

GENERAL INFORMATION

Insurer :

Inter Partner Assistance

Av. Louise 166/1

B - 1050 Brussels

Tel: +32 (0)2 550 04 78

E-mail: Claims-assistance@ip-assistance.com

Policyholder :

KEYTRADE BANK

Boulevard du Souverain 100

B-1170 Brussels

KEYTRADE BANK VISA card holder:

Name – First name: _____

Address: _____

Type of card: VISA Classic VISA Gold

Card number: _____

Insured:

Name - First name: _____

Address: _____

Relation with the holder of the KEYTRADE VISA card: _____

Date of birth: _____

Telephone number – Cell phone: _____

E-mail: _____

REIMBURSEMENT

Reimbursement (according to the General Terms and Conditions)

Bank account number: _____

SWIFT (BIC): _____

IBAN: _____

Name of the banking institution: _____

Insurer:

Inter Partner Assistance Ltd., insurance company, registered under code 0487.

Reg. office: Louizalaan 166, PB 1, B -1050 Brussels – RPR Brussels – VAT No. BE 0415.591.055 –BIC: BBRUBEBB – IBAN: BE66 3630 8057 8243.

LOSS

(To be completed by the owner of the KEYTRADE VISA card)

Date of payment with the KEYTRADE VISA card: _____

Date on which the damage occurred: _____

Place and circumstances of the damage:

Description:

Possibilities to obtain compensation:

Is there any legal regress towards a third party?

Do you already have taken any action in that direction?

PROOF

Purchase price of the insured good: _____

Late delivery

Not compliant delivery

Date purchase: _____

Add following documents:

- Print the order confirmation (e-mail), confirmation of the seller that this agrees with the order or a print of the online order page;
- A copy of the statement of the VISA expenditure or debit notification of the insured showing that the amounts of the order have been debited of his account;
- In case of delivery by courier: the delivery slip provided to insured;
- If sent by post: the receipt of the insured;
- In the event of return of the insured good to the seller: the proof of payment of the costs of return receipt.

Statement by the Insured

I, the undersigned, certify that this document is complete and correct and only refers to the loss and that the insurance claim was not submitted to any other company. I, the undersigned hereby give permission to recover the cost to stories from a liable third party.

Signature of the insured

Date

Please send the completed form and necessary documents preferably by e-mail to :

Claims-assistance@ip-assistance.com

or by post to:

AXA Assistance
Service Refund dept KEYTRADE BANK VISA Card
Avenue Louise 166/1
B-1050 Brussels

Insurer:

Inter Partner Assistance Ltd., insurance company, registered under code 0487.
Reg. office: Louizalaan 166, PB 1, B -1050 Brussels – RPR Brussels – VAT No. BE 0415.591.055 –BIC: BBRUBEBB – IBAN: BE66 3630 8057 8243.