

Employer's Statement – D1 (for Death Claim)

a. Employee No. c. Designation (at date of Death) 4. Event Information a. Date of Diagnosis b. Date of Death d. Primary Cause of Death d. Primary Cause of Death f. On what date did deceased last attend his usual work? g. When did deceased first complain of or give other indications of his/her last illness? 5. Claim Information a. Amount of Claim b. Title of Cheque 6. Declaration by Employer/Authorized representative The undersigned, hereby makes claim to said Takaful coverage and hereby agrees that the written statements and affidavits of all the physicians who attended to or treated the Participant shall constitute and they are hereby made a part of these proofs of death and further agrees that the furnishing of this form, or of any nor a waiver of any of its right or defenses. Furthermore, I/We hereby authorize, any physicians, hospitals, clinic or medical service provider, insurance company, or any other institution, or any person, who has any record or information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records with reference to any sickness, accident, disability treatment committee information including copies of records wi	Name of Company	
a. Deceased' Name: b. Father's Name/Husband's Name: c. Date of Birth of deceased: d. Residentional Address: Kill Habband Hazurgauri Crutha Infect No O335554662 Infect No O335554	Takaful Policy No.	Policy Start Date
b. Father's Name/Husband's Name: c. Date of Birth of deceased: d. Residentional Address: Killi Habiband Hazungauii Vuulta. Indict No. 0335554662	.Participant's information	
d. Residentional Address: Residentional Address: Rilli Abb Add Hazingauji Quulta	a. Deceased' Name: SUN140	X
d. Residentional Address: Killi Habiband Haztrgaryi Outton	b. Father's Name/Husband's Name:	M. Chsaan
d. Residentional Address: Killi Habiband Hazingauji Quetta	c. Date of Birth of deceased: 05/05/1990 Age	
Proof of age: National Identity Card Matric Certificate Other (Plass specify) Coccupational Information Death Dea	d. Residentional Address: Killi Habiba	-au
a. Employee No. c. Designation d. Pela Supervisor d. Monthly Salary d. Primary Cause of Death d. Primary Cause d. Cauchtly d. Primary Cause d. Place of Death CQuetty e. Supervivisory c. Place of Death CQuetty d. Primary Cause D. Place of Death CQuetty d. Primary Cause Checklist Chec	e. Proof of age: National Identity Card Matric Certifica	
a. Employee No. c. Designation d. Pela Supervisor d. Monthly Salary d. Primary Cause of Death c. Place of Death CQuetty d. Priace of Death CQuetty d. Primary Cause Checklist Checkl	3.Occupational Information	
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Date: 24Sep - 2024 Company Stamp Please ensure to enclosed above men document in order to avoid any de	Furthermore, I/We hereby authorize, any physicians, hospitals, clinic o provider, insurance company, or any other institution, or any person, who information about above mentioned life to provide Pak-Qatar Family Takaful information including copies of records with reference to any sickness, accident, examination, medical investigation, advise or hospitalization underwent. A authorization shall be as valid as the original. Clalmant Signature:	has any record or all Limited complete Attendance record of six months before death AmL Questionnaire Copy of FIR/Police report (in case of unnatural cause Copy of Autopsy report (if any)

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