



CLAIM FORM

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

GBC MONTAGNE - Service « Carré Neige Nordique 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 nordic skiing or nordic activities accident other

Please specify :

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

- « nordic season pass » (original document in the event that the Policyholder is unable to take part in sport, which prevents him from nordic skiing or participating in nordic activities **for the rest of the season**) + supporting document for the purchase of the « nordic season pass » including the price of the pass and the « Carré Neige Nordique 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 nordic skiing or participating in nordic activities;
- card + invoice for « skiing lessons » showing the validity period and the price, if necessary.

Signed at : Date :

Signature :

The information collected by SOGESSUR, an entity of SOCIETE GENERALE 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 by SOGESSUR, an entity of SOCIETE GENERALE ASSURANCES, 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 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 SOCIETE GENERALE 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 Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07.

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.