

Request for Intervention owing to an Inconvenience associated with the travel

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:

Type of card: Platinum Gold

Card number: _____

Surname - Forename: _____

Address: _____

Phone/Mobile number: _____ E-mail: _____

Refund (according to the General Conditions)

Bank account number: _____

IBAN: _____ BIC: _____

Name and address of the banking institution: _____

Address (in case of financial institution abroad): _____

Reason for the request

Delay or cancellation of flight or rail link, or overbooking

Missing correspondence

Lost or delayed luggage

Trip

Date of the trip: / / From _____ destination _____

Airline company: _____ Flight number _____

Date of payment for the trip: / / Total price of the trip: _____

Cancellation/interruption costs: _____

Expenses

Total expenses: _____ €

The reason(s) why you incurred these expenses:

Hotel costs

Meal costs

Urgent purchases of clothing and related accessories

The insurer:

Inter Partner Assistance SA, insurance company registered under number 0487

Registered office: Avenue Louise 166, 1050 Brussels - RLP Brussels - VAT BE 0415.591.055. BIC BBRUBEBB - IBAN BE66 3630 8057 8243

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Documents to be attached to this form:

- Originals of invoices or payment notes for expenses and original proofs of the purchase for which expenses incurred and for which reimbursement is claimed under the terms of this insurance
 - Debit notes proving that the tickets in question were purchased in full (100%) using the insured card
 - In the case of delayed or lost baggage, the Property Irregularity Report issued by the transport company
- Details of the Flight Delay or Missed Flight _____

- **Declaration by the insured**

The undersigned declares that he or she has answered the questions correctly and that all the information given is correct. The undersigned also confirms that no information has been omitted, relating to the incident and the circumstances that caused it.

Signature of the insured

Date

Please send the completed form and all the required documents:
preferably by mail to:

claims-assistance@axa-assistance.com

or by mail to:

AXA Assistance

KEYTRADE BANK VISA Card Refund Service

Av Louise 166/1

1050 Brussels

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