



# CLAIM FORM

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

Address: ..... Post Code: .....

..... District: .....

..... Country: .....

Email: ..... Phone: .....

## The event

Date of the event: ..... Time: .....

Resort: .....

Type of the event:  Skiing / snow sports accident       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 the medical centre       From the medical centre to your holiday accommodation

From the place of the accident to the hospital       From the hospital to your holiday accommodation

## Refund(s) requested

Ski-pass       Rescue / Transport

Ski lessons       Remaining medical expenses (only in addition to your healthcare organisations)

## Healthcare organisation(s)

Name of your primary healthcare organisation (social security):.....

Do you have supplementary healthcare insurance (a policy that supplements the refunds from your primary healthcare organisation)?

Yes       No      If so, which one?.....

## Supporting documents

- Proof of ski-pass and Carré Neige Saison insurance purchase with dates and prices
- Your skipass (card) if the inability covers the rest of the season
- Your bank details : IBAN and SWIFT code
- 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
- Invoice for ski lessons, ski rescue, transport, etc. (if necessary)

You must be able to provide us with a copy of both sides of a valid identity document or family record book for each insured person, on request.

Signed 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 expiry of 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 for claims 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 Reffets - 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 website by completing a complaint form online or by post by writing to: CNIL - 3 Place de Fontenay - TSA 80715- 75334 PARIS CEDEX 07.