PAK-QATAR FAMILY TAKAFUL
Together for the Future

Physician's Statement – DS2 (Disability Claim Form)

Note : All answers must be in the physician's handwriting

Patient Information

Name of Patient: ABDULLAH	Date of Birth: 01-01-1991
Patient's Address: Barqambar Khel Wandgarey, Wali Bi Khel, Speen Dhand, Teh: Bara, Dis: Khyber.	

Employer Information

Name of Employer:

1. History

(a) Date doctor first consulted due to disability: 04-03-2024

(b) Date symptons first appeared or accident happened: 04-03-2024

(c) Date patient ceased work because of disability: 04-03-2024

(d) Has patient ever had same or similar condition? ☑ No ☐ Yes, state when and describe

(e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☑ Yes, state when and describe: Community Health Worker, got hit by Bullet (Firearm) during Polio duty.

(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?

Name of Doctor: Dr. Wasif Khan — Mobile No: 0315 9192780

Address: SBW. Unit, HMC, Peshawar

2. Diagnosis

(a) Date symptons first appeared or accident happened: 04-03-2024

(a) Diagnosis (including any complications): Firearm injury, Entry Wound ~~Right~~ Buttock, Exit wound → Right thigh Anteriorly.

(c) Subjective symptoms: Extensive bleed & muscular injury in both thighs, Patient recieved in shock & Surgery done.

(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):

(1) Clinical Findings: Neuromuscular Deficit post Injury. Unable to extend Rt. Leg & Numbness ↳ Nerve injury.

(2) Diagnosis Studies and results: Bullet peircing thrugh Muscles, Shattering minor Nerves & Compromising normal funtion of patient's leg.

3. Progress

(a) Patient is	☐ Ambulatory	☑ Bed Confined	☐ House Confined	☐ Hospital Confined	
(b) Patient has	☐ Recovered	☐ Improved	☐ Stabilized	☐ Retrogressed	

4. Prognosis

(a) Is the disability presumed to be reversable ☑ Yes ☐ No

(a) Is patient now capable of performing duties of ☐ Yes ☑ No

(c) What duties of his or her job is patient incapable of performing? Unfit to perform duty for a month atleast.

(d) Do you expect a fundamental or marked change in future? ☐ Yes ☐ No Bed rest, physiotherapy will help in Complete recovery.

If yes, patient should recover sufficiently to perform duties on or about 15th June, 2024.

If No, Please explain

(e) Specify the date by which you presume that the patient will be able to resume his duties/work : 15th June, 2024

☐ Totally ☑ Partially ☐ Temporarily ☐ Permanently

Remarks

Specialist Registrar Surgical Unit

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name: Dr. Wasif Khan	Telephone No: 0315 9192780
Address: SBW Unit, HMC, Peshawar	
Speciality: General Surgery Resident	Date: 16-05-2024
	Signature

PAK-QATAR FAMILY TAKAFUL LIMITED
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Employer's Statement – DS1 (Disability Claim Form)

Note : Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

Section I.Policy holder's information

Name of Policy Holder: Abdullah		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation. CHW	Phone No / Mobile No	E-mail address
Employee's Name.		CNIC.
Employee's Address		
Employee's Date of Birth 1-1-1991 Age	S. No. on list	

Section II (to be completed in Full by the Employer)

Employee's Date of Appointment 1-7-2023	Employee's Effective Date of Takaful	Last Day Worked	Returned to Worked
Reason for Stopping Work: Firearm injury during duty as Polio Vaccinator.			
Gross Earning from Salary/Wages Rs. _____ PerMonth	Amout of Takaful cover Rs.	What is the present employment stats of the employee: ☐ On Duty ☐ On Sick Leave ☐ Terminated ☐ Temporary Laid off	
Amount of Claim	Title of Cheque		

Claimant Name _____ Telephone No _____

Date of Statement _____

Employer Signature _____ Company Stamp

Section III (to be completed in Full by the Patient/Employee)

Type of disability claim? ☐ Natural (Sickness) ☑ Accidental

Please describe how and where the disability/accident occured: Pt. was hit by Bullet (firearm) during his Polio Vaccinator Job at UC Jambaz A, Baraambar Khel, Ismail Abad, Speen Dhand, Bara. He got hit at both thighs resulting in him bleeding profusely, lead to shock & underwent surgery.

Date of Accident or the date I first Noticed the symptoms of this was: 04-03-2024

(a) Is your accident or illness related to your occupation? ☑ Yes ☐ No if "Yes", Please explain: Due to security threats for Polio Vaccinators its risky to perform duty in Sensitive areas i.e. Bara Agency. I was hit on duty.

I (was/have) unable to work because of this disability starting on 04-03-2024

On What date did employer discontinue your monthly salary/wages

I (returned/was able to return/will be able to return to work on a full time basis on

Date I was first treated for this accident or illness 04-03-2024

Treated by ☑ Hospital ☐ Doctor

Name HMC, Peshawar, ~~Address~~ SBW, Phase-4.

Have you ever had the same or Similar condition in the past? ☐ Yes ☑ No If "Yes", when

Treated by ☑ Hospital ☐ Doctor

Name HMC, SBW, P-4, Peshawar Address

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practioner, hospital, clinic, other medical or medically related facility or insurance company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental confition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its respresentatives and all such information. I AGREE that a photographic copy of this Autihorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy

Date of Statement: Signature of Employee: Telephone No.

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