

## Declaration for policy reinstatement

Policy Holder's name: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

I, the undersigned \_\_\_\_\_, would like to reinstate the policy no. \_\_\_\_\_. And I hereby declare that, since the submission of my application based on which the above stated policy was issued:

No changes have occurred regarding my health, except:

Illness – Operation – Accident – Exam (*)	Details (Date-Treating physician-Nature of treatment-Result-Current Status)

(\*) Kindly send in attachment a copy of all exams done and all available documents related to the cases stated above (reports – histological result ...)

No changes have occurred regarding my occupation or the activities I do or contemplate to do, except:

Occupation	Details (Address - Manual Work? – Use of Machineries?)
Sport or Activity (motorcycling, motor racing, private flying, diving or any hazardous sport)	Details (please ask for the related questionnaire to be filled in)

No changes have occurred regarding my country of residence and my travel planning, except:

Country of Residence / Destination	Period of consecutive stay	Frequency per Year	Purpose

In addition, I declare that the statements in this declaration, whether or not in my handwriting, are true, complete and have been given with the knowledge that incorrect or incomplete answer may result in the insurance being cancelled.

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature: