



# Pak-Qatar Family Takaful Limited

Form DS-1

## Employer's Statement

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

### Section I

1. Policy No.  2. Name of Policy Holder: CTC

3. Name of Claimant NADEEM KHAN / CTC 4. Designation UCPO

5. Phone No. 0313-9736833 6. Fax No.  7. E-mail address nadeem-12345@jalec.com

8. Employee's Name: NADEEM KHAN 9. CNIC No. 17301-250249-1

10. Employee's Address: AFGHAN COLONY STREET #02, BILAL MASJID, PESHAWAR CITY

11. Employee's Date of Birth 01-01-1986 12. Age 35 years 13. S No. on list

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

1. Employee's Date of Appointment	2. Employee's Effective date of Takaful	3. Last day Worked	4. Returned to work on
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Reason for Stopping Work

6. Gross Earning from Salary/Wages RS.  the month 7. Amount of Takaful Cover RS.

8. What is the present employment status of the employee?  On Duty  On Sick leave  Terminated  Temporary laid off

8. Amount of Claim 10005 9. Title of Cheque

Claimant Signature:

Name:  Telephone No.:

Date of statement:  Company Stamp:

### 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 WHILE TRAVELLING ON BIKE FROM FIELD TO DUTY STATION. THE ACCIDENT HAPPENED ON 03-07-2021 NEAR MY DUTY STATION CD PAKHEDDARD, WHERE A SUZUKI VAN & RIKSHAW HIT ME.

3. Date of Accident or the date I first noticed the symptoms of this illness was: 03/07/2021  
Day Month Year

4. (b) Is your accident or illness related to your occupation?  Yes  No  
If "Yes", Please explain

5. I (was/I've) unable to work because of this disability starting on: 03/07/2021  
Day Month Year

6. I (returned/was able to return/will be able to return to work on a full time basis on) 07/07/2021  
Day Month Year

7. On what date did employer discontinue your monthly salary/wages? N/A  
Day Month Year

8. I Date I was first treated for this accident or illness: 03/07/2021  
Day Month Year

Treated by  Hospital  Doctor  
DR. ISAZ @ LRM HOSPITAL PESHAWAR.  
Name Address

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

Treated by Hospital Doctor N/A  
Name Address

I certify that the above information is true and correct. I AUTHORISE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or institution, company or employer having information available regarding the nature of the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its representatives and all such information. I AGREE that a photographic copy of this Substitution will be used as the original. This substitution will neither void nor affect the benefit coverage of the policy.

Date of statement:  Signature of Employee:  Telephone No.:

Ref No. 61A12/04/0005/1



Physician's Statement

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

Patient Information	Name of Patient <b>NADEEM KHAN</b>	Date of Birth <b>01-01-1986</b>
	Patient's Address <b>AFGHAN COLONY, STREET#02, BILAL MASSID, PESHAWAR CITY.</b>	
Employer Information	Name of employer <b>CTC</b>	

**1. History**

(a) Date doctor first consulted due to disability \_\_\_\_\_

(b) Date symptoms first appeared or accident happened  
Day: **03** Month: **07** Year: **2021**

(c) Date patient ceased work because of disability \_\_\_\_\_

(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?  Yes  No  Unknown

(f) Name the first doctor with full address, consulted by the claimant for the above disability/Accident?  
**DR. IJAZ / DR. WAJID CIVIL DISPENSARY RASHEEDABAD, PESHAWAR**

**2. Diagnosis**

(a) Date of Last examination/consultation  
Day: **10** Month: **08** Year: **2021**

(b) Diagnosis (including any complications) **FRACTURE IN RIGHT SHOULDER**

(c) Subjective symptoms: **TEMPERATURE, PAIN IN RIGHT SHOULDER & ARM + FULL BODY PAIN NOT ABLE TO MOVE THE RIGHT ARM**

(d) Objective findings (including current X-rays, ECG's, laboratory data and any clinical findings):  
 (1) Clinical Findings: **X-RAY SHOWN FRACTURE IN RIGHT SHOULDER & MASTER SLING WAS ADVISED ALONGWITH MEDICINES**  
 (2) Diagnostic studies and results: **FRACTURE IN RIGHT SHOULDER**

**3. Progress**

(b) Patient is  Ambulatory  Bed confined  Home confined  Hospital confined

(a) Patient has  Recurred  Improved  Stabilized  Retrogressed

**4. Prognosis**

(a) Is the disability presumed to be reversible?  Yes  No

(b) Is patient now capable of performing duties of  Yes  No  
(From the Current Job)  Yes  No  
\*Any other job for which he or she is reasonably suited as specified by education, training or experience

(c) What duties of his or her job is patient is capable of performing? **NO**

(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 \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year  
 If "No", please explain **SHOULDER FRACTURE CONSIDERABLY RECOVERED**

(e) Specify the date by which you presume that the patient will be able to resume his duties/work  
 Totally  Partially  Intermittently  Fully normally \_\_\_\_\_

**Remarks**

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

Signature <b>WAJID</b>	<b>CIVIL DISPENSARY</b>	Date
Attending physician's name <b>DR. WAJID R. KHAN</b>		Specialty
Address <b>CA Rasheedabad</b>		Telephone No. <b>031 9581058</b>





# EMERGENCY DEPARTMENT

## LADY READING HOSPITAL

MEDICAL TEACHING INSTITUTE

PESHAWAR, KHYBER PAKHTUNKHWA

10 July 20

HC2210970831

06 JUL 21 21 28 28

215

HC2000021363998

Name: Uzair Khan

Male

Age: 30 Years

District: \_\_\_\_\_

Serial No. 26297

Husband Name: JAN MUHAMMAD

Acute Emergency Department: EMERGENCY

Complaints: Uzair Khan

Counter: EMERGENCY

Rx

H/F

Give 100mg Paracetamol  
4 times a day

Findings:

Tab. Paracetamol  
1000mg  
4 times a day

Tab. Caplac  
1000mg  
1 time a day

Tab. Nurofen Forte  
1000mg  
4 times a day

Investigations:

Shoulder AP  
Shoulder Lateral  
Shoulder X-ray

Apply Analgesics

Diagnosis:

Emergency Dept  
Joint Mill Problems

Next Visit: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Signature: \_\_\_\_\_





# EMERGENCY DEPARTMENT

LADY READING HOSPITAL : 20  
MEDICAL TEACHING INSTITUTION K02210952241  
PESHAWAR, KHYBER PAKHTUNKHWA 03-JUL-21 17:01:11

MRNo : K0200021356855 Name : Nadeem Khan District :  
Gender : Male Age : 30 Year(s) Serial No. 252019  
Father / Husband Name : JAN MUH

Visit Type : Emergency Department - EMERGENCY Counter : EMERGENCY

Operator : SAJJAD  
Complaints:

Findings:

Investigations:

V-Lay Pelvis  
V-Lay Rt Shoulder

Rx  
Tab vidylin M  
Tab Nuberal 1 + 1070  
10 12  
Tondobur  
10 12

AP  
Lat

Diagnosis:

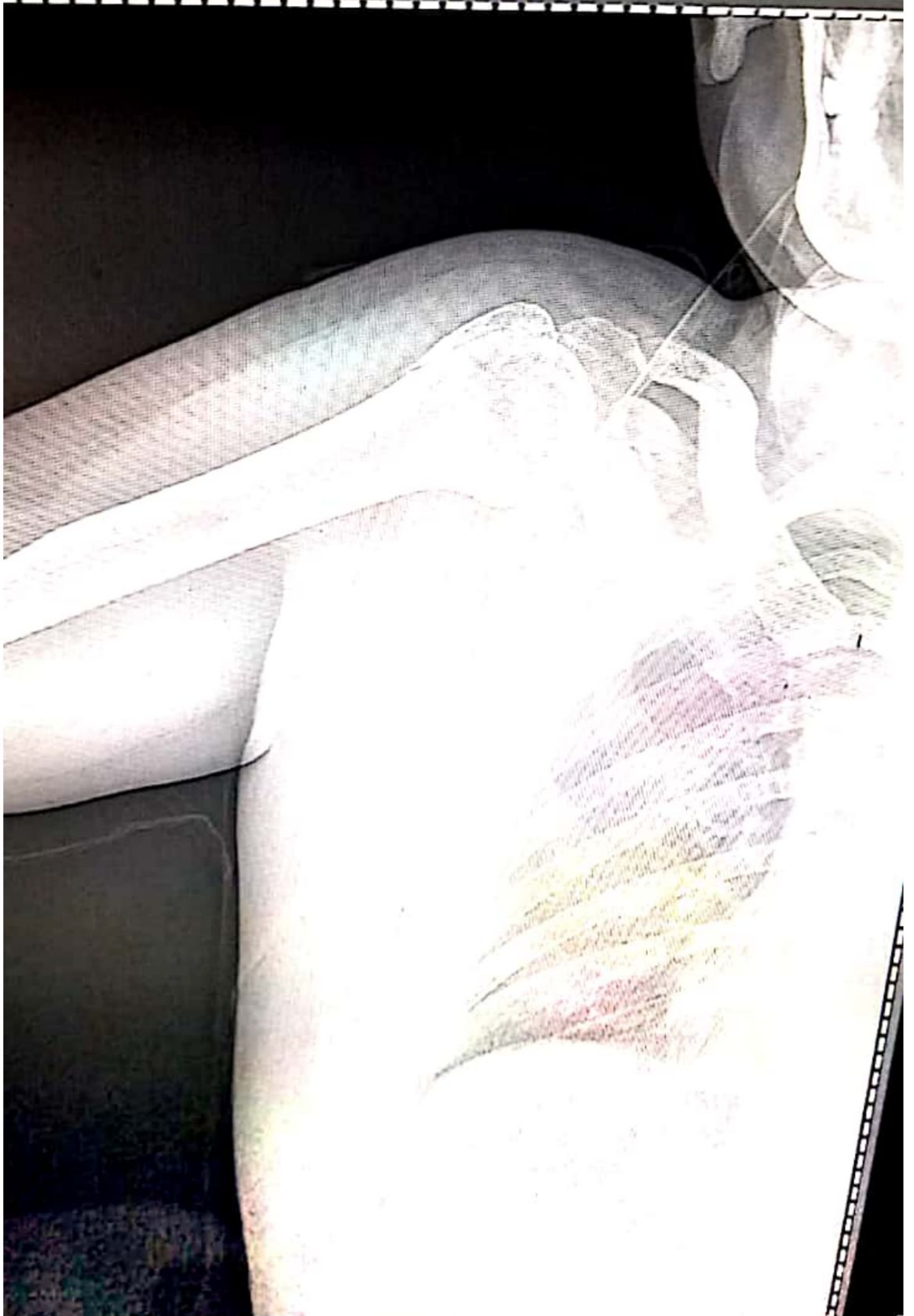
Mj  
Punde 22079  
Signature:

Next Visit:

Consultant Name:

Signature:





Appointment Time : 09:58

Amount Paid : 20

Invoice No : K02211288725

Invoice Date : 27-AUG-21 08:35:43

Patno : K0200004310376

Name : Nadeem Khan

Gender : Male

Age : 35 Year(s)

Visit Type : REGULAR

Clinic : FILTRATION CLINIC

Operator : SANA

Father / Husband Name : KHAN MUHAMMAD

District : Peshawar

Room No :

Counter : MAIN OPD

Fluently

Shoulder Exercises

Dr. B. B. B.

Dr. Inqilab

Dr. Faiz Ali Shah

DR. FAAIZ ALI SHAH  
Assistant Professor  
Orthopaedic "A" Unit  
Lady Reading Hospital  
Peshawar

Medical No. 2

Rs. 10/-

OUT-PATIENTS DEPARTMENT

NAME.....

YEARLY NO.....

DATE.....

No.

Rs. 10/-

OUT-PATIENTS DEPARTMENT

NAME..... NADEEM KHAN

YEARLY NO..... 31

DATE..... 7/8/21

DISEASE.....

FACE VALUE RUPES 10/-

Tab Mezil 600mg.

Tab Metformin

Tab Eskem 40mg

CIVIL DISPENSARY  
Rasheed Abad



Date 10-8-21

586

Received with thanks from Nadawn Kus

Rs: 1500 / Rupees Five thousand only

as consultation/Procedure fee

~~Prof: Dr. Mohammad Arif~~  
F.C.PS (Ortho)  
**Dr. Mohammad Arif Khan**  
KGMC/Hayat Abad Medical Complex  
Peshawar FCPS (Ortho)  
Orthopaedic & Spine Surgeon  
Aman Hospital Dabgari Gardens Peshawar

Lady Reading Hospital - M.I Peshawar

Plot No. 10, Phase 1, Peshawar - 211400

Phone: 011-2711111, 2711112, 2711113, 2711114, 2711115

INVOICE

Order No 211162475

Inv Date: 27-AUG-21 10:05

Inv No K02211290023

Access code

Patient Type REGULAR

MRNO 00004310376

Nadeem Khan

Sr Item Description

Qty Rate

Amount

1 XRAY SHOULDER 2  
VIEWS

1 300

300

Total Amount

300.00

Cash

300.00



# FRONTIER MEDICAL LABORATORY

G-46,47, Auqaf Plaza Dabgari Garden Peshawar.

Ph: 091-2568664

Received with Thanks

Date: 10-08-21

from Nadeem Khan

On Account of Blood Test

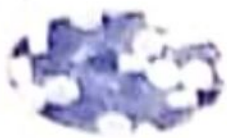
of Mr. NAFAN ASO ANI. MS

Sum of Rupees 2500/-

In figures 2500/-







# طلا میڈیکوز

دوکان نمبر G-48 اوقاف بازار ڈگری گارڈن نزدیکی لیبارٹری پشاور

انٹرنیٹ: 0300-9708942 تنظیم: 0300-5933215

فریڈ: 0332-9399860 جاوید: 0321-9174460

10/2/21 تاریخ

نمبر 100

نذیم خان

نام خریدار

روپے	نرخ	تفصیل	تعداد
1987	198	Methycobal Tab	910
1596	399	ESIREM nomf	(4)
920		DUGASIR forte	(4)
1880	470	mobical Tab	(4)
2200	1200	Tab Negil'L boomf	(2)
<u>8583</u>			
?			

**TILLA MEDICOS**  
 Shop No. G-48 Aqaf Plaza Degari Garden  
 Near City Laboratory Peshawar  
 Mob: 0313-3138269



# CITY DIAGNOSTIC CENTER

Open MRI, Multi-Slice(3D) C.T Scan, ECG & Digital X-Ray

Add: G59-60-61, Auqaf Medical Center Dabgari Garden Peshawar.  
Contact: 091-2211055, 0305-9803609, 0336-1907662

No: 414

Date: 10-08-2021

Received with thanks from

Nadeem Khan

The sum of Rs. X Ray Saldar Jalat

On Account of 800

By Cash / Cheuq No

Rs 800





# Drug Link Medicose

All Kind of Medicine are Available

o. 633

Date 3/7/21

Name

Madeem Khan

Qty.	Particulars	Rate	Amount	
			Rs.	Ps.
1	Tefed 200		230	
10	Alicoxis 50		60	
1	Cicatom probe		60	
5	Mubral first		60	
10	Discloron 10		35	
1	Fudac 200		60	
1	Viobalm M		165	
			83	
		Total	<u>70072</u>	

Signature [Signature]



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Father / Husband Name : KHAN MUHAMMAD

District : Peshawar

Room No :

Counter : MAIN OPD

Fluently

Shoulder Exercises

Any Shoulder <sup>TOP</sup> Cat

**DR. FAAIZ ALI SHAH**  
Assistant Professor  
Orthopaedic "A" Unit  
Lady Reading Hospital  
Peshawar



Ab. Biazin  
د. بيازین  
د. گنج  
د. گنج

R

L

NADEEM M  
2021.AUG.10





## request for emergency leave



Me

to [zenib.ctc@gmail.com](mailto:zenib.ctc@gmail.com) & 1 more



7/4/2021, 10:22 PM

Dear Sir/ Ma'am

It is stated that yesterday i met an unfortunate road accident while i was traveling on my bike on duty from CD to submit the report. I got injured and was shifted to hospital for checkup and first aid, as i got too many wounds on my arms and legs. Therefore i request you to kindly allow me initially 3-days of leave in order to take rest at home.

Thanks & Regards,

Nadeem Khan,

UCPO

UC Hassan ghari 1