

You can file your claim online at [ffcam.grassavoie-montagne.com](http://ffcam.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  min Location \_\_\_\_\_ French dept. no.

Activity practised  independently  under the supervision If so, by which organisation : \_\_\_\_\_

Activity being practised at the time of the accident: Name of the responsible : \_\_\_\_\_

Hiking Weather conditions : \_\_\_\_\_

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 \_\_\_\_\_  
Date \_\_\_\_\_

Role of signatory  
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 2017/2018