

You can file your claim online at : www.montagne.wtwco.com

or send it by e-mail : fr.ffcam@wtwco.com

or by post within 15 days to: **WTW MONTAGNE - Service FFCAM**
Parc Sud Galaxie - 3B, rue de l'Octant - BP 279 - 38433 Échirolles Cedex

MEMBER

Civility <input type="checkbox"/> Mr. <input type="checkbox"/> 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 <input type="checkbox"/> Liability only <input type="checkbox"/> Personal Insurance	Member extended cover <input type="checkbox"/> Enhanced Personal Accident <input type="checkbox"/> Worldwide <input type="checkbox"/> Protection plus		
French Social Security cover <input type="checkbox"/> Yes, SSN: <input type="checkbox"/> No	Complementary scheme (including foreign) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which scheme?			
Other insurance (school Insurance, personal liability, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of insurance
Have you filed a claim with these organisations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)?

DESCRIPTION OF ACCIDENT (must be completed in all cases)

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time <input type="text"/> h <input type="text"/> <input type="text"/>	Location <input type="text"/>	French dept. no. <input type="text"/> <input type="text"/>
Activity practised <input type="checkbox"/> independently <input type="checkbox"/> under the supervision		If so, by which organisation : <input type="text"/>	
Activity being practised at the time of the accident:		Name of the responsible : <input type="text"/>	
<input type="checkbox"/> Hiking		Weather conditions : <input type="text"/>	
<input type="checkbox"/> Mountaineering	<input type="checkbox"/> ice climbing		
<input type="checkbox"/> Rock climbing:	<input type="checkbox"/> artificial structure	<input type="checkbox"/> cliff face	
<input type="checkbox"/> Mountain bike			
<input type="checkbox"/> Skiing:	<input type="checkbox"/> alpine	<input type="checkbox"/> ski touring	<input type="checkbox"/> cross-country
<input type="checkbox"/> Snowshoe	<input type="checkbox"/> off piste		
<input type="checkbox"/> Aerial sports:	<input type="checkbox"/> paragliding	<input type="checkbox"/> base jumping	<input type="checkbox"/> side by side paragliding
<input type="checkbox"/> Potholing	<input type="checkbox"/> delta plane		
<input type="checkbox"/> Canyoning			
<input type="checkbox"/> Other (please specify) <input type="text"/>			
Specific circumstances <input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Type of injury (attach the related medical certificate) <input type="text"/>			
<input type="text"/>			
Were you rescued by piste services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how? <input type="checkbox"/> sledge/basket stretcher <input type="checkbox"/> skidoo <input type="checkbox"/> helicopter <input type="checkbox"/> other			
Were you transported in an ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> To a surgery <input type="checkbox"/> To hospital <input type="checkbox"/> Back to the resort			
Name(s) and address(es) of any witnesses <input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Police report <input type="checkbox"/> Yes <input type="checkbox"/> No Gendarme report <input type="checkbox"/> Yes <input type="checkbox"/> No			
Police station or Gendarmerie of <input type="text"/>		Numéro du procès verbal <input type="text"/>	

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

Third party →		at fault <input type="checkbox"/> Yes <input type="checkbox"/> No		victim <input type="checkbox"/> Yes <input type="checkbox"/> 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
Date

Role of signatory	
Signature	

This statement must be sent within 15 days to WTW Montagne along with :

- the initial medical certificate specifying the nature of the injuries.
- your bank reference