-pass	Rescue / Transpo	rt	
Ski lessons		Remaining medica	Remaining medical expenses (only in addition to your healthcare organisations)	
		-	tion(s)	
·	_		e refunds from your primary healthcare organisation)?	
Yes	s No If so, which one'	<u>(</u>		
		Supporting docum	ents	
<ul> <li>Proof of ski-pass and Carré Neige Nordique insurance purchase with dates and prices</li> </ul>			<ul> <li>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</li> </ul>	
<ul> <li>Photo of the front and back of the ski-pass</li> </ul>		<ul> <li>Invoice for</li> </ul>	Invoice for ski lessons, ski rescue, transport, etc. (if necessary)	
<ul> <li>Your bank</li> </ul>	details : IBAN and SWIFT code			
	You must be able to provide us with a copy	of both sides of a valid identity documen	t or family record book for each insured person, on request.	
Signed at:		Date:	Signature	
the regulations in the direct debits and the the execution or man	fight against money laundering, and the financing of terror management of claims by GBC Montagne. They are kept f agement of your contract, and, where applicable, the admi	rism and the fight against fraud, as well a for the duration of the contract and until e nistrative and judicial authorities to meet	ata processing intended for your identification and that of the beneficiaries, the application of s the management and execution of the contract, the implementation of bank transfers and xpiryof the statutory limitation periods. The recipients of the data are the insurers involved in the legal and regulatory obligations in force. The management of health data forclaims cess, 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 deFontency - TSA 80715-75334 PARIS CEDEX07.