

Policy Reinstatement Form

To: SNA S.A.L.
Hazmieh – Lebanon

I, the undersigned _____, owner of contract no. _____ would like to reinstate the above mentioned contract. 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 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

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.

By signing this format, I hereby acknowledge having been provided with SNA S.A.L.'s Privacy Notice (available at the company's website: www.sna.com.lb) and thus give my consent to SNA S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities SNA S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to SNA S.A.L. I also agree and acknowledge that SNA S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

The below data is mandatory to proceed with the request

Mobile: _____ / _____ E-Mail: _____ @ _____

Date: _____

Signature: _____

