



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 Religious focal Person	Phone No / Mobile No 0333-2525253
Employee's Name Zafar Zaman	E-mail address Peshawar84@gmail.com
Employee's Address Dalazake Road Peshawar	CNIC 17301-4102707-9
Employee's Date of Birth 16-3-1984	Age 40 S. No. on list

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

Employee's Date of Appointment 01-2-2019	Employee's Effective Date of Takaful	Last Day Worked 19-11-24	Returned to Worked 30-11-24
Reason for Stopping Work			
Gross Earning from Salary/Wages Rs 37250	Amount of Takaful cover Rs.	What is the present employment status of the employee?	<input type="checkbox"/> On Duty <input checked="" type="checkbox"/> On Sick Leave <input type="checkbox"/> Terminated <input type="checkbox"/> Temporary Laid off
Amount of Claim 44139	Title of Cheque Zafar Zaman		
Claimant Name Zafar Zaman	Telephone No 0333-2525253		
Date of Statement 3-12-2024			
Employer Signature	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 Hand fracture & Hand Surgery	
Date of Accident or the date I first Noticed the symptoms of this was: 19-Nov-2024	(a) Is your accident or illness related to your occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please explain
I (was/have) unable to work because of this disability starting on 19-Nov-2024	Motorcycle Accident
On What date did employer discontinue your monthly salary/wages NA	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 NA	Treated by <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Doctor
Have you ever had the same or Similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", when	Name Dr Raja Irfan Qadir Address North West Hayatabad

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 any person, company or employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or symptoms 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 long as this authorization will remain valid for the term of coverage of the policy.

Date of Statement 3-12-24	Signature of Employee	Signature of Employer 0333-2525253
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Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information

Name of Patient

Zafar Zaman

Date of Birth

16-3-1984

Patient's Address

Dalazak Road Peshawar

Employer Information

Name of Employer

Zafar Zaman

I. History

(a) Date doctor first consulted due to disability

(b) Date symptoms first appeared or accident happened

19-November-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. Irfan Qadir

Mobile No

091-5838800

Address

North west General Hospital & Research Center Hayatabad

2. Diagnosis

(a) Date symptoms first appeared or accident happened

19-November 2024

(a) Diagnosis (including any complications)

Hand fracture

(c) Subjective symptoms

(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):

(1) Clinical Findings

Hand fracture

(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 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?

Field visit

(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. Raja Irfan Qadir

Address

North west Hospital Hayatabad Pesh

Telephone No

0345-8860360
091-5838800

Speciality

orthopaedic Section

Date

3-12-24

PROFESSOR
RAJA IRFAN QADIR
Orthopaedic Spine Surgeon
Head of Deptt - Northwest
Peshawar

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-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

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



Participant Name :	<u>Zafar Zaman</u>
1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?	<u>Yes</u>
2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.	<u>No</u>
3. Does your company have any AML/CFT related Policy in the field? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s). <small>For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.</small>	<u>No</u>
5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s). <small>foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official AND Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions</small>	<u>No</u>
6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) ,investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>No</u>
7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.	<u>No</u>
8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.	<u>No</u>

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

Signature & Stamp

10-12-24
Date