



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. AS	Phone No / Mobile No 0321-8162180	E-mail address
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 01-07-2023	Employee's Effective Date of Takaful DD-MM-YYYY	Last Day Worked 07-06-2024	Returned to Worked 22-06-2024
Reason for Stopping Work Due to Accident			
Gross Earning from Salary/Wages Rs. _____ Per Month	Amount of Takaful cover Rs. _____	What is the present employment status of the employee <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Terminated <input type="checkbox"/> On Sick Leave <input type="checkbox"/> 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? <input type="checkbox"/> Natural (Sickness) <input checked="" type="checkbox"/> Accidental	Please describe how and where the disability/accident occurred I got injured by road accident while performing polio duty on 7th June, 2024. at gurban police street near sarina shopping center marhabad.		
Date of Accident or the date I first Noticed the symptoms of this was: 07/6/2024	(a) Is your accident or illness related to your occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please explain while performing polio duty, I got injured in road accident.		
I (was/have) unable to work because of this disability starting on 07/6/2024	I (returned/was able to return/will be able to return to work on a full time basis on 22/June/2024		
On What date did employer discontinue your monthly salary/wages DD-MM-YYYY NULL	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor		
Date I was first treated for this accident or illness 07/6/2024	Name Shafa Khana Address Alamdar Road		
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 Dr. Sami Raza Address Alamdar Road		
I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, 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: 9-10-2024	Signature of Employee: Fatima		Telephone No. 0321-8162180

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