

GENERAL INFORMATION

Insurer :

Inter Partner Assistance

Avenue Louise 166/1

B-1050 Brussels

Tel.: 02 550 04 78

E-mail: claims-assistance@axa-assistance.com

Policyholder :

KEYTRADE BANK

Bd du Souverain 100

B-1170 Brussels

KEYTRADE BANK VISA cardholder :

Card type : Platinum Gold

Card number : _____

Last name - First name : _____

Address : _____

Telephone number / mobile : _____ E-mail : _____

Refund (in accordance with the General Terms and Conditions)

Bank account number : _____

IBAN : _____ BIC : _____

Name of banking institution : _____

Address (if financial institution abroad) : _____

Damage or defect

Purchase price of the insured property :

(Please enclose invoice!)

Date of purchase :

(Please note that this purchase must be paid for using the Golden credit card or the account to which it is linked!)

Description of the damage or defect :

The insurer:

Inter Partner Assistance S.A., insurance company registered under number 0487

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

Documents to be attached to this form

- The original or a copy of the purchase invoice, showing the manufacturer's serial number.
- Or a document proving the purchase of the insured item and indicating the manufacturer's serial number if it does not appear on the invoice.
- Proof of payment showing that the purchase of the insured item was paid for using the Gold plan.
- Do you need a repair?
- The detailed repair invoice showing :
 - The name, address and signature of the insured person
 - The date of the fault
 - the make, type and model of the insured object
 - Description of the fault
 - The nature of the work carried out
 - A repairer's quotation (bearing the repairer's official stamp) with details of spare parts, expenses and labour costs.

• Declaration by the insured

The undersigned declares that he/she has answered the questions correctly and that all the information given is accurate. The undersigned also confirms that no information relating to the claim and the circumstances that caused it has been omitted.

Signature of insured

Date

Please send the completed form and all the required documents: preferably

by e-mail to:

claims-assistance@axa-assistance.com

or by post:

AXA Assistance

Refund Service KEYTRADE BANK VISA Card Av

Louise 166/1

B-1050 Brussels

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