



# CLAIM FORM

Your claim has to be sent by post, within 15 days of the event, to :  
GBC MONTAGNE - Service « Carré Neige Nordique » - 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 of the event : ..... Time : .....

Resort : .....

Nature of the claim :  nordic skiing or nordic activities 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
<ul style="list-style-type: none"> <li>• « ski area passes » + supporting document for the purchase of the passes including the validity period, the price and the « Carré Neige Nordique » policy,</li> <li>• the initial medical certificate issued by the doctor who was 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 nordic skiing or participating in nordic activities,</li> <li>• card + invoice for « skiing lessons » showing the validity period and the price, if necessary.</li> </ul>

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.**