

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

Policyholder:

KEYTRADE BANK

Bd du Souverain 100

1170 Brussels

Holder of the KEYTRADE BANK VISA card:

Surname - Forename: _____

Address: _____

Type of card: Platinum Gold Classic

Number of the card used for the purchases: _____

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)

Price of the purchase _____

Date of payment with the KEYTRADE BANK VISA card: _____

Date the claim arose: _____

In case of theft, date of the theft declaration to the competent authorities _____

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?

Documents to attach:

- Proof used as evidence for the insured item(s), the price and the date of purchase or delivery (invoice or receipt);
- A copy of the VISA statement or a copy of the bank statement proving that the amount of the purchase was paid using the insured card;
- In case of theft: the crime report number and the identity of the local authorities where the complaint was filed;
- In the event of a break-in: any proof related to the break-in such as a copy of the locksmith's invoice or an attestation of the declaration to the insurer (details of which should be mentioned) following the declaration by the insured to the fire or vehicle insurer;
- In case of violent robbery, any proof of this act of violence such as a medical report or a testimony (written attestation, dated and signed by a witness and mentioning his or her surname, first name and profession, accompanied by a copy of their identity document);
- In the event of accidental damage, the offer of the repair or the invoice of repair of the insured item or the proof of the sales person or the repairer mentioning precisely the damage and proving that this damage is irreparable.

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

or by mail to:

AXA Assistance

KEYTRADE BANK VISA Card Refund Service

Avenue Louise 166/1

1050 Brussels

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