PAK-QATAR FAMILY TAKAFUL
Together for the Future

Employer's Statement – DS1 (Disability Claim Form)

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

Section I.Policy holder's Information

Name of Policy Holder		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation.	Phone No / Mobile No	E-mail address
Employee's Name.		CNIC.
Employee's Address		
Employee's Date of Birth Age		S. No. on list

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

Employee's Date of Appointment	Employee's Effective Date of Takaful	Last Day Worked	Returned to Worked
Reason for Stopping Work			
Gross Earning from Salary/Wages Rs._____ PerMonth	Amout of Takaful cover Rs.	What is the present employment stats of the employee ☐ On Duty ☐ On Sick Leave	☐ Terminated ☐ Temporary Laid off
Amount of Claim	Title of Cheque		

Claimant Name _____ Telephone No _____

Date of Statement _____

Employer Signature _____ Company Stamp

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

Type of disability claim? ☐ Natural (Sickness) ☑ Accidental

Please describe how and where the disability/accident occured ✓

Date of Accident or the date I first Noticed the symptoms of this was: 08/10/2023	(a) Is your accident or illness related to your occupation? ☐ Yes ☐ No if "Yes", Please explain
I (was/have) unable to work because of this disability starting on	I (returned/was able to return/will be able to return to work on a full time basis on
On What date did employer discontinue your monthly salary/wages	Treated by ☑ Hospital ☐ Doctor
Date I was first treated for this accident or illness 08/10/2023	Name HMC Address HMC, Peshawar.
Have you ever had the same or Similar condition in the past? ☐ Yes ☑ No If "Yes", when	Treated by ☐ Hospital ☐ Doctor
	Name Address

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practioner, hospital, clinic, other medical or medically related facility or insurance company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental confition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its respresentatives and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy

Date of Statement: Signature of Employee: Telephone No. 0303 9335117

PAK-QATAR
FAMILY TAKAFUL
Together for the Future

Physician's Statement – DS2 (Disability Claim Form)

Note : All answers must be in the physician's handwriting

Patient Information

Name of Patient	Sajid Khan	Date of Birth	04-02-1998
Patient's Address	Shahkas, Jamrud, district Khyber		

Employer Information

Name of Employer

1. History

(a) Date doctor first consulted due to disability

(b) Date symptons first appeared or accident happened 08/10/2023

(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? ☐ No ☐ Yes, state when and describe

(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?

Name of Doctor Mobile No

Address

2. Diagnosis

(a) Date symptons first appeared or accident happened 08/10/2023

(a) Diagnosis (including any complications)

(c) Subjective symptoms

(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):

(1) Clinical Findings

(2) Diagnosis Studies and results:

3. Progress

(a) Patient is	☐ Ambulatory	☐ Bed Confined	☐ House Confined	☐ Hospital Confined	
(b) Patient has	☐ Recovered	☐ Improved	☐ Stabilized	☐ Retrogressed	

4. Prognosis

(a) Is the disability presumed to be reversable ☐ Yes ☐ No

(a) Is patient now capable of performing duties of ☐ Yes ☐ No

(c) What duties of his or her job is patient incapable of performing?

(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

If No, Please explain

(e) Specify the date by which you presume that the patient will be able to resume his duties/work

☐ Totally ☐ Partially ☐ Temporarily ☐ Permanently

Remarks

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

Attending Physician's Name	
Address	Telephone No
Speciality	Date / Signature

PAK-QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S, Shahra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk

OUTPATIENT DEPARTMENT (OPD)

MEDICAL TEACHING INSTITUTION PESHAWAR, KP

Hayatabad Medical Complex

Appointment Time:11:31 ORTH-B -OPD Token#088

Name: [illegible] khan 25Year(s) Sex:Male

Father/Husband Name : RALES KHAN Invoice#:k[illegible]1233098840

MRNO :K010001810379 Serial #:688795 Amount paid : 5[illegible]:00

Print Date 13 O[illegible] 23

Rx

Presenting Complaints

RTA
Chest pain
Lt leg pain / 05 days

Past Medication History

Inj Toradol 1IM — Stat
Inj Decadron 1IM
Inj Meronem 500 1×1 — 1×3

Tab. Ciproxin 500 1×2
Cap. Tonoflex P 1×2 — / 05 days

Investigations

Tab. Calsan-D 1×01
Cap. Esso 40 1×01 — / 1×4 weeks

Diagnosis

Reason For Referal

Stamp & Signature of prescribe

Plan

1

Phone: 9217140-46 website: www.hmckp.gov.pk

ACCIDENT & EMERGENCY DEPARTMENT

MEDICAL TEACHING INSTITUTION

Hayatabad Medical Complex Peshawar.

Serial # 1073207

Patient : 00003322195 Sajid Khan 26 Year(Male

Father \Husband : RAEES KHAN **Date :** 08-OCT-23 11:25:26

Invoice # : K01234321229 **Receipt #** K01231887200

Presenting Complaints

RTA

Past Medication History

Investigations CXR

Diagnosis

Bilateral pleural

Plan

R_x

Reason for Referal

Remarks

Stamp & Signature of prescribe

OUTPATIENT DEPARTMENT (OPD)
MEDICAL TEACHING INSTITUTION PESHAWAR, KP
Hayatabad Medical Complex

Appointment Time : 12:15 | **MEDICAL-A - OPD** | **Token# 256**

Name : Sajid Khan | 25 Year(s) | Sex : Male
Father \ Husband Name : RAEES KHN | | Invoice # : K01234357236
MRNO : K0100001810379 | Serial # : 1083664 | Amount Paid : 50.00

Print Date : 10-OCT-23 11:12:17

Presenting Complaints

Rx

Refer To Orthopedic

Remarks

Past Medication History

hx of RTA (2 days back)
→ now Complaining of Rt Sided Chest pain & (Rt) lower limb Pain.

O/E ⇒ limb movements Normal.

Investigations

Rx ⇒
• Tab Nuzbeid forte
(1+1) دو دن کی صورت میں
استعمال کریں

Diagnosis

• tab caplan 50mg x OD

Reason For Referal ایک ٹکی روزانہ

Stamp & Signature of prescribe

Plan

• tab. Qalcian Dx OD — 1 week
ایک ٹکی روزانہ

Phone: 9217140-46 website: www.hmckp.gov.pk

Inflacid

→ ~~Ultram~~ gel × BD — 2 wk

ڈ ے

→ tab. ~~Ultram~~ vibu. × OD — 1 month

الٹرا ساؤنڈ

Makkah Pharmacy & Surgical

Shop No. 14, Shalman Market
Opp. Hayatabad Medical Complex Hayatabad Peshawar
Phone 03038382741
Drug License 8b/-T81z77d

No . 68136 08/10/2023 13:25:45

M/s: A.CASH SALES-WALKING CUST

Remarks: Ref.:

Item Name	Qty	Price	Total
Calcyte D	1	650.00	650.00
Voren 50mg Tab	10	7.91	79.10
Belladonna Plaster	1	30.00	30.00
Gabagene	1	300.00	300.00
Melax 2mg New	10	17.50	175.00

Total items: 5

Gross Total : 1,234.10

Disc: 61.71

NISAR SHINWAF Net Total. **1,172.00**

MEDICINE WILL BE TAKEN BACK WITHIN 48 HOURS ALONG WITH BILL FRIDGE SENSITIVE COSMETICS AND UNSEALED ITEMS WILL BE NOT RETURN THANK YOU

(Computer Software developed by Abuzar Consultancy. Ph 042-37426911-15)

Kashif Afridi Pharmcy

Shop No.3 Hayatabad Medicine Centre, Near Hayat Medical Complex,Hayatabad Phase#04,Peshawar
0915813204

Drug license #886

No . 142102 11/10/2023 15 49:07

M/s: A/C CASH SALES-WALKING CUS

Remarks: Ref.:

Item Name	Qty	Price	Disc	Total
Qalsium D Tablet	1	206.80	20.68	186.12
Nuberol Forte New	3	46.85	14.06	126.50
Caflam 50mg New	10	16.88	16.88	151.92
Vitrum Tabs	1	351.00	35.10	315.90
Rumol Cream 50gm	1	300.00	30.00	270.00

Total items: 5

Gross Total 1,167.15

Disc: 116.72

HAROON Net Total **1,050.00**

MEDICINE WILL NOT TAKEN BACK
WITHOUT BILL
FRIDGE ITEMS CANNOT BE RETURNED
ONCE SOLD THANK YOU FOR COMING

(Computer Software developed by Abuzar Consultancy
Ph 042-37426911-15)

JUNAID PHARMACY

جنید فارمیسی

Shop # LG-02, Deans Medicine Centre Opp: Hayatabad Medical Complex, Peshawar. Mob: 0333-9394145 - 0345-9077394

License: Narcotics/8d-Pct9847

No. 93 Date

Name

Qty	Particulars	Rate	Amount Rs.
6x1g	Meronam 500 g.	1634	9804
1x10	Ciproxin 500	574	574
1x20	Tonaflex P	441	441
1x8	Dalsan D	205	205
2x8	Esso 40 mg.	530	1060
3x1g	Tosadol.	159	477
		Total	12561/=

JUNAID PHARMACY

Signature