

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

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 of payment with the KEYTRADE BANK VISA card: _____

Date the claim arose: _____

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

Purchase price of the insured item: _____

Late delivery

Non-compliant delivery

Date of purchase : _____

Documents to attach:

- A copy of the order confirmation (e-mail), seller confirmation approving the order or a printout of the order web page;
- A copy of the VISA statement or a copy of the bank statement proving the deduction of the amounts covering the order;
- In case of delivery by courier: the delivery note provided to the insured;
- If sent by post: proof of receipt by the insured;
- In case of return of the insured item to the seller, proof of payment of the return costs with acknowledgement of receipt.

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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