



## 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: AFSHA -  
b. Father's Name/Husband's Name: IDRESS KHAN.  
c. Date of Birth of deceased: 20-02-1987 Age: 38-Yrs CNIC No. 54400-8225269-8  
d. Residential Address: Mita Khan Street Wadat Colony,  
Quetta. Contact No. 0332-3122485

### 2. Event Information

a. Date of Death 13-03-2025  
b. Place of Death Home, Chaki Shahwani, Quetta Sahiyab Road.  
If died in hospital or other medical institution, please give name NIL  
c. Primary Cause of Death Pneumonia and Respiratory failure  
d. Secondary Cause of Death Sudden Respiratory arrest.  
e. Interval between onset and death

| From        | To       | No of Days |
|-------------|----------|------------|
| 05-03-2025. | 13-03-25 | 08-Days.   |
| /           | /        |            |

### 3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? 05-03-2025.  
b. Date last consulted or took medical advice of his/her last illness? 05-03-2025  
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 |
|------|-------------------------|-------------------|-----------|
|      | N-A                     | N-A               |           |

### 4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify ☒ Accident ☒ Suicide ☒ Homicide ☐ Other Given above at # 2-d  
b. Please describe event in detail  
c. Was an inquest/investigation held? ☒ Yes ☐ No (at the time of 1st checkup. 05.3.25.  
d. Was an autopsy performed ☐ Yes ☒ No if yes, please describe findings in detail  
NIL

### 5. Declaration

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

Signature: Dr. Ejaz Ahmed

Name: Dr. Ejaz Ahmed.

Date of statement: 25/3/25

Contact No. 03300119022.

**Dr. EJAZ AHMED**  
MBBS, MCPS, (Pak) D.A Ph  
Senior Specialist, Quetta.  
Stamp

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