PAK-QATAR FAMILY TAKAFUL
Together for the Future

Physician's Statement – DS2 (Disability Claim Form)

Note : All answers must be in the physician's handwriting

Patient Information

Name of Patient	Fahima Tahir	Date of Birth	23-03-1985
Patient's Address	Qadar Abad Gulbahar no. 3, Peshawar.		

Employer Information

Name of Employer	Fahima Tahir

1. History

(a) Date doctor first consulted due to disability: 9-10-2024
(b) Date symptoms first appeared or accident happened: 8-10-2024
(c) Date patient ceased work because of disability: _____
(d) Has patient ever had same or similar condition? ☐ No ☐ Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes, state when and describe
(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?

Name of Doctor	Dr. Nasrullah	Mobile No	0317-9899017
Address	Shah hospital		

2. Diagnosis

(a) Date symptoms first appeared or accident happened: 8-10-2024
(a) Diagnosis (including any complications):
(c) Subjective symptoms
(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):
(1) Clinical Findings _____
(2) Diagnosis Studies and results: _____

3. Progress

(a) Patient is	☐ Ambulatory	☐ Bed Confined	☐ House Confined	☐ Hospital Confined	
(b) Patient has	☐ Recovered	☐ Improved	☐ Stabilized	☐ Retrogressed	

4. Prognosis

(a) Is the disability presumed to be reversable ☐ Yes ☐ No
(a) Is patient now capable of performing duties of ☐ Yes ☐ No
(c) What duties of his or her job is patient incapable of performing? _____
(d) Do you expect a fundamental or marked change in future? ☐ Yes ☐ No

If yes, patient should recover sufficiently to perform duties on or about _____
If No, Please explain _____

(e) Specify the date by which you presume that the patient will be able to resume his duties/work

☐ Totally ☐ Partially ☐ Temporarily ☐ Permanently

Remarks

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name: DR NASRullah	Telephone No:
Address: SHAH HOSPITAL Nowsera C.R.H Harpur	Orthopaedic & Spine Surgeon Dr. Nasrullah MBBS, FCPS (Ortho)
Speciality: _____	Date: _____ Signature

PAK-QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S, Shahra-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

PAK-QATAR FAMILY TAKAFUL
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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: FAHIMA TAHIR			
Takaful Policy No.	Takaful Policy Commencement Date.		
Designation: AS	Phone No / Mobile No: 0315-8278897	E-mail address	
Employee's Name: FAHIMA TAHIR		CNIC: 17301-2620860-2	
Employee's Address			
Employee's Date of Birth: 23/3/1985 Age: 39	S. No. on list		

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

Employee's Date of Appointment	Employee's Effective Date of Takaful	Last Day Worked: 9/10/2024	Returned to Worked: 31/10/2024
Reason for Stopping Work: Accident during duty work			
Gross Earning from Salary/Wages: Rs. 34500 Per Month	Amout of Takaful cover Rs.	What is the present employment stats of the employee: ☒ On Duty ☐ On Sick Leave ☐ Terminated ☐ Temporary Laid off	
Amount of Claim	Title of Cheque		
Claimant Name: FAHIMA TAHIR		Telephone No: 0315-8278897	
Date of Statement:			
Employer Signature:		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: When I am coming in duty Morning Motercycle hit me.

Date of Accident or the date I first Noticed the symptoms of this was: 8/10/2024	(a) Is your accident or illness related to your occupation? ☒ Yes ☐ No if "Yes", Please explain
I (was/have) unable to work because of this disability starting on: 9/10/2024	
On What date did employer discontinue your monthly salary/wages	I (returned/was able to return/will be able to return to work on a full time basis on
Date I was first treated for this accident or illness	Treated by ☐ Hospital ☒ Doctor Name Address
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 confition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its respresentatives 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: 31/10/2024 Signature of Employee: Telephone No. 0315-8278897

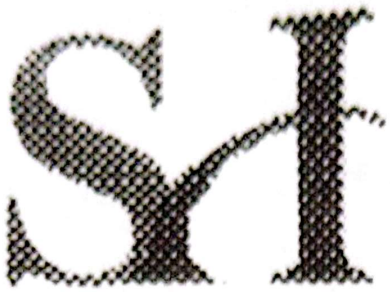
Shah Hospital

Opp. LRH Emergency Gate Peshawar

RECEIPT

Clinic ID	:	023-0856-03607:24
Date & Time	:	29-10-2024 01:05 PM
Doctor	:	Dr. NASRULLAH
Name	:	FAHEEMA
Age / Sex	:	35 Year / Female
Amount Rs.		1000 /-

100/-



Shah Hospital

Opp. LRH Emergency Gate Peshawar

Advance Receipt

Clinic ID:		022-0855-03606:24
Date&Time	:	29-10-2024 01:03 PM
Doctor	:	Dr. NASRULLAH
Name	:	FAHEEMA
Age / Sex	:	0 Year / Female
Admitted To	:	Minor O.T
Amount Rs.	:	100/-

One Hundred Rupees Only

Issued by : ATIF

Printed on 29-10-2024 01:04 PM

Software by : ZSoft : www.zsoft.com.pk

Investigation Receipt

Invoice No : 10343

Printed on :29-10-2024 01:04 PM

Date	29-10-2024 12:18 PM
Reg. No	
Pt. Name	FAHEEMA
Age / Sex	0 Year / Female
Diagnosis :	
Ref By :	**Dr. NASRULLAH**

S #	Investigation(s)	Charges
1	X- Ray Tibia Ap/lat	400

Software by ZSoft com pk

Issued by : ATIF

Total :	400
Discount	0
Cash Recv.	400
Balance	0