



Physician's Statement - D2 (for Death Claim)

Note: All answers must be in Physician's handwriting.
Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

1. Deceased's Information

- a. Deceased Name: Anum
- b. Father's Name/Husband's Name: Liqqat Ali
- c. Date of Birth of deceased: 01/07/2003 Age: 21 Year CNIC No. 43102-3617218-8
- d. Residential Address: _____
- Contact No. _____

2. Event Information

- a. Date of Death 10-03-2025
- b. Place of Death Quetta
- If died in hospital or other medical institution, please give name Sandeman Provincial Hospital
- c. Primary Cause of Death Gas cylinder blast injuries
- d. Secondary Cause of Death Extensive skin burn (98%)
- e. Interval between onset and death

From	To	No of Days
		10 days

3. Past Medical History

- a. When did deceased first complain of or give other indications of his/her last illness? Nil / N/A
- b. Date last consulted or took medical advice of his/her last illness? nil / N/A
- c. Have you treated or advised any treatment prior to last illness? ☐ Yes ☒ No
- d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital? ☐ Yes ☒ No

Date	Physician/hospital Name	Nature of Illness	Treatment

4. Accidental Death/Suicide, Homicide

- a. Cause of death, please specify ☒ Accident ☐ Suicide ☐ Homicide ☐ Other _____
- b. Please describe event in detail Gas cylinder blast at home causing extensive skin burns (98%)
- c. Was an inquest/investigation held? ☐ Yes ☒ No
- d. Was an autopsy performed ☐ Yes ☒ No if yes, please describe findings in detail
- If yes, please describe findings _____

5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: Dr. Muhammad Shoaib

Date of statement: _____

Name: Dr. Muhammad Shoaib Contact No. 03218013772

Dr. Muhammad Shoaib Kibzai
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Consultant Neurosurgeon
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QUETTA.
Stamp

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