

INSURANCE CLAIM

Impact
multi sports

1. YOU NEED ASSISTANCE :

In case of emergency, it is imperative to contact the local primary emergency services for any problems recovering from their skills.

To allow us to intervene, we recommend you to prepare your call.

We will ask you for the following information:

- Your name and first name
- the precise place where you are, the address and the phone number where we can contact you,
- your number of contract : **7.906.083**

You must call us immediately to the:

From abroad: Tel: 00 33 4 37 28 83 49

Fax: 00 33 1 46 43 50 26

From France: Tel: 04 37 28 83 49

Fax: 01 46 43 50 26

- obtain our preliminary agreement before taking any initiative or engaging any expense
- to shape you to the solutions which we recommend,
- to supply us all the elements relative to the signed contract,
- to supply us all the original documentary evidences of the expenses the refund of which is asked.

We reserve the right to ask for all the necessary documentary evidences (death certificate, proof of address, certificate of marital life, documentary evidence of expenses, etc.) supporting any request of assistance.

TRANSMISSION OF URGENT MESSAGES (ABROAD ONLY) :

During your sport trip abroad, if you are unable to contact a person living in your country of origin, we will transmit the message

that you have already told us by phone, on the date and time that you will choose.

Impact multisport, an insurance and assistance product offered by:



GRUPE BURRUS

DIOT
Montagne

Résidence le Grand Cœur - Bat B
298 Av du Maréchal Leclerc - BP23
73704 Bourg st Maurice CEDEX
Tél : 04 79 07 05 88
Fax : 04 79 07 27 01

GBC MONTAGNE : SAS au capital de 2 800 000 euros. RCS. Chambéry 832805444 -. N° TVA FR51832805444. n° Orias : 17007353 www.orias.fr. Sous le contrôle de l'ACPR - Autorité de Contrôle Prudentiel et de Résolution- 61 Rue de Taitbout 75436 Paris Cedex 09. Assurance de Responsabilité Civile Professionnelle et Garantie Financière conformes au Code des Assurances. Service réclamation : reclamations@gbc-mountain.com. Médiation (seulement échec de la réclamation) : La Médiation de l'Assurance, Pole CSCA, TSA 50110, 754-Paris Cedex 09 ou le.mediateur@mediation-assurance.org. Notre cabinet de courta exerce ses activités selon les dispositions prévues à l'article L520-1-II-b du Code d'Assurances.

 **MAPFRE** ASSISTANCE

L'EUROPÉENNE
d'assurances voyages

31-33 rue de la Baume
75008 PARIS
Tél : 01 46 43 64 64
Fax : 01 55 69 39 76

MAPFRE ASISTENCIA - sous la marque commerciale de "**MAPFRE ASSISTANCE, L'EUROPÉENNE D'ASSURANCES VOYAGES**" - assistant et assureur du risque. **MAPFRE ASISTENCIA** Compania Internacional de Seguros y Reaseguros, société anonyme d'assurance de droit espagnol, au capital de 108.175.523,12 euros, dont le siège social est sis Carretera de Pozuelo n°52 Majadahonda - Madrid 28222, Espagne, soumise dans le cadre de son activité, au contrôle des autorités espagnoles Dirección General de Seguros y Fondos de Pensiones, Paseo de la Castellana, 44. 28046 Madrid, agissant pour les besoins de la présente convention par l'intermédiaire de sa succursale française dont le siège social est sis LE QUATUOR Bâtiment 4D - 16 avenue Tony GARNIER ZAC GERLAND 69007 LYON, France, immatriculée au Registre du Commerce et des Sociétés de Lyon sous le numéro 413 423 682, et par l'intermédiaire de son établissement secondaire, sis 31-33 Rue de la BAUME 75008 PARIS, SIRET 413 423 682 00066, Entreprise régie par le Code des Assurances.

2. YOU WANT TO MAKE A CLAIM UNDER THE GUARANTEE OF INSURANCE COVER:

In 5 working days, from the moment you have knowledge of the disaster, you or every person acting on your behalf, have to complete and sign the claim of disaster joined to the present general arrangements and send it to:

Web site : www.mapfre-assistance.fr

Email : sinistres@mapfre.com

By mail : **MAPFRE ASSISTANCE**
L'Européenne d'Assurances Voyages
31-33 Rue de la Baume
75008 PARIS

NAME, first name:

Date of birth:// F M

Address :

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Post Code : Town :

Country : P

Tel :

E-mail :

Name and address of your Social Security or another Health Service:

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Do you have other additional health insurance? yes no

If you do, indicate the name and address of your insurers:

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Nature of the claim:

Reimbursement of the medical expenses after reimbursement of all other medical insurance coverage (public health cover or supplementary private health cover)

Reimbursement of rental costs after breaking your own skis or sport equipment

Sports liability

Interruption costs of sport subscription

Individual accident (death – permanent disability)

Event date:// Time:

Event location:

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Circumstances of the event:

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Were you rescued? yes no

By what means?

Were you transported to a medical centre? yes no

If yes, to which centre:

By which means?

Established at:, on :

Signature

Do not forget to attach to the claim all the ORIGINAL documentary evidences in your ownership for a fast treatment of your request.

In case of accident, send us a medical certificate detailing the nature of your injuries and stating whether or not the injured person is able for a sportactivity.