

Employer's Statement - DS1 (Disability Claim Form)

Name of Policy Holder Naila Sh	ah		
Takaful Policy No.	Takaful Policy Commencement	Date.	
Designation. Chw Phone No / N	Mobile No	E-mail address	
Employee's Name. Naila	Shah	CNIC	
Employee's Address Baxech P	ull chaloo	bawahi	A STATE OF THE STA
Employee's Date of Birth A	ge S. No. on list		
Section II (to be completed in Full by the	Employer)		
	Effective DD MM YYYY	Last Day Worked	Returned DD-MM-TYYY
Reason for			Mary 2
topping Work			
	Amout of Takaful cover Rs.	ample ment state	On Duty Terminated On Sick Leave Temporary Laid off
Amount of Claim	Title of Cheque		
Chirmant Name		Tel	ephone No
Date of Statement			
Sales of Sales in Sal			
Employer Signature			Company Stamp
Section III (to be completed in Full by the	he Patient/Employee)		
Type of disability claim? Natural (Sid	kness) Accidental	work at	arkea ci
Type of disability claim? Natural (Sid	wred Dux inc	viii	orsea a
Type of disability claim? Natural (Sid	ured Duxing	. 9 got in	jurod.
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te of Accident or the date I first ticed the symptoms of this was: 23,08,262 23,08,262 23,08,262	(a) Is your accident or illness re	elated to your occupation?	working this happe
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In the same or recording in the past? If "Yes", when I saw of employer have information is true and correct. I A say of employer have information is true and correct. I say of employer have information is true and correct. I say of employer have information is true and correct. I say of employer have information is true and correct. I say of employer have information is true and correct. I say of employer have information is true and correct. I say of employer have information available regarding to	(a) Is your accident or illness re Yes because in I (returned/was able to return Treated by Name Name RUTHORIZE any doctor, medical the benefit or the diagnosis, treatments	elated to your occupation? Ye Cate Dwas Will be able to return to work on a Hospital Doctor Hospital Doctor Address Practioner, hospital, clinic, other ment or prognosis with respect to as	No if "Yes", Please explain working this happe full time basis on ZNS+ OB Drop Timmah Road Boxoxi Soad redical or medically related facility or insurphysical or mental confition and/or treating
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