

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

Card number:

Insured person:

Surname - Forename:

Address:

Relationship to the KEYTRADE BANK VISA card holder:

Birth date:

Mobile phone:

E-mail:

INFORMATION RELEVANT TO THE EVENT

Name of the event:

Date (s) of the event: _____ the

Date of ticket purchase _____ Number of tickets purchased

Price per ticket: _____ €

REASON FOR CANCELLATION:

- Death of the insured or of a first-degree relative;
- An accident affecting the insured or a first-degree relative;
- Hospitalization of the insured;
- Obligation of the insured person to appear in court as a witness or member of a jury;

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

REFUND

Refund (according to the General Conditions)

Bank account number:

SWIFT (BIC):

IBAN:

Name and address of the banking institution:

Possibility of compensation:

Is there a right of recovery from a third party?

Have you taken any action yourself in this regard?

CERTIFICATION

Documents to attach:

- The original(s) of the ticket(s);
- A copy of the VISA statement or a copy of the bank statement proving the deduction of the amounts covering the ticket(s) order;
- In case of death, a death certificate;
- In case of accident or hospitalization, a medical certificate;
- Any other document or information needed to justify your request.

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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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