

You can file your claim online at www.grassavoie-montagne.com

or send it by post within 5 days to: **GRAS SAVOYE MONTAGNE - Service FFCAM**
Parc Sud Galaxie - 3B, rue de l'Octant - BP 279 - 38433 Échirolles Cedex

MEMBER

Civility Mr. Mrs. Surname _____ First name _____ Date of birth

Profession _____ Phone number _____ e-mail _____

Address _____

Postcode _____ Town _____

FFCAM card no. (photocopy of membership card required for claims processing) Membership club _____

Member cover Civil Liability only Personal Insurance Member extended cover Enhanced Personal Accident Worldwide Protection plus

French Social Security cover Yes, SSN: No Complementary scheme (including foreign) Yes No

If yes, which scheme? _____

Other insurance (school Insurance, personal liability, etc.) Yes No If yes, name of insurance _____ Contract no. _____

Have you filed a claim with these organisations? Yes No If yes, which one(s)? _____

DESCRIPTION OF ACCIDENT (must be completed in all cases)

Date Time h Location _____ French dept. no.

Activity practised independently under the supervision Yes No - If so, by which organisation _____

Activity being practised at the time of the accident:

Hiking

Mountaineering ice climbing

Rock climbing: artificial structure cliff face

ATV

Skiing: alpine ski touring cross-country off piste

Snowshoe

Aerial sports: paragliding base jumping side by side paragliding delta plane

Potholing

Canyoning

Other (please specify) _____

Specific circumstances

Type of injury (attach the related medical certificate)

Were you rescued by piste services? Yes No

If yes, how? sledge/basket stretcher skidoo helicopter other _____

Were you transported in an ambulance? Yes No If yes: To a surgery To hospital Back to the resort

Name(s) and address(es) of any witnesses _____

Police report Yes No **Gendarme report** Yes No

Police station or Gendarmerie of _____ Numéro du procès verbal _____

THE ACCIDENT INVOLVED A THIRD PARTY (in this case, complete the specific sections below)

Third party → at fault Yes No victim Yes No

Surname _____ First name _____

Profession _____ Téléphone _____

Address _____

Postcode _____ Town _____

Insurer: Company _____ Policy no. _____ Branch office _____

Property damage

Bodily injury

WITNESSES

Names and addresses of witnesses (attach a testimony and a double-sided copy of a piece of identification) _____

In _____ Role of signatory _____
Date _____ Signature _____

This statement must be sent within 5 days to Gras Savoye Montagne along with the medical certificate specifying the nature of the injuries and the copy of your 2015/2016 FFCAM [Fédération française des clubs alpins et de montagne (French Federation of Alpine and Mountain Clubs)] license.