

## GENERAL INFORMATION

**The insurer:**

Inter Partner Assistance

Avenue Louise 166/1

1050 Brussels

Tel: +32 (0)2 550 04 78

E-mail: [claims-assistance@axa-assistance.com](mailto:claims-assistance@axa-assistance.com)**Policyholder:**

KEYTRADE BANK

Bd du Souverain 100

1170 Brussels

**Holder of the KEYTRADE BANK VISA card:**

Surname - Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Type of card: Platinum  Gold 

Card number: \_\_\_\_\_

**Insured person:**

Surname - Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the KEYTRADE BANK VISA card holder: \_\_\_\_\_

Birth date: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## REFUND

**Refund (according to the General Conditions)**

Bank account number: \_\_\_\_\_

SWIFT (BIC): \_\_\_\_\_

IBAN: \_\_\_\_\_

Name and address of the banking institution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**The insurer:**

Inter Partner Assistance SA, insurance company registered at the BNB under number 0487

Registered office: Av. Louise 166, 1050 Brussels - RLP Brussels - VAT No. BE 0415.591.055.- BIC: BBRUBEBB - IBAN: BE66 3630 8057 8243

**CLAIM**

(To be completed by the KEYTRADE BANK VISA card holder)

Date and time of the withdrawal using the KEYTRADE BANK VISA card: \_\_\_\_\_

Date and time the theft occurred: \_\_\_\_\_

Amount of stolen cash \_\_\_\_\_

Place and circumstances of the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possibility of compensation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a right of recovery from a third party?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken any action yourself in this regard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CERTIFICATION

Date and time of filing theft report with the police: \_\_\_\_\_

Specify the circumstances of the attack (place, circumstances, etc.): \_\_\_\_\_

\_\_\_\_\_

### Documents to attach:

- A copy of the theft report
- The copy of the credit card statement proving the withdrawal with the credit card at a cash machine;
- A dated and signed copy of the medical certificate or testimony relating, in writing, the circumstances of the aggravated theft or other evidence of aggravated theft;

### Declaration by the insured

**The undersigned declares that he or she has answered the questions correctly, and all information and data concerning the damages are accurate, and that the claim has not been submitted to another company. The undersigned hereby gives permission for recovery from a third party.**

Signature of the insured

Dated

Please send the completed form and all the required documents preferably by e-mail to:  
[claims-assistance@axa-assistance.com](mailto:claims-assistance@axa-assistance.com)  
or by mail to:  
AXA Assistance  
KEYTRADE BANK VISA Card Refund Service  
Avenue Louise 166/1  
1050 Brussels

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