

## Pak-Qatar Family Takaful Limited

Form DS-1

Note:

Employer's Statement

		2. Name	of Policy H	lolder:					
3. Name of Claimant					4. Designat	on			
5. Phone No.		6. Fax N	0.		7. E-mail ad	Idress			
3. Employee's Name					9. CNIC No.				
10. Employee's Address									
11. Employee's Date of Birth		12, Age			13. S. No. o	n list			
ction II (to be compl	eted in Full	by the Em	ployer)						
. Employee's	2. Employee			3. Last d	ay Worked		4. Return	ed to work o	n
Date of Appointment	Effective da	te of Takaful					T		П
5. Reason for Stopping Wo	rk								
Accessific Stopping Wor									
5. Gross Earning from Sala	ry/Wages Rs		Per Month	7. Am	ount of Takafu	l Cover	Rs.		
7. What is the present emp	The second second	The same of the sa		On Duty	X On Sick leav	e Terr	ninated [	Temporary	laid of
3. Amount of Claim			Title of Che				The second second		2000000
Claimant Signature:									
Name:			Tele	phone No.:					
Date of statment:								mpany Stamp	
		and the latest latest latest	want someten	-		NEW THE PARTY NAMED IN		inputty Stamp	picsy
etion III (to be comp	oleted in Ful	ll by the Pa	atient/E	nployee	)		A FIR		
			14:-	AND DESCRIPTIONS					
L. Type of disability claim?		al (Sickness)		Accident	al				
2. Please describe how and	where the dis	ability/accide	nt occurre	Accident		ne snow	fall a gr	ound leve	hist
	where the dis	ability/accide to attend th	nt occurre	Accident	tivities in th				hist
2. Please describe how and On 27th of Dec 2020 fall occur in the village	where the dis while going ge and ultima	ability/accide to attend th ately broke	nt occurre te pre-can my left le	Accident d npaign ac g femur	tivities in th	ocumer			l hist
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