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 I.Policy holder's Information

Name of Policy Holder

Takaful Policy No.

Takaful Policy Commencement Date

Designation: supervisor | Phone No / Mobile No: 03218162180 | E-mail address: Khadimfatima234@gmail.com

Employee's Name: Fatima | CNIC: 54400-8968983-4

Employee's Address: 7-71/163 mominabad alamdar road Quetta

Employee's Date of Birth: 05/06/1975 | Age: 49 | S. No. on list

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

Employee's Date of Appointment: 7/June/2024 | Employee's Effective Date of Takaful | Last Day Worked: 7/June/024 | Returned to Worked: 22/June/024

Reason for Stopping Work: Road accident

Gross Earning from Salary/Wages Rs. nill Per Month | Amount 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: Fatima

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: I got injused by road accident while performing polio duty on 7/June-024 at Qurban police street near saring shopping center masiabad.

Date of Accident or the date I first Noticed the symptoms of this was: 7/8th/024

(3) Is your accident or illness related to your occupation? ☑ Yes ☐ No If "Yes" Please explain: while performing polio duty I got into road accident

I (was/have) unable to work because of this disability starting on: 7th/6th/024

On What date did employer discontinue your monthly salary/wages: nill

I (returned/was able to return/will be able to return to work on a full time basis on: 22/June/024

Date I was first treated for this accident or illness: 7th/June/024

Treated by ☐ Hospital ☑ Doctor
Name: Shafa Khana | Address: Alamdar road

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 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: 25.9.024 | Signature of Employee: Fatima | Telephone No. 03218162180

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