

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 purchase of the ski-pass (only in partner resorts) and Carré Neige Liberté insurance with dates and prices
- Photo of the front and back of the ski-pass
- Consumption statement for the day of the event
- 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)
- Your bank details : IBAN and SWIFT code

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