

CLAIM FORMCARRE NEIGE LIBERTE



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

GBC MONTAGNE - Service Carré Neige - Résidence le Grand Cœur Bâtiment B, 298 avenue Maréchal Leclerc 73700 Bourg-Saint-Maurice

		The policyholder	r ————
Sir	Fullname:		Date of birth:
Madam	Fullname of the legal guardian (if the claim cor	ncerns a child):	
Child		·	
Adress:			Post Code:
			District:
			Country:
Email:			Phone:
		The event	·
D 4 64			
			Time:
	ont: 🗖 o: : /		
	ent: Skiing / snow sports accident	Other	
Specify:			
	Re	escue & Transpo	ort
Were you assis	sted by the ski patrol? Yes No		
If so, by which	way? Sledge / Stretcher / Scooter	Helicopter	
Were you trans	sported by ambulance or taxi? Yes	No	
If so, on which	date(s)?		From the medical centre to the hospital
For which trip(s	s)? From the place of the accident to th	e medical centre	From the medical centre to your holiday accommodation
	From the place of the accident to th	e hospital	From the hospital to your holiday accommodation
	Re	efund(s) request	he
-	_	. , .	
		Rescue / Transport	
L	Ski lessons	Remaining medical	expenses (only in addition to your healthcare organisations)
	Health	hcare organisati	ion(s)
Name of your p	primary healthcare organisation (social security)	<u></u>	
Do you have s	upplementary healthcare insurance (a policy tha	at supplements the	refunds from your primary healthcare organisation)?
Yes	No If so, which one?		
	Sup	porting docume	ents ————
=	chase of the ski-pass (only in partner resorts) are Liberté insurance with dates and prices		ertificate from the doctor consulted on the resort, during the stage nature of the injuries and the duration of the inability to ski
• Photo of the	front and back of the ski-pass	Invoice for	r ski lessons, ski rescue, transport, etc. (if necessary)
Consumption statement for the day of the event		Your bank	details : IBAN and SWIFT code
	You must be able to provide us with a copy of both sides of	of a valid identity document of	or family record book for each insured person, on request.
Signed at:		Date:	Signature

The information collected by SOGESSUR, an entity of Société Générale 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, 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 expiryof 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 forclaims 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 Société Générale Assurances. You also have the option of filing a complaint on the CNIL websiteby completing a complaint form online or by post by writing to: CNIL - 3 Place deFontenoy - TSA 80715- 75334 PARIS CEDEX07.