

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 Gold

Card number: _____

Insured person:

Surname - Forename: _____

Address: _____

Relationship to the KEYTRADE BANK VISA card holder: _____

Birth date: _____

Mobile phone: _____

E-mail: _____

REFUND

Refund (according to the General Conditions)

Bank account number: _____

SWIFT (BIC): _____

IBAN: _____

Name and address of the banking institution: _____

_____**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

CLAIM

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

Date and time of the withdrawal using the KEYTRADE BANK VISA card: _____

Date and time the theft occurred: _____

Amount of stolen cash _____

Place and circumstances of the claim:

Description:

Possibility of compensation:

Is there a right of recovery from a third party?

Have you taken any action yourself in this regard?

The insurer:

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CERTIFICATION

Date and time of filing theft report with the police: _____

Specify the circumstances of the attack (place, circumstances, etc.): _____

Documents to attach:

- A copy of the theft report
- The copy of the credit card statement proving the withdrawal with the credit card at a cash machine;
- 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

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