GLR_0024

PAK-QATAR
FAMILY TAKAFUL

پاک قطر
فیملی تکافل

Tuesday, May 14 2024

Mr. Muhammad Arshad
Manager Finance
Chip Training And Consulting (Pvt) Ltd.
CHIP HOUSE, PLOT NO. 1,, ,
FAYYAZ MARKET, STREET NO. 9, G-8/2, ,
ISLAMABAD..

Claim No : CL202465735
Cert ID : GL201900742195B-13854
Employee No :

Re: Group Term Takaful Temporary & Total Disability (Accidental) - Raja Shahzad Ahmed

Dear Mr. Muhammad Arshad

We feel sorry to hear about the disability of your employee Raja Shahzad Ahmed. We acknowledge the receipt of some injury claim documents on the above employee. To process the claim further we require the following documents / particulars.

1. X-ray films with reports, if any
2. Copies of Complete Hospitalization / OPD Record
3. AML 9 Questionnaire (Enclosed)
4. Attending Physician's Statement - Claim Form DS-2
5. Copy of attendance record for the period of disability with before and after 1 month.
6. Computerized National Identity Card
7. Claimant's statement - Claim Form DS-1
8. Proof of Salary/Income - Last 3 months

We will be able to process the claim on receipt of the above. Should you have any comments, questions or queries please feel free to contact us at 021-34311747-56 (Ext-162)

Looking forward to strengthen existing business relationship between the two organizations, we remain

Thanks and regards.

Head of Claims

Cc : Syed Muhammad Zeeshan Afzal

This is a system generated letter and does not require a signature.

PAK - QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S, Sharea Faisal, Karachi-75400, Phone: (92 21) 34311747-56, Fax: (92 21) 34386451,
UAN: (021) 111- TAKAFUL (825238), Email: life.claims@pakqatar.com.pk

PAK-QATAR FAMILY TAKAFUL
Together for the Future

Employer's Statement – DS1 (Disability Claim Form)

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

Section 1.Policy holder's information

Name of Policy Holder		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation. TPO	Phone No / Mobile No 03228856478	E-mail address Shazirajа@hotmail.com
Employee's Name. Raja Shahzad Ahmad		CNIC. 82203-7168486-9
Employee's Address		
Employee's Date of Birth 01-4-1978	Age	S. No. on list

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

Employee's Date of Appoinment	Employee's Effective Date of Takaful	Last Day Worked 09/05/24	Returned to Worked 13-05-24
Reason for Stopping Work	Swelling on Foot & knee		
Gross Earning from Salary/Wages Rs.______ Per Month	Amout of Takaful cover Rs.	What is the present employment stats of the employee	☑ On Duty ☐ Terminated ☐ On Sick Leave ☐ 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 On 9Th of May 2024, when I was going to DHO office I had an accident in which I had injuries and my Motorbike was also damaged. In the hospital, The X-Ray of my foot will be done, and the rest of the medical treatment will be given. After That I informed my Supervisor, She told me to rest at home.

Date of Accident or the date I first Noticed the symptoms of this was: 09-05-24	(a) Is your accident or illness related to your occupation? ☐ Yes ☐ No if "Yes", Please explain
I (was/have) unable to work because of this disability starting on NO disability	
On What date did employer discontinue your monthly salary/wages NA	I (returned/was able to return/will be able to return to work on a full time basis on 13-05-24
Date I was first treated for this accident or illness 09-05-24	Treated by ☐ Hospital ☐ Doctor Name Address
Have you ever had the same or Similar condition in the past? ☐ Yes ☑ No If "Yes", when	Treated by ☐ Hospital ☐ Doctor Name 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 representatives 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. 0322 8556478

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	Raja Shahzad Ahmed	Date of Birth	01-04-1978
Patient's Address	Neelum Town lower Plate Muzaffarabad AJK		

Employer Information

Name of Employer

1. History

(a) Date doctor first consulted due to disability —

(b) Date symptons first appeared or accident happened —

(c) Date patient ceased work because of disability —

(d) Has patient ever had same or similar condition? [x] No [ ] Yes, state when and describe

(e) Is condition due to injury or sickness arising out of patient's employment? [ ] No [x] Yes, state when and describe

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

Name of Doctor	Dr. Shakeeb	Mobile No	0301-5265943.
Address	C.M.H M.Z.D.		

2. Diagnosis

(a) Date symptons first appeared or accident happened Accident

(a) Diagnosis (including any complications) Soft Tissue Injury.

(c) Subjective symptoms —

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

(1) Clinical Findings Swelling, Tender.

(2) Diagnosis Studies and results: —

3. Progress

(a) Patient is	[ ] Ambulatory	[ ] Bed Confined	[x] House Confined	[ ] Hospital Confined
(b) Patient has	[ ] Recovered	[x] Improved	[ ] Stabilized	[ ] Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversable [x] Yes [ ] No

(a) Is patient now capable of performing duties of [x] Yes [ ] No

(c) What duties of his or her job is patient incapable of performing? —

(d) Do you expect a fundamental or marked change in future? [ ] Yes [x] No

If yes, patient should recover sufficiently to perform duties on or about Yes.

If No, Please explain

(e) Specify the date by which you presume that the patient will be able to resume his duties/work

[ ] Totally [ ] Partially [ ] Temporarily [ ] Permanently

Remarks

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

Attending Physician's Name Dr. Shakeeb	Telephone No 0301-5265943.
Address C.M.H M.Z.D.	
Speciality PG. Ortho	Date 5/7/24 Signature

Stamp: Dr. Shakeeb Ah. Mughal, Resident Surgeon (FCPS II), CMH Muzaffarabad

PAK-QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S, Shahra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future

Participant Name :
1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?   N/A
2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.   NO
3. Does your company have any AML/CFT related Policy in the field? Yes [ ] No [✓]
4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s).   *For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.*   NO
5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).   *foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official*   AND   *Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions*   NO Foreign National
6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings **(please see overleaf)** ,investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years?   Yes [ ] No [✓]
7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.   NO
8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes [ ] No [✓]
9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.   N/A

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

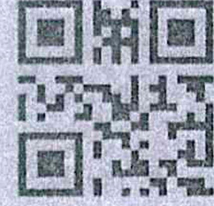
Signature & Stamp

Date

Use separate sheet where ever needed

موجودہ پتہ: محلہ لوئر پلیٹ وارڈ نمبر 18، مظفرآباد

82203-7168486-9



مستقل پتہ: محلہ لوئر پلیٹ وارڈ نمبر 18، مظفرآباد

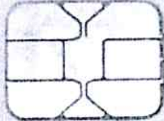
102081465537
710-77-183878

Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں

PAKISTAN
ISLAMIC REPUBLIC OF PAKISTAN

National Identity Card
Resident of AJK State



Name
Shahzad Ahmad
شہزاد احمد

Father Name
Ghulam Haider
غلام حیدر

Gender	Country of Stay
M	Pakistan

Identity Number	Date of Birth
82203-7168486-9	01.04.1978

Date of Issue	Date of Expiry
13.02.2023	13.02.2033

21909

Holder's Signature

AJK CMH MZD

No__________ Rank Civ

Name Shahzad Unit__________

Date 9/5/24

Hx of fall (pain since 12-15-)

– pain (L) (lateral thigh)

→ X-ray (L) femur (N)

Adv

Tab – ormeprazol 8 mg
1+1

– Tab. myolax
1+1

– pirom gel

– Tab – [illegible]
1+1 (1 month)

Tab – Dexzone (15 days)
1+1

Tab – [illegible] (15 days)
1+1

ZAHID MEDICOZ Since >>2010

Deal With Medicine, Nutrition Manual & Digital BP Sets Nebulizer & Sugar Machine & Cosmetic

Licence No. 417 / Neelum Road, Lower Plate Muzaffarabad.

Syed Shahid Bashir 0314-4202798, 0343-4770558

No.: Date: 9/5/24

Name: Sharad

Qty	Description	Rate	Amount
(4)	Oranapid 8mg		~~376~~ 632
	Mylox		889
	Pecamgel		325
	Pytrex 20mg		1116
	Intis D		450
	Toradol		155
	Decloran Gel		229
			3796

Signature. Zahid Medicoz (stamp, signed) Total

ایکسرے فیس

محکمہ صحت عامہ

سی۔ایم۔ایچ مظفر آباد

25

نمبر Shahzad

تاریخ 9/5/24

8181

ازاں جناب Ja[illegible] Civil

مبلغ 1000 Rs روپے وصول پائے

دستخط وصول کنندہ

ایکسرے فیس

محکمہ صحت عامہ

سی۔ایم۔ایچ مظفر آباد

25

نمبر

تاریخ 9/5/24

6177

ازاں جناب Shahzad Civil سے

مبلغ 1000 Rs روپے وصول پائے

دستخط وصول کنندہ

Rotate
90 CW
Rotate
90 CCW

Patient ID:
Tech ID:
Exposure Index:
Next
Image
Preference
Editor
Reprocess
Image
Save
Changes

Patient ID: 23445
Tech ID:
09/05/2024 04:39:04 PM
Exposure Index: 1712

Save
Changes

AJK CMH MZD

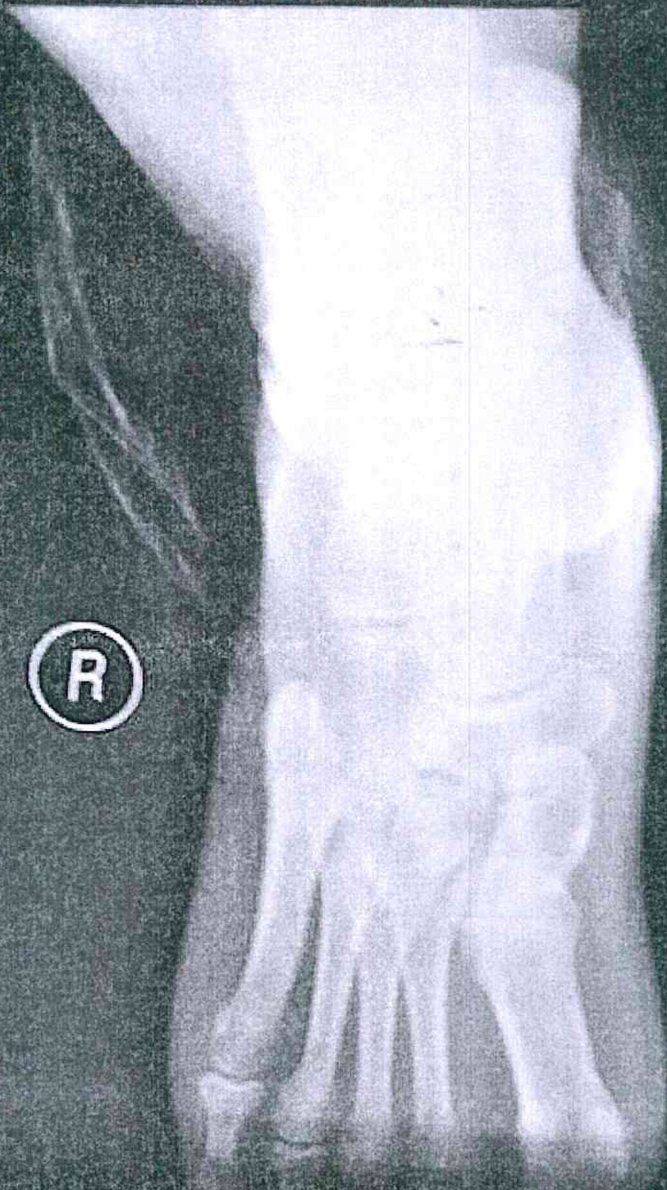
No ______ Rank Civ

Name Shahzad Unit ______

Date 9/5/24

Dz Pizlo 784

Imaaxa



R

rectView System OEM-546MBZY63AB
Ima
No Name Supplied
Accession Number:
Patient ID:
Select
Assign
Image