



CLAIM FORM

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

GBC MONTAGNE - Service « Carré Neige Saison » - B.P. 19 - 73704 Bourg-Saint-Maurice Cedex - France

Mr Mrs Child

Surname, name : Date of birth :

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

Address :

Post code : District :

Country : Tél. :

Email :

Date of the event : Time :

Resort :

Nature of the claim: A skiing, snowboarding, snow sports or cross-country skiing 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 address of stay* from the hospital to your address of stay*

*at the moment of your accident

Name of your primary health insurance provider (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

- « season pass » (original document in the event that the Policyholder is unable to take part in sport, which prevents him from skiing, snowboarding, participating in snow sports or cross-country skiing **for the rest of the season**) + supporting document for the purchase of the « season pass » including the price of the pass and the « Carré Neige Saison » policy;
- the initial medical certificate specifying the nature of the injury and the period during which the Policyholder will be unable to take part in sport, which prevents him from skiing, snowboarding, participating in snow sports or cross-country skiing;
- card + invoice for « skiing lessons » showing the validity period and the price, if necessary.

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 Fontenay - TSA 80715 - 75334 PARIS CEDEX 07 - FRANCE.

PLEASE NOTE :

You must be in a position to provide us with, for each policyholder, 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.