



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 Mehwish Naeem	
Takaful Policy No.	Takaful Policy Commencement Date.
Designation Axex Supervisor	Phone No / Mobile No 0314-7489878
Employee's Name Mehwish Naeem	E-mail address —
Employee's Address Block - Q Rahat Garden Colony North Nazimabad	CNIC 42101-63844594
Employee's Date of Birth 27-11-1992 Age 31	S. No. on list

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

Employee's Date of Appointment 1-04-2023	Employee's Effective Date of Takaful	Last Day Worked	Returned to Worked
Reason for Stopping Work Road accident and injured different part of body.			
Gross Earning from Salary/Wages Rs. 34,000 Per Month	Amount of Takaful cover Rs. 30,000	What is the present employment status of the employee <input type="checkbox"/> On Duty <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> On Sick Leave <input type="checkbox"/> Temporary Laid off	
Amount of Claim 30,000	Title of Cheque PK10MUCB 102726051003284		
Claimant Name Mehwish	Telephone No 0314-7489878		
Date of Statement 20-7-24			
Employer Signature _____	Company Stamp		

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

Type of disability claim? <input type="checkbox"/> Natural (Sickness) <input checked="" type="checkbox"/> Accidental	
Please describe how and where the disability/accident occurred High speed hit me and Rahat Garden Chasungi on duty Jan 2023	
Date of Accident or the date I first Noticed the symptoms of this was: 13-7-24	(a) Is your accident or illness related to your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes", Please explain Because road accident on duty
I (was/have) unable to work because of this disability starting on	I (returned/was able to return/will be able to return to work on a full time basis on
On What date did employer discontinue your monthly salary/wages 13-7-24	Treated by <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Doctor
Date I was first treated for this accident or illness 15-7-24	Name Dr. Shiza Ahmad Address Safce hospital
Have you ever had the same or Similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", when	Treated by <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Doctor
Name Shiza Ahmad Address Safce hospital	
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 condition 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 Authorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy	
Date of Statement: 20-7-24	Signature of Employee: _____ Telephone No. 0314-7489878

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
 Fax: (9221) 34386451, UAN: 021-1111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk



Physician's Statement – DS2
(Disability Claim Form)

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

Patient Information

Name of Patient Miss- Mehrish Naeem Date of Birth 27-11-1992
 Patient's Address Block - Q Phae - Gulf Street No. N. KAF

Employer Information

Name of Employer MRS- Mehrish Naeem

1. History

(a) Date doctor first consulted due to disability 15-7-24
 (b) Date symptoms first appeared or accident happened 13-7-24
 (c) Date patient ceased work because of disability _____
 (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 _____
 (f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?
 Name of Doctor Dr. Shreyah Khurshid Mobile No. 021-36789400
 Address Safed Hospital Block - F - N. N. KAF

2. Diagnosis

(a) Date symptoms first appeared or accident happened 15-7-24
 (a) Diagnosis (including any complications) NIP - LBP
 (c) Subjective symptoms Vertigo
 (d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):
 (1) Clinical Findings NIP - LBP
 (2) Diagnosis Studies and results: CT Scan, Pt normal

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 reversible Yes No
 (a) Is patient now capable of performing duties of Yes No Everything is better
 (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 No
 If yes, patient should recover sufficiently to perform duties on or about _____
 If No, Please explain See consultant as goes.
 (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. Shreyah Khurshid Telephone No 0334-3239528
 Address Safed Hospital Road
 Speciality Neuro-Surgeon Date 15-7-24
 Signature _____

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-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



دستخط حامل کارڈ

حکومت پاکستان

قومی شناختی کارڈ

42701-6384459-4

نام : موش نعیم

جنس : عورت

شوہر کا نام : نعیم

شناختی علامت : کوئی نہیں

تاریخ پیدائش : 27/11/1992



عثمان یوسف حسین

دستخط رجسٹرار جنرل

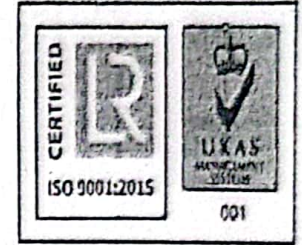


SAIFEE HOSPITAL

(Managed By Saifee Hospital Trust)

ST-1, BLOCK-F, NORTH NAZIMABAD,, KARACHI.. PH: 36789400, 36670696, 36649866 FAX: 36628206, 36724900

EMAIL: info@saifeehospital.com.pk - URL: www.saifeehospital.com.pk



Token # : 0014

OPD CASH RECEIPT



Patient ID/Name: 01287612 / MEHWISH W/O NAEEM

C.N.I.C #:

Dep Code/Name: 00020/NEURO SURGEON

Receipt # : CNC-202407-10087

Case Card #:

Receipt Date : 18-JUL-24 22:21:08

S.No	Consultant	Total Amt.
1	DR. SHIRAZ AHMED GHORI	2,800.00

Gross Amount: 2,800.00

Discount Amount: 1,000.00

Net Amount: 1,800.00

Received Amount: 1,800.00

Transaction Type: Cash

This is computer generated slip, no signatures required

Amount in Words : Rs. ONE THOUSAND EIGHT HUNDRED ONLY

Login : ZAHRA (O.P.D)

For S H T (O P D)



الخدمت کراچی

AL-KHIDMAT KARACHI NAZIMABAD

HOSPITAL/DIAGNOSTIC CENTER, 11-A-7/5, BEHIND MODEL PARK, NAZIMABAD
NO. 2, KARACHI, PH: 36620005, 36606745 FAX: PHARMACY: 03350749616
EMAIL: ALKHIDMATNAZIMABAD@GMAIL.COM

RADIOLOGY SERVICES CASH RECEIPT

Token # : 0058
Patient ID : N1146263
Patient Name : MEHWISH NAEEM
CNIC :
Address : ABBASI HOSPITAL
Pat. Age/Gender : 25Y / F
Referred by : ABBASI HOSPITAL

Login : TANVEER.AHMED
Terminal : desktop-32upd7o
Date : 13-JUL-24 16:48:52
Page # : 1
Phone : 03172068233
Receipt # : NCX-202407-01021

REPORT ISSUED

S.No	Description	Div.Date	Qty	Rate	Total Amt.
1	RD CTSC0001 / CT BRAIN PLAIN		1	2,400.00	2,400.00

Amount in Words : Rs. TWO THOUSAND FOUR HUNDRED ONLY

Net Amount : 2,400.00

☆ رپورٹ حاصل کرنے کیلئے اصل رسید ضرور ساتھ لائیں۔ رپورٹ درج شدہ تاریخ اور وقت پر ملے گی۔ کسی ٹیکہ کی خرابی کی وجہ سے دیر بھی ہو سکتی ہے۔

SAIFEE HOSPITAL

(Managed By Saifee Hospital Trust)

ST-1, BLOCK-VF, NORTH NAZIMABAD,
KARACHI - 74100, 74200, 74300, 74400
FAX: 34026300, 34724000



[SHPKH] - Pharmacy Retail Shop
CASH MEMO/Walk In Customer

Date : 18-JUL-24

Date : 18-JUL-24 09:37:11

Manual #

Receipt # : BSL-202407-31107

Patient : / MEHWISH

Consultant : DR. SHIRAZ AHMED GHORI

F.C.P.S

NEURO SURGEON

HR: _____

PRESCRIPTION (NOT VALID FOR COURT)

RIP - LBIP

Tab Zyto 250 17

x Tab Keneden 17

Tab Lioren 10 17

x Tab Nocoan 15 17

x Tab Uvent 40 17

Cap Stratum forte 17

x Tab Metanex 17

#	Item Description	Qty	Rate	Disc%	Total Amt
1	[TAB2997]-LIOREX 10MG TAB	14	8.77	0	98.00
2	[CAP0187]-STUGERON FORT CAP	14	21.87	0	303.00
3	[CAP0871]-RISEK 20MG(NEW PACK)CAP	7	26.19	0	183.00
4	[INJ0185]-TORADOL INJ	1	155.00	0	155.00
5	[DIS1804]-D/B SCC AUTO DISABLE(S.M.D)	1	40.00	0	40.00
6	[TAB3013]-Zyto 250MG TAB	14	69.04	0	927.00

Gross Amount: 1,803.00

Less: Discount Amount: 3.00

Net Amount: 1,800.00

Amount in Words: Rs ONE THOUSAND SIX HUNDRED ONLY

Transaction Type : Cash

INSTRUCTIONS: * Refunds along with bills are accepted within 3 days from 10 AM to 4:00pm except Sunday & holiday. * Tablets and Syringe for OPIMER is non refundable. * Fridge items and inhalers are non refundable. * Refunds without receipt will not be accepted.

Login: SHAMIM UR REHMAN (PHARMACY)

Pages 1 of 1

PROVISIONAL DIAGNOSIS:

*Chronic Migraine
30yrs
1/M*

NEXT FOLLOW-UP ON

SIGNATURE

OPD DAYS AND TIMINGS OF DR. SHIRAZ AHMED GHORI
MONDAY TO SATURDAY 10:00 PM TO 11:00 PM

سامبروز ہسپتال



SAMBROS HOSPITAL

PROVIDING HEALTH CARE SERVICES AT AFFORDABLE COST

NOT VALID FOR RECEIPT & CERTIFICATE

Mehwish

Tas Omer

Mr. M. Jaffer
OPD

12/11/17

Mr. M. Jaffer

Tas Omer

12/11/17

6:30 PM

J

- 24 Hrs. Emergency ● 24 Hrs. Pharmacy ● Computerised Laboratory ● Ultrasound ● Ventilators ● Computerised X-Ray
- Laproscopic Surgery ● Eye Surgery ● Dental Surgery ● Transport Incubator ● ECG ● Echocardiography
- Intensive Care Units: ICU - NICU - PICU ● Paeds Surgery ● Neuro Surgery ● Vaccination Centre

D-177, Block-4, Federal "B" Area, Karachi. Cell: 0306-2008724 Tel: (021) 36806624, 36803577 Email: sambros@r@gmail.com

ALKHIDMAT DIAGNOSTICS

▶ Radiology ▶ Laboratory ▶ Blood Bank

Patient Name	MEHWISH NAEEM		
Patient ID	N1146263	Exam Date	13/07/2024 4:54PM
Gender/Age	F/25 y	Modality	CT
Ref. by	ABBASI HOSPITAL	Accession No	NCX20240701021
Procedure	BRAIN PLAIN	Reporting Date	15/07/2024 11:30AM

CT BRAIN

Clinical Information: RTA.

Scanning Protocol: Axial images were obtained without intravenous contrast.

Findings:

There is no evidence of intracranial bleed, mass or gross area of infarction.
No midline shift is seen.
The ventricles and cortical sulci appear normal.
No pathological calcification seen.
Brain stem and cerebellum show no lesion.
Visualized paranasal sinuses and mastoids are unremarkable.

Conclusion:

Normal CT brain.

Approved by: Dr. Sadia Khursheed MBBS, FCPS (Radiologist), 15-Jul-2024 11:30

The report is electronically verified.

*****End Of Report*****



Direction

Plot A 7/3, Inquiry Office, Behind Model Park, Nazimabad No. 2, Karachi.

☎ 021-36620003, 36620004, 36620009, 36680002 🌐 www.alkhidmat.com

📞 0333-1886540 - آپ اپنی تجاویز اس نمبر پر وائس ایپ کر سکتے ہیں۔



Whatsapp

SAIFEE HOSPITAL

(Managed By Saifee Hospital Trust)

ST-1, BLOCK F, NORTH NAZIMABAD,

LARAF: PH: 36799400, 36870626, 36649906

FA: 36626205, 36724900



[BHPKH] - Pharmacy Retail Shop
CASH MEMO/Walk-In Customer

Date : 15-JUL-24 23:17:08

Manual #

Receipt # : B8L-202407-25777

Patient : 01287612 / MEHWISH W/o NAEEM

Date : 15-JUL-24

Consultant : **DR. SHIRAZ AHMED GHORI**

F.C.P.S

NEURO SURGEON

HR: _____

#	Item Description	Qty	Rete Disc%	Total Amt
1	[TOP0000]-VOLTRAL EMULOEL(1%)(LARGE)	1	400.02 0	400.00
2	[DI80647]-HOT & COLD PACK	1	300.00 0	300.00
3	[TAB2666]-KANADEX(DEXAMETHASONE)TAB	20	1.60 0	32.00
4	[TAB2676]-METANER TAB	14	46.60 0	651.00
5	[TAB3163]-NOCOX 16MG TAB	14	20.60 0	287.00
6	[TAB3640]-ULVENT 40MG TAB	14	36.71 0	500.00
7	[TAB3367]-HISERK 16MG TAB	14	17.33 0	243.00
8	[TAB2641]-XANTIX 2MG TAB	14	17.33 0	243.00

Gross Amount: 2,656.00

Less: Discount Amount: 1.00

Net Amount: 2,655.00

Amount In Words : Ru. TWO THOUSAND SIX HUNDRED FIFTY-FIVE ONLY

Transaction Type : Cash

INSTRUCTIONS: * Refunds along with bills are accepted within 3 days from 6:00am to 4:00pm except Sunday & holiday. * Tablets and Syrups for OPD/ER is non-refundable. * Fridge items and inhalers are non-refundable. * Refunds without receipt will not be accepted

Login: MUHAMMAD TALHA (PHARMACY)

Page 1 Of 1

PROVISIONAL DIAGNOSIS:

PRESCRIPTION (NOT VALID FOR COURT)

MIP - CBID

Voltral gel

Cold pack

Canide soft colle

- Tab Kenedex 17

- Tab Xantix 2mg 17

- Tab Noco 16 17

- Tab Ulvent 40 17

Tab Hiserk 16 17

Tab Metaner 17

Strick rest 15 days

Care
NEXT FOLLOW-UP ON

[Signature]
SIGNATURE

OPD DAYS AND TIMINGS OF DR. SHIRAZ AHMED GHORI

MONDAY TO SATURDAY 10:00 PM TO 11:00 PM

H. O. P. E. S.
 Ground Floor, Trauma Centre
 Abbasi Shaheed Hospital, Karachi

No. 868237 13/07/2024 15:19:02
 M/s: CASH SALES-WALKING CUSTOMER
 Remarks Ref:

Item Name	Qty	Price	Disc	Total
Dyclo 75mg 3ml Inj (diclofenac Na)	1	26.00	3.00	23.00
3 Cc Syringe	1	50.00	35.00	15.00

Total items: 2

Gross Total: 76.00
 Disc: 38.00

SHAHZAIB Net Total: 38.00

HEAD OFFICE: HOPES PHARMACY GROUND F
 TRAUMA CENTRE, ABBASI SHAHEED HOSPITAL
 ACC # 06340015088503 HBL TAIMORIA MARKET
 EMAIL: HOPESOFFICE@GMAIL.COM
 (Computer Software developed by Abuzar Consultancy.
 Ph 042-37426911-15)

Sambros SAMBROS HOSPITAL
 ...The General Hospital PROVIDING HEALTH CARE SERVICES AT AFFORDABLE COST

1. Trauma
~~2. Toradol~~
 2. Metolone
 Disyne 10cc
 R/c Soan
 DISE
 Conalazog
 Swag Extension
 Stoper