club alpin français
fédération française des clubs alpins et de montagne

GRAS SAVOYE

INSURANCE CLAIM

You can file your claim online at **www.grassavoye-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

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) ☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Member cover Civil ☐ Liability only ☐ Personal Insurance **Member extended cover** ☐ Enhanced Personal Accident ☐ Worldwide

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 of the FFCAM

Activity being practised at the time of the accident:

☐ Hiking
☐ Mountaineering
☐ Rock climbing: ☐ artificial structure ☐ cliff face
☐ ATV
☐ Skiing: ☐ alpine ☐ touring ☐ cross-country ☐ off piste
☐ Snowshoe
☐ Aerial sports: ☐ paragliding ☐ base jumping ☐ side by side paragliding ☐ delta plane
☐ Potholing
☐ Canyoning
☐ Other (please specify)

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

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

Type of injury (attach the related medical certificate)

THIRD PARTY INVOLVEMENT (please complete this section if applicable)

Third party → at fault ☐ Yes ☐ No victim ☐ Yes ☐ No

Surname | First name

Profession | Téléphone

Adress

Postcode | Town

Insurer: Company | Policy no. | Branch office

Please specify the type and extent of all apparent damage and injury.

Property damage

Bodily injury

OTHER INFORMATION (or consequences subsequent to the accident)

In
Date

Role of signatory
Signature

This claim must be sent within 5 days to Gras Savoye Montagne, along with the medical certificate and a photocopy of your 2013-2014 FFCAM licence.