Employer's Statement – DS1
(Disability Claim Form)

PAK-QATAR FAMILY TAKAFUL

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: Zakia Bano		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation: CHW	Phone No / Mobile No: 03112529993	E-mail address
Employee's Name: Zakia Bano		CNIC: 42401-1060873-0
Employee's Address: Plot #688 Street #3 Chishti Nagar Orangi Town Karachi.		
Employee's Date of Birth: 5-1-1976 Age: 49	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: 9-2-25	Returned to Worked
Reason for Stopping Work: My Scapula was broken in a road accident and I had a surgery, so the doctor told me to take rest.			
Gross Earning from Salary/Wages: Rs. 32000 per month	Amout of Takaful cover: Rs.	What is the present employment stats of the employee: ☐ On Duty ☐ Terminated ☑ On Sick Leave ☐ Temporary Laid off	
Amount of Claim	Title of Cheque		
Claimant Name: Zakia Bano		Telephone No: 0311-2529993	
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: I was doing job a high bike hit me causing me to fall down. People near me took me to the hospital where i got an x-Ray done. I found out my scapula was broken.

Date of Accident or the date I first Noticed the symptoms of this was: 9-2-25	(a) Is your accident or illness related to your occupation? ☑ Yes ☐ No if "Yes", Please explain: Yes my accident is related to my occupation because it happened during my job.
I (was/have) unable to work because of this disability starting on 9-2-25	I (returned/was able to return/will be able to return to work on a full time basis on
On What date did employer discontinue your monthly salary/wages	Treated by ☑ Hospital ☑ Doctor Dr Mudassir Hussain Name Rafah-E-AAM Medical Address Block-13 F.B Area Gulberg Town
Date I was first treated for this accident or illness 10-2-25	Treated by ☐ Hospital ☑ Doctor Rauf akhter Baig Name Rafah-E-Aam Medical Address Block-13 F.B Area Gulberg Tow
Have you ever had the same or Similar condition in the past? ☐ Yes ☑ No If "Yes", when	

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 Autihorization 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.

Physician's Statement – DS2
(Disability Claim Form)

PAK-QATAR
FAMILY TAKAFUL

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

Patient Information

Name of Patient	Zakia Bano	Date of Birth	05-01-1976
Patient's Address	Plot no 688 Street #03 Christi Nagar Orangi town karachi		

Employer Information

Name of Employer	Zakia Bano

1. History

(a) Date doctor first consulted due to disability: 9-2-25
(b) Date symptons first appeared or accident happened: 9-2-25
(c) Date patient ceased work because of disability: 9-2-25
(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	Muddassir hussain	Mobile No	
Address	Al RaFaH-E-Aam medical center Plot #ST-10 F.B area Gulshan Town		

2. Diagnosis

(a) Date symptons first appeared or accident happened: 09-02-25
(a) Diagnosis (including any complications): Transverse # (L+) Distal humerus
(c) Subjective symptoms:
(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):
(1) Clinical Findings: Fracture (L+) Distal humerus
(2) Diagnosis Studies and results: Operated for I-Plate fixation (L+) Distal humerus

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 (sitting type job only)
(c) What duties of his or her job is patient incapable of performing? big heavy duties & lifting objects
(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: yes
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

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

Attending Physician's Name	Dr. Muddassir Hussain
Address	Rafah-e Aam Medical Center
Speciality	Orthopedic Surgeon
Telephone No	
Date	08/03/25
	Rafah-e-Aam Medical Centre F.B. Area Karachi — Signature