
TO WHOM SHOULD THE REIMBURSEMENT BE PAID ?

Account holder (*only if different from skipass holder / ski course beneficiary*) :

First name :

Last name :

Street :

ZIP code :

City :

Country :

Europe

International

IBAN :

Account number :

BIC :

SWIFT :

WHICH DOCUMENTS MUST BE SUBMITTED ?

The form will not be processed without the following attachments :

- Photo / invoice of skipass
and/or
ski course invoice
- Proof of insurance purchased
- Medical certificate (*with duration of incapacity*)

If the accident occurred on the slopes :

- Invoice for medical expenses, transport, rescue on the slopes

Please submit to **your accident insurance** and send us the settlement/refusal

DECLARATION AND SIGNATURE

Place and date :

Signature of skipass holder :

Postal address
E-mail

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