

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

Rescue / Transport Remaining medical expenses (only in addition to your healthcare organisations)

Ski à la carte subscription
If unable to ski for the entire season Cost of a replacement pass, in case of loss or theft

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
- 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
- Photo of the front and back of the ski-pass
- Your bank details : IBAN and SWIFT code
- Consumption statement for the day of the event

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