



Employer's Statement – D1 (for Death Claim)

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

1. Policy holder's information

Name of Company	Chip Training & Consulting Pvt. Ltd.	
Takaful Policy No.		Policy Start Date

2. Participant's information

a. Deceased' Name: Najma Hamama

b. Father's Name/Husband's Name: Kizayat Ue Rehman

c. Date of Birth of deceased: 20-4-1983 Age CNIC No. 1730194441146

d. Residential Address: Shahen town, House no 620/45 Bkhal
kala Peshawar-KPK Contact No. 0318-9557159

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

3. Occupational Information

a. Employee No. b. Date of Joining of Company 1-July-23

c. Designation CHW d. Monthly Salary 32000/-

e. Occupation (at date of Death)

4. Event Information

a. Date of Diagnosis

b. Date of Death 9-Oct-24 c. Place of Death Peshawar

d. Primary Cause of Death e. Secondary cause

f. On what date did deceased last attend his usual work? 23-9-24

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.

Claimant Signature: _____

Name: _____

Date: _____



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



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: Najma Hamama

b. Father's Name/Husband's Name: Ki Fayat Or Rehman

c. Date of Birth of deceased: 20-4-1983 Age: CNIC No. 17301-9444114-6

d. Residential Address: Shahentown House no 620/45 Jehkal bala
Peshawar - KPK Contact No.

2. Event Information

a. Date of Death 9-Oct-24

b. Place of Death Peshawar
If died in hospital or other medical institution, please give name Kuwait Hospital

c. Primary Cause of Death Pneumothorax.

d. Secondary Cause of Death Cardiac Arrest.

e. Interval between onset and death

From	To	No of Days
<u>10:30am</u>	<u>07:00pm.</u>	

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? 8/10/24.

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
<u>8/10/24</u>	<u>IBP HMC</u>	<u>Pneumothorax, Emphysema of Rt upper lobe.</u>	<u>Lobectomy.</u>

4. Accidental Death/Suicide, Homicide

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

b. Please describe event in detail Pt. presented e SOB with a SpO2 30%, IV line was passed dexa, Epi, domicon given, on no pulse CPR done.

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

5. Declaration

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

Signature: Date of statement:

Name: Dr. Muhammad Ishfaq Contact No. 0313-9192131

Assistant Professor
DR MUHAMMAD ISHFAQ
MBBS, FCPS (Surgery)
Kuwait Teaching hospital Peshawar
Stamp

KUWAIT TEACHING HOSPITAL



ABDARA CHOWK UNIVERSITY ROAD,
PESHAWAR KPK
Tel: 091-5853486 , 091-5711418

Date: 9/10/24

S.No: 601

DEATH CERTIFICATE

Name of Patient: Najma W/D/S/O: Kifayatur Rehman Sex: F

Date of Admission: 9/10/24 Time of Admission: 10:30 am

Date of Expiry: 9/10/24 Time of Expiry: 01:00 pm

Primary Disease: Pneumothorax

Immediate Cause of Death: Cardiac Arrest

Attending Doctor: Dr. Arif Department: A&E

DEPUTY MEDICAL SUPERINTENDENT
KUWAIT TEACHING HOSPITAL
Abdara Chowk, University Road,
Peshawar


amw

Registrar of the Ward/Unit



MS/DMS
Kuwait Teaching Hospital



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KUWAIT TEACHING HOSPITAL PESHAWAR MEDICAL COLLEGE



ABDARA CHOWK, UNIVERSITY ROAD, PESHAWAR-PAKISTAN. TEL: 091-5711417-18, 091-5853486

OPD Consultation Form

Name: NAJMA UMAMA **Age:** 33 Years **Gender:** F **Address:** Peshawar **Date:** 27-09-24 10:37:22 AM

Consultant: Dr. Muhammad Qasim **Last Visit:** -- **Department:** Medicine **MRN:** 2024-09-64966
ORG: Open

Complaints: Male Counter 1-312

اپنا MRN نمبر یاد رکھیں۔ اور دوبارہ آنے کی صورت میں یہ نسخہ ضرور ساتھ لائیں۔

Rs 500 Hospital Services Paid	Rs 1000 Consultation Fee *FREE*
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اب کویت ٹیچنگ ہسپتال پشاور میں شام کے وقت پرائیویٹ پریکٹس کا آغاز ہو چکا ہے۔ انکسری، لیبارٹری، انڈر سٹریٹوڈیو گرافکس اور سہولیات صحیح والی رعایتی فیس پر مہیا ہیں۔



Diagnosis:

Admit MBW

BP 160/100

SpO₂ 87%
RA

Jaundice/SOB - O₂ Inhalation

Code - Atenolol
1937

rx: Dexa acc 1/870
mor in BP

Cyanosis

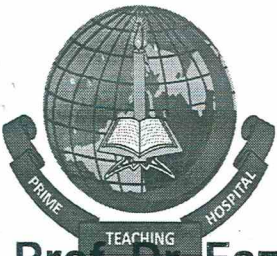
Cancel Admit

Ch
CXR (PA)

Pneumothorax - Pneumothorax
Tense
IV - cannula inserted
air drained

Ref to Pulmonology. KIT
LRH

Consultant's Signature



PRIME TEACHING HOSPITAL

Token#: 6

Warsak Road Peshawar

Tel: 091-5200663-4

Prof. Dr. Fazli Wahab

FCPS (Med) FCPS (Pulmonology)

Professor of Medicine

Peshawar Medical College

Name: Najma Humama	Age: 32Yrs	Sex: M	Address: Peshawar	Weight: kg	Date: 04-10-24 17:36:38
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اپنا MRN نمبر یاد رکھیں۔ اور دوبارہ آنے کی صورت میں یہ نسخہ ضرور ساتھ لائیں۔ **MRN: 2024-10-54269**



- R + 7th pneumoniae - 8th day
= Inclusion

Ad
CXR from
Rt Hydro pneumo

9

12p - 11g 70 ml

Curr 3 - R + 7th pneumoniae

Ad - FMW MTH
on select card

→ Meningeal chest tube

- 2g 2sun 2g hv ^{BD}
(ATT)

- The Bay 4ml 1x 25

- CBC

- Report x by clw U
.....



MERCY TEACHING HOSPITAL

PESHAWAR MEDICAL COLLEGE

University Road, Peshawar - Pakistan Ph: 091-5843917-18

Rs 300
Registration Fee
Rs 1000
Consultation Fee
FREE

1-2

OPD Consultation Form

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Male Counter

Name: NAJMA HAMAMA Age: 42 Yrs Gender: F District: Peshawar Weight: kg Date: 05-10-24 09:54:02

Department: Medicine

MRN: 2024-10-56464

اپنا MRN نمبر یاد رکھیں۔ اور دوبارہ آنے کی صورت میں یہ نسخہ ضرور ساتھ لائیں۔

Diagnosis:

lt pneumothorax @ intubation
↳ 8th day.

B.P: 130/70

Admit FmW MTH on Sehat card.

- manipulate chest tube.
- inj 250m. 2g IV BD (ATD)
- Tab broken 4hrly

- CBC
- Repeat chest XRay
after manipulation

Dr. Bakht Biland
Associate Professor
Medicine Department
Mercy Teaching Hospital

Dr. Fazle Wahab (Prof)

Dr. Bakht Biland (Asoc. Prof)

Dr. Mian Saleem Shah (S.R)

Consultant's Signature



حکومت خیبر پختونخوا پاکستان

Govt of Khyber Pakhtunkhwa Pakistan



اندراج وفات سرٹیفکیٹ

Tracking Id: 91100053183437

CRMS No. D100124676

OLD/M REG #:

Death Registration Certificate

GHARIB ABAD SHAHEEN TOWN_500991 : دفتر اندراج

Deceased Person's Details		متوفی کے کوائف	Old CRMS No. :
Name :	Najma Hamama	نام :	نجمہ حمامہ
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	17301-9444114-6	شناختی کارڈ :	17301-9444114-6
Date of Birth :	20-Apr-1983	تاریخ پیدائش :	20-Apr-1983
Gender :	Female	جنس :	عورت
Religion :	Islam	مذہب :	اسلام
Sickness Period :	01 Days 00 Months 00 Years	مدت علالت :	01 دن 00 ماہ 00 سال
Date of Death :	09-Oct-2024	تاریخ وفات :	09-Oct-2024
Date of Burial/Last rite :	09-Oct-2024	تاریخ تدفین/آخری رسومات :	09-Oct-2024
Place of Death :	HOME	جائے وفات :	گھر
Reason of Death :	Natural	وجہ وفات :	قدرتی
Nature of Death :	Normal	کیفیت وفات :	عام
Buried/Last rite at :	Gharib Abad	جگہ تدفین/آخری رسومات :	غریب آباد

Parental Information		والدین کے کوائف	
Father's Name :	Fazal Karim Khalil	والد کا نام :	فضل کریم خلیل
CNIC No :	17301-2028304-1	شناختی کارڈ :	17301-2028304-1
Mother's Name :	Mumtaz Begum	والدہ کا نام :	ممتاز بیگم
CNIC No :	17301-5096725-2	شناختی کارڈ :	17301-5096725-2

Husband's Information		شوہر کے کوائف	
Name :	Kifayat Ur Rehman	نام :	کفایت الرحمن
CNIC No :	17301-4509778-1	شناختی کارڈ :	17301-4509778-1

Address		پتہ	
Address :	SHAHEEN TOWN TEHKAL BALA House No. 620/45, City Peshawar	شاہین ٹاؤن تھکال بالا مکان نمبر 620/45 ، شہر پشاور	
Tehsil :	Peshawar	تحصیل :	پشاور
District :	Peshawar	ضلع :	پشاور

Applicant's Details		درخواست دہندہ کے کوائف	
Name :	Kifayat Ur Rehman	نام :	کفایت الرحمن
CNIC No :	17301-4509778-1	شناختی کارڈ :	17301-4509778-1
Relation with Deceased :	Husband	متوفی سے رشتہ :	خاوند

Entry Date :	18-Oct-2024	تاریخ اندراج :	18-Oct-2024
Issue Date :	19-Oct-2024	تاریخ اجراء :	19-Oct-2024
Entry Status :	Normal	اندراج اسٹیٹس :	نارمل

Additional Information: اضافی معلومات :

دستخط سیکرٹری

نیبرہوڈ کونسل 111 غریب آباد



NC-111 Gharib Abad

Shaheen Town

Reg. No. 248-D-24