



CLAIM FORM

Your claim has to be sent by post, within 15 days of the event, to :
GBC MONTAGNE - Service «Carré Neige Integral» - B.P. 19 - 73704 Bourg-Saint-Maurice Cedex - France

Mr. Mrs Child

Surname and given name Date of birth :

Surname and given name of the legal guardian (if the claim concerns a child)

Address :

Postcode : District :

Country : Tél. :

Email :

Date the event : Time :

Resort :

Nature of the claim : Skiing or snow sports accident other

Please, specify :

Caused by a third party ? yes no

(only if you want to make a recourse against the third party that seems responsible for your skiing accident and if you have its complete contact details)

If so, name, surname and address of that person :

Where you assisted by the ski patrol ? yes no

If so, by which means ? Sledge, stretcher, or scooter Helicopter

Were you transported to a medical center by ambulance or taxi?

yes no

If so, on what date ?

What was the purpose of the transport ? from the place of the accident to the medical practice

from the place of the accident to the hospital from the medical practice to the hospital

from the medical practice to your holiday address from the hospital to your holiday address

Name of your primary health care organisation (Social Security) :

Do you have supplementary health care insurance (a policy that supplements the reimbursements from your primary health care organisation) ?

yes no

If so, name of the insurance company:

DOCUMENTS THAT MUST BE PROVIDED WITH YOUR CLAIM

- «ski-lift passes» + supporting document for the purchase of the passes and/or
- «skiing lessons» card + the invoice
- the initial medical certificate issued by the doctor consulted on-site during the stay specifying the nature of the injury and the period during which the Policyholder is unable to take part in sport, which prevents him from skiing or participating in snow sports.

} including the validity period, the price, and the « Carré Neige Integral » policy;

Signed at : Date :

Signature :

The information collected by GBC MONTAGNE, during the business relationship, is subject to computer processing for the management and execution of your contract, the application of the regulations against money laundering capital, and the financing of terrorism, the fight against the frauds, the introduction of bank transfers or direct debits. They are kept for 5 years from the end of the contract. The recipients of the data are the insurers involved in the execution or management of your contract, and if necessary, the administrative and judicial authorities to meet the legal and regulatory obligations in force. In addition, you have the right to access, port, rectify, delete and oppose the information that concerns you, which you can exercise by writing to the Data Protection Representative to the address of the registered office of MUTUAIDE ASSISTANCE or by email to DRPO@MUTUAIDE.fr (except for legal protection). You also have the option to submit a complaint on the CNIL website by completing a complaint form online or by post by writing to: CNIL - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07 - FRANCE.

PLEASE NOTE:

You must be in a position to provide us with a copy of both sides of a valid identity document, or of the family record book in the case of a child who does not have an identity document, as soon as we request them.