



Employer's Statement

Note: Please don't leave any blank, unanswered question, date, or signature, wherever applicable

Section I

1. Policy No. [] 2. Name of Policy Holder: Naimat ullah

3. Name of Claimant [] 4. Designation: UCPO

5. Phone No. 0314-8145203 6. Fax No. [] 7. E-mail address: naimatullah233@gmail.com

8. Employee's Name: Naimat ullah 9. CNIC No. 5430109173747

10. Employee's Address: Achari Stop Pastunabad Quetta

11. Employee's Date of Birth: 1-1-1981 12. Age: 39 13. S. No. on list []

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

1. Employee's Date of Appointment: 01/02/2019

2. Employee's Effective date of Takaful: []

3. Last day Worked: 22/12/2020

4. Returned to work on: 30/12/2020

5. Reason for Stopping Work: Got injured during field visit and got stitches on head

6. Gross Earning from Salary/Wages: Rs. 55,440 Per Month

7. Amount of Takaful Cover: Rs.

8. Amount of Claim: 111347 vs 111347

9. Title of Cheque: Naimat ullah

Claimant Signature: [] Name: [] Date of statement: [] Telephone No.: []

Section III (to be completed in Full by the Patient/Employee)

1. Type of disability claim? Natural (Sickness) Accidental

2. Please describe how and where the disability/accident occurred: Asiya Dastarkhwan hotel Gwalmandi chawk

3. Date of Accident or the date I first noticed the symptoms of this illness was: 22/12/2020

4. (a) Is your accident or illness related to your occupation? Yes No

5. I (was/have) unable to work because of this disability starting on: 22/12/2020

6. I (returned/was able to return/will be able to return to work on a full time basis on: 20/1/2021

7. On what date did employer discontinue your monthly salary/wages? []

8. I Date I was first treated for this accident or illness: 22/12/2020

Treated by: Hospital Doctor

Name: Dr. Nazim Address: Sangem hospital Airport Road

9. Have you ever had the same or similar condition in the past? Yes No

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 or employer having information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or valid as the original. This authorization will remain valid for the term of coverage of the policy.

Date of Statement: [] Signature of Employee: Naimat ullah Telephone No. 03148145203 Ref No.: GT/CL/2008/00053/1