



Note : All answers must be in Physician's handwriting.
 Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

1. Deceased's Information

a. Deceased' Name: Susriya

b. Father's Name/Husband's Name: M. Uthmaan

c. Date of Birth of deceased: 05/05/1990 Age: 34 years CNIC No. 51203-0585083-4

d. Residential Address: Killi Habibabad Hazzarganji Quetta
 Contact No. 03355546624

2. Event Information

a. Date of Death 17/7/24

b. Place of Death Quetta
 If died in hospital or other medical institution, please give name Gilani hospital satellite town Qta

c. Primary Cause of Death Cardiac arrest

d. Secondary Cause of Death _____

e. Interval between onset and death

From	To	No of Days

3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? _____

b. Date last consulted or took medical advise of his/her last illness? _____

c. Have you treated or advised any treatment prior to last illness? Yes No

d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital? Yes No

Date	Physician/hospital Name	Nature of Illness	Treatment

4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other Cardiac Arrest

b. Please describe event in detail _____

c. Was an inquest/investigation held? Yes No

d. Was an autopsy performed Yes No if yes, please describe findings in detail _____

5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: [Signature]

Name: Dr. Shereef

Date of statement: _____

Contact No. 03138931538



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



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

1. Policy holder's information

Name of Company	Policy Start Date
Takaful Policy No.	

2. Participant's information

a. Deceased Name: Surriya

b. Father's Name/Husband's Name: M. Ahsaan

c. Date of Birth of deceased: 05/05/1990 Age 34 years CNIC No. 51203-0585083-4

d. Residential Address: Killi Habibabad Hazarganji Quetta.
Contact No. 03355546624

e. Proof of age: National Identity Card Matric Certificate Other (Please specify) —

3. Occupational Information

a. Employee No. — b. Date of Joining of Company 15 March 2019

c. Designation Area Supervisor d. Monthly Salary —

e. Occupation (at date of Death) Area Supervisor.

4. Event Information

a. Date of Diagnosis —

b. Date of Death 17/7/2024 c. Place of Death Quetta

d. Primary Cause of Death cardiac arrest e. Secondary cause —

f. On what date did deceased last attend his usual work? 13 July - 2024

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 about above mentioned life to provide Pak-Qatar Family Takaful Limited complete information including copies of records with reference to any sickness, accident, disability treatment, examination, medical investigation, advise or hospitalization underwent. A photocopy of this authorization shall be as valid as the original.

Checklist

- Form D-2 Physician's Statement
- CNIC - Deceased
- Death Certificate - NADRA
- Death Certificate Hospital
- Complete past treatment record (if any)
- Attendance record of six months before death
- Salary record of six months before death
- AML Questionnaire
- Copy of FIR/Police report (in case of unnatural cause)
- Copy of Autopsy report (if any)
- Copy of Driving license (in case of accident)

Please ensure to enclosed above mentioned document in order to avoid any delay

Claimant Signature: Ahsan

Name: M. Ahsan

Date: 24 Sep - 2024



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