



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	C.H.W	Phone No / Mobile No	0334-2830976
Employee's Name		E-mail address	
Tahira Nasreen		CNIC. 54400-0337935-2	
Employee's Address			
Teacher Colony Pishin			
Employee's Date of Birth	16-08-1977	Age	48
S. No. on list			

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

Employee's Date of Appointment	01-7-2023	Employee's Effective Date of Takaful	3-11-2024	Last Day Worked	3-11-2024	Returned to Worked	11-11-2024
Reason for Stopping Work	Accident						
Gross Earning from Salary/Wages	Rs. _____ Per Month	Amount of Takaful cover	Rs. _____	What is the present employment status of the employee	☒ On Duty ☐ On Sick Leave ☐ Terminated ☐ Temporary Laid off		
Amount of Claim	Title of Cheque						
Claimant Name						Telephone No	
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 occurred	on 3-11-2024 during polio Campaign on the way the accident occur.	
Date of Accident or the date I first Noticed the symptoms of this was:	3-11-2024	(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	3-11-2024	During Polio Campaign
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	3-11-2024	Treated by ☒ Hospital ☐ Doctor
I have you ever had the same or Similar condition in the past? ☐ Yes ☐ No If "Yes", when		Name Darman Medical Address Pishin
		Treated by ☒ Hospital ☐ Doctor
		Name Dr. M. Iqbal Address Dr. M. Iqbal
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	Signature of Employee:	Telephone No.
	(Signature)	0334-2830976

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

111-TAKAFUL (825-238)

www.pakqatar.com.pk



Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information

Name of Patient	Tahira Nasreen	Date of Birth	16-08-1977
Patient's Address	Teacher Colony District Pishin		

Employer Information

Name of Employer	
------------------	--

1. History

(a) Date doctor first consulted due to disability	3-11-2024
(b) Date symptoms first appeared or accident happened	3-11-2024
(c) Date patient ceased work because of disability	3-11-2024
(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. Sajal Tareen
Address	Darman Hospital/Medical complex Pishin

2. Diagnosis

(a) Date symptoms first appeared or accident happened	3-11-2024
(a) Diagnosis (including any complications)	Ear damage - Bone fractures - Shoulder pain.
(c) Subjective symptoms	Facial injury - Brain & head injuries - Fractures, Body pain
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings)	
(1) Clinical Findings	Tympanic membrane perforation.
(2) Diagnosis Studies and results	TM perforation leads to Hearing loss.

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 reversible	☒ 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?	Physical Activity
(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	
He is on observation. After repair will be perform own duty	
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. Sajal Tareen	Telephone No	0334-2321085
Address	Darman medical complex Pishin	Date	
Specialty	ENT consultant.		

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105 Business Arcade, Block-6, PECHS, 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

DR. MOHAMMAD IQBAL TAREEN
MBBS, FCPS
Assistant Professor ENT and Head & Neck
BMCH, Quetta.

111-TAKAFUL (825-238)

www.pakqatar.com.pk

Dear Ms. Tahira Nasreen,

Below is your salary slip for the month of November 2024



CHIP TRAINING & CONSULTING (PVT) LTD
MONTH: November, 2024

EMPLOYEE NAME: Tahira Nasreen		DESIGNATION: Community Health Worker-CHW	
CNIC: 5440003379352		LOCATION: Pishin	
BANK NAME: MCB		Mode of Payment: Bank Transfer	
BANK A/C #: 1400036491003031		PROJECT: CBV	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091	DSA/POL	0
Medical Allowance	2,909	Internet & Phone	0
Stationery & Misc. Allowance	0	Accident Health Insurance	0
Vehicle/Fuel Allowance	0	DSC Allowance	0
Salary Arrears	0	Ice Allowance	0
Additional Allowance	0	Repayment of Withheld Amount	0
		Other Arrears	0
		TOTAL EXPENSES	0
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	0
		Others Deductions	0
		EOBI Employee Contribution	370
Gross Salary	32000	TOTAL DEDUCTIONS	370

NET PAY

31,630 /=-

Note: This is computer generated pay-slip and does not required any signature or stamp

Regards;

Payroll Department,



Dear Ms. Tahira Nasreen,

Below is your salary slip for the month of October 2024



CHIP TRAINING & CONSULTING (PVT) LTD
MONTH: October, 2024

EMPLOYEE NAME: Tahira Nasreen		DESIGNATION: Community Health Worker-CHW	
CNIC: 5440003379352		LOCATION: Pishin	
BANK NAME: MCB		Mode of Payment: Bank Transfer	
BANK A/C #: 1400036491003031		PROJECT: CBV	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091	DSA/POL	0
Medical Allowance	2,909	Internet & Phone	0
Stationery & Misc. Allowance	0	Accident Health Insurance	0
Vehicle/Fuel Allowance	0	DSC Allowance	0
Salary Arrears	0	Ice Allowance	0
Additional Allowance	0	Repayment of Withheld Amount	0
		Other Arrears	0
		TOTAL EXPENSES	0
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	0
		Others Deductions	0
		EOBI Employee Contribution	370
Gross Salary	32000	TOTAL DEDUCTIONS	370

NET PAY

31,630 /=

Note: This is computer generated pay-slip and does not required any signature or stamp

Regards;

Payroll Department,

Dear Ms. Tahira Nasreen,

Below is your salary slip for the month of September 2024



CHIP TRAINING & CONSULTING (PVT) LTD
MONTH: September, 2024

EMPLOYEE NAME: Tahira Nasreen		DESIGNATION: Community Health Worker-CHW	
CNIC: 5440003379352		LOCATION: Pishin	
BANK NAME: MCB		Mode of Payment: Bank Transfer	
BANK A/C #: 1400036491003031		PROJECT: CBV	
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	29,091	DSA/POL	0
Medical Allowance	2,909	Internet & Phone	0
Stationery & Misc. Allowance	0	Accident Health Insurance	0
Vehicle/Fuel Allowance	0	DSC Allowance	0
Salary Arrears	0	Ice Allowance	0
Additional Allowance	0	Repayment of Withheld Amount	0
		Other Arrears	0
		TOTAL EXPENSES	0
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	0
		Others Deductions	0
		EOBI Employee Contribution	370
Gross Salary	32000	TOTAL DEDUCTIONS	370

NET PAY

31,630 /=

Note: This is computer generated pay-slip and does not required any signature or stamp

Regards;

Payroll Department,

Purchase Slip

Darman Medical Complex

Qarma chowk near DC office pishin

03153122220

0826440097

Date: 11/16/2024

Time: 4:35 PM

Pos: 01

Mop : Cash Sales

Receipt #: 78335

Cashier: demo

Sr.	Product	Price	Qty	Total
1	Panadol Extra Tab 100 s	5.00	20	100.00
2	Calamox Tab 1 Gm 8s	47.50	12	570.00
Gross Total:			32	670.00
Net Total:				670

Darman Medical Store

Candela Retail Solution by LumenSoft

<www.lumensoft.pk>

درمان میڈیکل



ناک، کان، گلا، گردن

(180)

سرجن

ڈاکٹر محمد اقبال ترین

ایم بی بی ایس، ایف سی بی ایس (کراچی)

اسسٹنٹ پروفیسر ناک، کان، گلا

بولان میڈیکل کالج، ہسپتال کوئٹہ

ABAL TAREEN

(KARACHI)

Professor

Head and Neck Department

CH Quetta

Name

Age 43-4

Date 4-11-24

Clinical Notes

RX

cl
-ITA-
0/5- TM
1/5- TM

Pr.:

Panadol 200

1-10

Di:

Calor 15

1-12

Adv
Hearing
Aid
1/5- TM

Not Valid For Any Court of Law

نمبر لینے کیلئے ہدایت خان

0310-8032032

کلینک درمان میڈیکل سینٹر کلمہ چوک بائی پاس روڈ پشین اوقات: جمعرات اور ہفتہ 3 بجے تا مغرب، اتوار 9 بجے تا 2 بجے

ase Slip

Medical Complex

chowk near DC office pishin

0315312220

0826440097

Date: 11/16/2024

Pos: 01

Time: 4:36 PM

Mop : Cash Sales

Receipt #: 78337

Cashier: demo

Sr.	Product	Price	Qty	Total
1	Piriton Tab 1000 s	1.00	20	20.00
2	Novidat 500Mg Tab 10 s	43.00	20	860.00
3	Hearing aid 200-5000hz beurer (HA20) 1s	45000.0 0	1	45000.0 0
Gross Total:			41	45880.0 0
Net Total:				45880

Darman Medical Store

Candela Retail Solution by LumenSoft

<www.lumensoft.pk>

درمان میڈیکل



Free

سرجن
ڈاکٹر محمد اقبال ترین

ایم بی بی ایس، ایف سی بی ایس (کراچی)
اسٹنٹ پروفیسر ناک کان گھ
بولان میڈیکل کالج ہسپتال کوئٹہ

Name

طارق سرین

Age

15 y

Date

06-11-24

Clinical Notes

RX

Heavy
Discharge
All
TM perforation
Discharge
CSF

Adm
Heavy
AID
Discharge

Not a Valid For Group Court of Law

Thru Noisidant
Thru
Piston
Distr

نمبر پینے کیے ہدایت خان
0310-8032032

کلینک درمان میڈیکل سینٹر کلمہ چوک بائی پاس روڈ پشین
اوقات: جمعرات اور ہفتہ 3 بجے تا مغرب تا قوار 9 بجے تا 2 بجے

Tob T mip

Purchase Slip

Darman Medical Complex

Qalma chowk near DC office pishin

03153122220

0826440097

Date: 11/16/2024

Pos: 01

Time: 4:54 PM

Mop : Cash Sales

Receipt #: 78340

Cashier: demo

Sr.	Product	Price	Qty	Total
1	Extor Tab 5/80 Mg 14s	25.00	28	700.00
2	Esso Cap 40 Mg 14's	43.57	28	1219.96
3	Seroxat Cr Tab 25 Mg 30's	70.00	30	2100.00
4	ZOLKI 600MG TAB 12,S	108.33	24	2800.00
5	Jontilet Sachets 10s	200.00	30	6000.00
6	Indrop D Cap (200000 IU) 1s	350.00	4	1400.00
Gross Total:			144	14019.96

Sales Tax: 871.79

Net Total: 14891.75

Darman Medical Store

Candela Retail Solution by LumenSoft

<www.lumensoft.pk>

Name Tahira Nasreen Age Sex F Date 3-11-2024

Clinical Notes

R_X

140/95

Tab Serozet CR 25mg
1 - 0

(30)

Cap Indrop-D
بقدر سن

(4)

Tab Zolki 600mg
1 - 0

(24)

Tab Eisso 40mg
کلید 1 - 1

(28)

Jonitilet Sachet

1 - 0

(30)

Tab Extox 5/30mg
1 - 0

(28)

0310-8032032

رابطہ نمبر:

کلینک: درمان میڈیکل سینٹر سرخاب چوک بابی پاس روڈ پشین اوقات: روزانہ پیر تا اتوار صبح 9 سے شام 7 بجے

۵۷۷

Purchase Slip
Darman Medical Complex
Gama chowk near DC office pishin
03153122220
0826440097

Date: 11/16/2024

Time: 4:53 PM

Pos: 01

Mop : Cash Sales

Receipt #: 78339

Cashier: demo

Sr.	Product	Price	Qty	Total
1	10CC SYRINGES	25.00	14	350.00
2	RISEK 40MG 21S	38.67	21	770.07
3	Imp-z 1500mcg Softgels 30s	56.67	30	1700.10
4	I.V Set (Unison) 1s	70.00	14	980.00
5	N/S 100 1s	95.00	14	1330.00
6	I.V Cannula (Farcocath) 24g 1s	150.00	1	150.00
7	Nezkil Tab 800 Mg 2x5's	155.00	24	3720.00
8	HyCortisone Inj 250 Mg 1 Vial	267.00	14	3738.00
9	BIXAN 2G INJ 1VIAL	683.00	14	9562.00
10	Ensure Milk Vanilla 400gm 1s	2750.00	1	2750.00

Gross Total: 147 25050.17

Sales Tax: 399.57

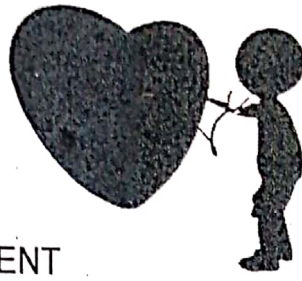
Net Total: 26449.74

Darman Medical Store

Candela Retail Solution by LumenSoft

<www.lumensoft.pk>

ULLAHH TAREEN



اکثر نقیب اللہ ترین

بی بی ایس، آرا ایم پی

پ، کارڈ (پی۔ جی)

ریکل آفیسر (کارڈیالوجی ڈیپارٹمنٹ)

ان میڈیکل کمپلیکس ہسپتال کوئٹہ

Name: Tahira Nageen

Age:

Date: 3-11-20

Clinical Notes

S.R
135/90

Heavy
Load

major
Engines
in wheel
and hubs

NOT VALID FOR COURT

inj Biscan 2g
+ w/s/o

(14)

inj Hy-cortison 250mg
1-1

(14)

Tab Mezlin 600mg
1-1

(24)

cap Risel 400mg
1-1

(28)

Tab Imp - 2
1-0

(32)

Ensure milk

0826-440097

0315-3122220

0330-0652220

رابطہ نمبر

پتہ: درمان میڈیکل سنٹر نزد ڈی سی آفس کلمہ چوک پشین

Purchase Slip

Darman Medical Complex

Qalma chowk near DC office pishin

03153122220

0826440097

Date: 11/10/2024

Time: 3:11 PM

Pos: 01

Mop : Cash Sales

Receipt #: 77863

Cashier: demo

Sr.	Product	Price	Qty	Total
1	Osrate D Tab 30s	18.33	30	549.90
2	Esso Cap 40 Mg 14's	43.57	28	1219.96
3	Lerace Tab 500 Mg 10s	63.30	10	633.00
4	Seroxat Cr Tab 25 Mg 30's	66.28	30	1988.40
5	Indrop D Inj 1 Amp	284.00	4	1136.00
6	Livity Vanilla Nutritional Supplement 400gm 1s	2250.00	1	2250.00
Gross Total:				103 7777.28
Sales Tax:				326.92
Net Total:				8104.18

Darman Medical Store

Candela Retail Solution by LumenSoft

<www.lumensoft.pk>

Mammad Kakar

(Tal Karachi)

درمان میڈیکل



ڈاکٹر بخت محمد کاکڑ

ایم بی بی ایس، ایف سی بی ایس، (جنرل ہسپتال کراچی)

(ماہر اعصاب و نفسیات)

ماہر امراض نفسیات، بے خوابی، بے چینی، گھبراہٹ، جنسی مسائل

دوسرے گھبراہٹ کی بیماری، دیگر ذہنی امراض اور ترک نشیات

ame Talira Nasreen Age 43-44 Sex Female Date 14-11-24

Clinical Notes

R_X

130/100

Tab Seroxel CR (25) 1
1 - 0 (30)

cap Indrop D (4)
نفس

Tab Leveace 30mg
1 - 1 (30)

Tab Osnet D (60)
1 - 0

Cap Esso 40mg (28)
خالی 1 - 1

Livity milk

Not Valid For Any Court of Law

رابطہ نمبر:

0310-8032032

کلینک: درمان میڈیکل سینٹر سرخاب چوک بابی پاس روڈ پشین اوقات: روزانہ پیر تا اتوار صبح 9 سے شام 7

Purchase Slip

Darman Medical Complex

Qalma chowk near DC office pishin
03153122220
0826440097

Date: 11/10/2024

Time: 3:08 PM

Pos: 01

Mop : Cash Sales

Receipt #: 77860

Cashier: demo

Sr.	Product	Price	Qty	Total
1	10CC SYRINGES	25.00	6	150.00
2	RISEK 40MG 21S	36.67	21	770.07
3	Imp-z 1500mcg Softgels 30s	56.67	60	3400.20
4	I.V Set (Unison) 1s	70.00	6	420.00
5	N/S 100 1s	95.00	6	570.00
6	I.V Cannula (Farcocath) 24g 1s	150.00	1	150.00
7	Nezkil Tab 600 Mg 2x5's	155.00	20	3100.00
8	Indrop D Inj 1 Amp	284.00	6	1704.00
9	Tanzo Inj 4.5 Gm 1 Vial 1s	1108.00	6	6636.00
10	Ensure Milk Vanilla 400gm 1s	2750.00	1	2750.00

Gross Total: 133 19850.27

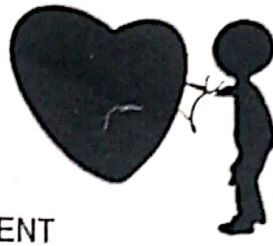
Sales Tax: 399.57

Net Total: 20049.84

Darman Medical Store

Candela Retail Solution by LumenSoft

AQEEB ULLAHH TAREEN



ڈاکٹر نقیب اللہ ترین

ایم بی بی ایس، آرایم پی

ڈپ، کارڈیالوجی (پی۔ جی)

میڈیکل آفیسر (کارڈیالوجی ڈیپارٹمنٹ)

بولان میڈیکل کیمپلکس ہسپتال کوئٹہ

MS-RMP

MP CARD (P.G)

MEDICAL OFFICER CARDIOLOGY DEPARTMENT

BOLAN MEDICAL COMPLEX HOSPITAL QUETTA

Name: Tahira Nasreen

Age: 43-44 Date: 14-11-24

Clinical Notes

120/90

mild
Engel
out
Pace and
Hemol

NOT VALID FOR COURT

inj Tango 4.5g (6)

1 — 1 + rds 100ml

Tab Nejkil 600mg (94)

inj Indoop D (6)

بفے سے اندر دوکھو

Tab Imp - 2 (60)

1 — 0

Cap Risek long (20)

Cap 1 — 0

Ensure milk

0826-440097

0315-3122220

0330-0652220

رابطہ نمبر

پتہ: درمان میڈیکل سنٹر نزد ڈی سی آفس کلمہ چوک پشین