

You can file your claim online at ffcam.grassavoye-montagne.com

or send it 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession		Phone number		e-mail				
Address								
Postcode			Town					
FFCAM card no. (photocopy of membership card required for claims processing)			<input type="text"/>			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="text"/>		<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		Contract no.	
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 Time h h m

Location French dept. no.

Activity practised ☐ independently ☐ under the supervision

Activity being practised at the time of the accident:

☐ Hiking

☐ Mountaineering ☐ ice climbing

☐ Rock climbing: ☐ artificial structure ☐ cliff face

☐ Mountain bike

☐ 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 <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 medical certificate specifying the nature of the injuries.