



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

**1. Policy holder's information**

Name of Company	
Takaful Policy No.	Policy Start Date

**2. Participant's Information**

a. Deceased Name: Hazrat Bilal

b. Father's Name/Husband's Name: Muhammad Ismael

c. Date of Birth of deceased: 03-07-1971 Age 53y6m CNIC No. 17201-8739734-7

d. Residential Address: South waziristan, wana Kati Kot  
Contact No. 0303-8776874

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

**3. Occupational Information**

a. Employee No. \_\_\_\_\_ b. Date of Joining of Company \_\_\_\_\_

c. Designation \_\_\_\_\_ d. Monthly Salary \_\_\_\_\_

e. Occupation (at date of Death) \_\_\_\_\_

**4. Event Information**

a. Date of Diagnosis 26-07-2024

b. Date of Death 27-07-2024 c. Place of Death South waziristan wana

d. Primary Cause of Death Vomiting of Blood (Hematemesis) secondary cause Cardiac arrest

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? 26-07-2024

**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.

Claimant Signature: Ikramullah

Name: Ikramullah

Date: 24-08-2024

Company Stamp

**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

**PAK-QATAR FAMILY TAKAFUL LIMITED**

102-105, Business Arcade, Block-6, P.E.C.H.S. Shalra-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 :** 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: Hazrat Bilal

b. Father's Name/Husband's Name: Muhammad Ismael

c. Date of Birth of deceased: 03/01/1971 Age: 53y6M CNIC No. 17201-8739734-7

d. Residential Address: South waziristan, wana Kasi Kot  
Contact No. 0333-9162891

**2. Event Information**

a. Date of Death 27-07-2024

b. Place of Death South waziristan, wana / New Habib Complex.  
If died in hospital or other medical institution, please give name New Habib Complex

c. Primary Cause of Death Vomiting of Blood (Hematemesis)

d. Secondary Cause of Death Cardiac arrest

e. Interval between onset and death

From	To	No of Days
<u>26-07-2024</u>	<u>27-07-2024</u>	<u>01</u>

**3. Past Medical History**

a. When did deceased first complain of or give other indications of his/her last illness? 26-07-2024

b. Date last consulted or took medical advise of his/her last illness? 27-07-2024

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 Hematemesis

b. Please describe event in detail On 26-07-2024 he got vomiting of blood 2 Times a day and on 27-07-2024 again vomiting for last time

c. Was an inquest/investigation held?  Yes  No

d. Was an autopsy performed  Yes  No if yes, please describe findings in detail  
if yes, please describe findings Due to vomiting of blood (Hematemesis) and Cardiac arrest.

**5. Declaration**

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

Signature: [Handwritten Signature] Date of statement: 24-08-2024

Name: DR. OBAID ULLAH KHAN Contact No. 0336-6940829

Medical Specialist  
Dr. Obaid Ullah Khan  
(Internal Medicine)  
Stamp

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# میڈیکل اسپتال ڈاکٹر عبید وزیر

ایم بی بی ایس، ایف سی پی ایس (انٹرنل میڈیسن)

ڈسٹرکٹ میڈیکل اسپتال

ہیڈ آف ڈیپارٹمنٹ میڈیسن ڈی ایچ کیو وانا

Pt. Name Huzefa Bilal Age 33 Sex M Date 26/7/2024

ⓐ Admt L  
ⓐ Spine L

ⓐ = 1Hh

ⓐ O<sub>2</sub> L

ⓐ 3 = Kizom T. STAB

ⓐ = 9/70  
mlts

ⓐ 3 = Ralgy STAB

ⓐ Arrange Blood for transfusion

ⓐ ECG L

ⓐ Tropi L

ⓐ STAB = Ascend 758 4x STAB

ⓐ 3 = Alex 60g/100 B

Medical Specialist  
Dr. Usaid Khan  
MBBS  
FCPS (Internal Medicine)

NEW HABIB MEDICAL CENTER 0965-211851

0336-6940829 / 0300-5532887

نیوجیب میڈیکل سنٹر، بانئی پاس روڈ وانا



میڈیکل اسپیشلسٹ  
**ڈاکٹر عبید وزیر**

ایم بی بی ایس، ایف سی پی ایس (انٹرنل میڈیسن)

ڈسٹرکٹ میڈیکل اسپیشلسٹ

ہیڈ آف ڈیپارٹمنٹ میڈیسن ڈی ایچ کیو وانا

Pt. Name

Hazrat Bilal

Age

Sex

Date

27/7/24

① patient collapsed & Resuscitated,  
but Injane.

patient declared dead & dead  
body handed over to the  
relatives / attendants

Medical Specialist  
Dr. Obaid Ullah Khan  
M.B.B.S.  
C.C.P.S. (Internal Medicine)

**NEW HABIB MEDICAL CENTER 0965-211851**  
**0336-6940829 / 0300-5532887**

نیو حبیب میڈیکل سنٹر، بانئی پاس روڈ وانا



حکومت پاکستان

قومی شناختی کارڈ

17201-8739734-7

نام: حضرت بلال

جنس: مرد

والد کا نام: محمد اسماعیل

شناختی علامت: پیشانی پر نشان زخم

تاریخ پیدائش: 03/01/1971

محمد طارق ملک

دستخط رجسٹرار جنرل

دستخط حامل کارڈ



S3D58V

خانہ نمبر:

شناختی نمبر: 17201-8739734-7

موجودہ پتہ: اکوڑہ منٹاک، ڈاکخانہ حقانیہ، تحصیل و ضلع نوشہرہ

15291160417



مستقل پتہ: ماہی ضلع، ڈاکخانہ واناء، تحصیل واناء، ضلع ساؤتھ وزیرستان ایجنسی

22/06/2032

تاریخ منسوخ:

22/06/2022

تاریخ اجراء:

نمبرہ کارڈ ملے پر قریبی لیٹر بکس میں ڈال دیں

