

GENERAL INFORMATION

The insurer:

Inter Partner Assistance Boulevard du Régent 7 1000 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 KE	TRADE BANK VISA card holder:				
Birth date:					
Mobile phone:					
E-mail:					

REFUND

Refund (according to the General Conditions)

Bank account number:	
SWIFT (BIC):	
BAN:	
Name and address of the banking institution:	
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The insurer:

Inter Part. Inter Part. Registered office: Boulevard du Régent 7, 1000 Brussels - RLP Brussels - VAT No. BE 0415.591.055.– BIC: BBRUBEBB – IBAN: BE66 3630

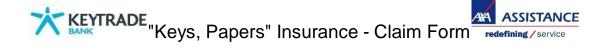


CLAIM

(To be completed by the KEYTRADE BANK VISA card holder)

Date the theft arose:								
Personal keys:	Principal residence		Vehicle 🗆					
Personal documents:	Passport	ID card \Box	Driver's license and registration documents \Box					
Place and circumstances of the theft:								
Description:								

The insurer: Inter Partner Assistance SA, insurance company registered at the BNB under number 0487 Registered office: Boulevard du Régent 7, 1000 Brussels - RLP Brussels - VAT No. BE 0415.591.055.- BIC: BBRUBEBB - IBAN: BE66 3630



CERTIFICATION

Date and time of filing theft report with the police:

Documents to attach:

- A copy of the theft report .
- A dated and signed copy of the medical certificate or testimony relating, in writing, the circumstances of . the aggravated theft or other evidence of aggravated theft;

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 Boulevard du Régent 7 1000 Brussels

The insurer:

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