



Employer's Statement – D1 (for Death Claim)

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

1. Policy holder's information

Name of Company	
Takaful Policy No.	Policy Start Date

2. Participant's information

a. Deceased' Name: **PERVEZ KHAN**

b. Father's Name/Husband's Name: **ABDUAL RAHEEM**

c. Date of Birth of deceased: **11-4-1985** Age **37Y** CNIC No. **36304-3839598-5**

d. Residential Address: **Plo Mohala Anwar-e-Mustafa Raja Ram**
Tehsil Shujabal District Multan Contact No. **0301-7500032**

e. Proof of age: National Identity Card Matric Certificate Other (Please specify)

3. Occupational Information

a. Employee No.

b. Date of Joining of Company

c. Designation

d. Monthly Salary

e. Occupation (at date of Death)

4. Event Information

a. Date of Diagnosis **3-3-2023**

b. Date of Death **10-3-2023**

c. Place of Death **W#6 NISHTAR HOSP. Multan**

d. Primary Cause of Death **Psora Abscess**

e. Secondary cause **Cardiopulmonary Arrest**

f. On what date did deceased last attend his usual work?

g. When did deceased first complain of or give other indications of his/her last illness? **6 months back..**

5. Claim Information

a. Amount of Claim

b. Title of Cheque

6. Declaration by Employer/Authorized representative

The undersigned, hereby makes claim to said Takaful coverage and hereby agrees that the written statements and affidavits of all the physicians who attended to or treated the Participant shall constitute and they are hereby made a part of these proofs of death and further agrees that the furnishing of this form, or of any nor a waiver of any of its right or defenses.

Furthermore, I/We hereby authorize, any physicians, hospitals, clinic or medical service provider, insurance company, or any other institution, or any person, who has any record or information about above mentioned life to provide Pak-Qatar Family Takaful Limited complete information including copies of records with reference to any sickness, accident, disability treatment, examination, medical investigation, advise or hospitalization underwent. A photocopy of this authorization shall be as valid as the original.

Claimant Signature: _____

Name: _____

Date: _____

Company Stamp

Checklist

- Form D-2 Physician's Statement
- CNIC - Deceased
- Death Certificate - NADRA
- Death Certificate Hospital
- Complete past treatment record (if any)
- Attendance record of six months before death
- Salary record of six months before death
- AML Questionnaire
- Copy of FIR/Police report (in case of unnatural cause)
- Copy of Autopsy report (if any)
- Copy of Driving license (in case of accident)

Please ensure to enclosed above mentioned document in order to avoid any delay



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: Pervez Khan
- b. Father's Name/Husband's Name: Abdul Raheem
- c. Date of Birth of deceased: 11-04-1985 Age: 37 Y CNIC No. 36304-3839598-5
- d. Residential Address: Abwar-e-Mustafa No Raja Ram, Tehsil Shujabad
District Multan Contact No. 0301-750032
0342-8672012

2. Event Information

- a. Date of Death 13-03-2023
- b. Place of Death Ward No. 6, Nishtar Hospital, Multan
If died in hospital or other medical institution, please give name Nishtar Hospital Multan
- c. Primary Cause of Death PSOae Abscess.
- d. Secondary Cause of Death Cardiopulmonary Abscess. Arrest
- e. Interval between onset and death

From	To	No. of Days
3-3-2023	10-3-2023	

*Dr. Muhammad Imran Zaffar
Registrar
Nishtar Hospital Multan.*

3. Past Medical History

- a. When did deceased first complain of or give other indications of his/her last illness? 6 Months Back.
- b. Date last consulted or took medical advise of his/her last illness? YES, at Nishtar Hospital, 25-2-23
- c. Have you treated or advised any treatment prior to last illness? Yes No
for MIA Fever
- 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 N.A.
- b. Please describe event in detail
- c. Was an inquest/investigation held? Yes No
- d. Was an autopsy performed Yes No if yes, please describe findings in detail

5. Declaration

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

Signature: *Dr. Imran Zaffar* Date of statement: 26-05-2023

Name: Dr Imran Zaffar Contact No. 0307 408 7037

*Dr. Muhammad Imran Zaffar
Senior Registrar (Admin)
Stamp
Nishtar Hospital Multan.*

اطلاع پر چی فی سید کی نشتر ہسپتال پٹن

کتاب نمبر _____ پر چی نمبر _____
نام دارو 06 میڈیکل ایجنسی جنرل سنٹر
نام متوفی مکمل پتہ میر حیر خان صاحب مستعار

نام والدہ متوفی در صورت منکوحہ اس کے خاندان کے نام

متوفی کی عمر 77 سالہ بہ اسسٹنٹ ڈاکٹر جنرل سنٹر
تاریخ داخلہ 10/3/23 تاریخ فرسیدگی 3/3/23
موت کے تصدیق کرنے والے ڈاکٹر کا نام ڈاکٹر سید
کیا متوفی کے رشتہ دار موجود تھے جی

کیا متوفی کی لاش اس کے رشتہ دار کے سپرد کر دی گئی جی
کیا لاش مردہ خانے بھیجی گئی جی

کیا متوفی کے رشتہ داروں کو اطلاع دی گئی جی

متوفی کس مرض کے علاج پر لے لئے داخل ہوا تھا

تاریخ 13/3/23 ڈاکٹر ڈاکٹر محمد عبیدہ
PMNL
55-55 رسید سپردگی لاش

لاش لینے والے کا نام بمعہ ولایت محمد رفیق
متوفی سے رشتہ داری

مکمل پتہ _____

shop on vivo 5
AI Triple Camera
تاریخ داخلہ 10/3/23 2023



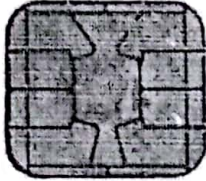
PAKISTAN

ISLAMIC REPUBLIC OF PAKISTAN

National Identity Card



Name
Pervez Khan



پرویز خان

Father Name
Abdul Raheem

عبدالرحیم

Gender | Country of Stay
M | Pakistan

Identity Number | Date of Birth
36304-3839598-5 | 11.04.1985

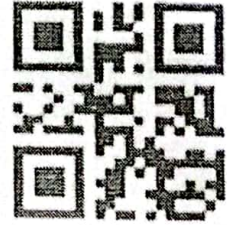
Date of Issue | Date of Expiry
02.12.2016 | 02.12.2026



Holder's Signature

موجودہ پتہ: نزد شاہی غنید گاہ، محلہ بیٹھان وال، شجاع آباد، ضلع ملتان

36304-3839598-5



مستقل پتہ: محلہ انوار، ڈاک خانہ خاص، راجہ رام، تحصیل شجاع آباد، ضلع ملتان

Usman Y. Malik
Registrar General of Pakistan

104241165281

گمشدہ کارڈ ملنے پر قریبی لیڈ بکس میں ڈال دیں



اندراج وفات سرٹیفکیٹ

Death Registration Certificate

دفتر اندراج : RAJA RAM_400920

Tracking Id: 91100020483510

RMS No. D997949920

LD/M REG #:

Deceased Person's Details

متوفی کے کوائف

Old CRMS No.:

Name : Pervez Khan
Nationality : Pakistani
CNIC No : 36304-3839598-5
Date of Birth : 11-Apr-1985
Gender : Male Religion : Islam
Sickness Period : 01 Days 00 Months 00 Years
Date of Death : 13-Mar-2023
Date of Burial/Last rite : 14-Mar-2023
Place of Death : hospital
Reason of Death : Natural Nature of Death: Normal
Buried/Last rite at : Shah Musa

نام : پرویز خان
قومیت : پاکستانی
شناختی کارڈ : 36304-3839598-5
تاریخ پیدائش : 11-Apr-1985
جنس : مرد
مدت علالت : 01 دن 00 ماہ 00 سال
تاریخ وفات : 13-Mar-2023
تاریخ تدفین/آخری رسومات : 14-Mar-2023
جائے وفات : ہسپتال
وجہ وفات : قدرتی
جگہ تدفین/آخری رسومات : شاہ موسیٰ

Parental Information

والدین کے کوائف

Father's Name : Abdul Raheem
CNIC No :
Mother's Name : Sughran Bibi
CNIC No :

والد کا نام : عبدالرحیم
شناختی کارڈ :
والدہ کا نام : صفراں بی بی
شناختی کارڈ :

Address

پتہ

Address : anwar e mustafa Village Raja Ram
Tehsil : Shujabad
District : Multan

پتہ : انوار مصطفی گاؤں راجہ رام
تحصیل : شجاع آباد
ضلع : ملتان

Applicant's Details

درخواست دہندہ کے کوائف

Name : Muhammad Javed
CNIC No : 36304-8273589-9
Relation with Deceased: Brother

نام : محمد جاوید
شناختی کارڈ : 36304-8273589-9
متوفی سے رشتہ : بھائی

Information of Burial/Last rite by

تدفین/آخری رسومات کنندہ کے کوائف

Name : Ghulam Murtaza
CNIC No : 36304-1384385-3
Relation with Deceased: Brother

نام : غلام مرتضے
شناختی کارڈ : 36304-1384385-3
متوفی سے رشتہ : بھائی

Entry Date : 17-Apr-2023
Issue Date : 17-Apr-2023
Entry Status : Normal

تاریخ اندراج : 17-Apr-2023
تاریخ اجراء : 17-Apr-2023
اندراج اسٹیٹس : نارمل
اضافی معلومات : دل کا دورہ

Additional Information: death due to heart attack



دستخط میڈیکل افسر
یونین کونسل راجہ رام شجاع آباد



TRAINING &
CONSTRUCTION

Name : Pervez Khan

Position : TPO-Multan-Shujabad

Issuing Authority:
(Project Coordinator)

EMP ID: 1016157101500

CHIC #: 3 6 3 0 4 3 8 3 9 5 9 8 5

Date of Birth: 11-04-1985

Emergency please call no: 0346-8505598 Issue Date: Apr, 2002

- This card is non-transferable and should never be loaned to anyone.
- In case the card is lost or stolen, it should be reported immediately to concerned person.
- This card is valid for six (6) months from the date of issuance. The card will deem to be invalid if the contract is not extended or terminated.

In case if card found, please drop it in nearest Post Office or
CHIP House plot #01, street # 09, Fayyaz market, G-8/2, Islamabad