



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 <u>NAYAB GUL</u>		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation <u>AS</u>	Phone No / Mobile No <u>03148140207</u>	E-mail address
Employee's Name <u>NAYAB GUL</u>		CNIC <u>17301-3215533-1</u>
Employee's Address <u>Naide Payan, Bawa Road, Teh/Distt Restawar</u>		
Employee's Date of Birth <u>6-03-1992</u> Age <u>31</u>	S. No. on list	

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

Employee's Date of Appointment <u>01-07-2023</u>	Employee's Effective Date of Takaful	Last Day Worked	Returned to Worked
Reason for Stopping Work	<u>Accidental leg fracture</u>		
Gross Earning from Salary/Wages <u>Rs 34500/-</u> Per Month	Amount of Takaful cover <u>Rs.</u>	What is the present employment status of the employee <input type="checkbox"/> On Duty <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> On Sick Leave <input type="checkbox"/> Temporary Laid off	
Amount of Claim	Title of Cheque		
Claimant Name <u>NAYAB GUL</u>	Telephone No _____		
Date of Statement _____	Company Stamp		
Employer Signature <u>[Signature]</u>			

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

Type of disability claim?	<input type="checkbox"/> Natural (Sickness)	<input checked="" type="checkbox"/> Accidental
Please describe how and where the disability/accident occurred <u>On field during duty hours, slipped and fractured the leg</u>		
Date of Accident or the date I first Noticed the symptoms of this was <u>05-11-23</u>	(a) Is your accident or illness related to your occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if "Yes", Please explain <u>occurred on duty</u>	
I (was/have) unable to work because of this disability starting on <u>05-11-23</u>	I (returned/was able to return/will be able to return to work on a full time basis on <u>27/11/2023</u>	
On What date did employer discontinue your monthly salary/wages	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor	
Date I was first treated for this accident or illness <u>05-11-2023</u>	Name <u>KTH</u>	Address <u>University Town Restawar</u>
Have you ever had the same or Similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", when	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor	
	Name <u>KTH</u>	Address <u>University Town Restawar</u>
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 of employer have information available regarding the benefit or 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 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: <u>[Signature]</u>	Telephone No.

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

111-TAKAFUL (825-238)

www.pakqatar.com.pk



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

Patient Information

Name of Patient	NAYAB GUL	Date of Birth	6-03-1992
Patient's Address	Naude Payan, Bara Road, Teh/Distt Peshawar		

Employer Information

Name of Employer	CHIP TRAINING & CONSULTANTS (CTC)
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1. History

(a) Date doctor first consulted due to disability	05-11-2023
(b) Date symptoms first appeared or accident happened	05-11-2023
(c) Date patient ceased work because of disability	05-11-2023
(d) Has patient ever had same or similar condition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, state when and describe <i>On field leg fracture</i>
(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?	<i>Treated in Hospital (KIH)</i>
Name of Doctor / Hospital	<i>Khyber Teaching Hospital Mobile No 091-9224400</i>
Address	<i>University Town, Peshawar</i>

2. Diagnosis

(a) Date symptoms first appeared or accident happened	05-11-2023
(a) Diagnosis (including any complications)	<i>Fracture in Leg</i>
(c) Subjective symptoms	
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):	
(1) Clinical Findings	
(2) Diagnosis Studies and results:	

3. Progress

(a) Patient is	<input type="checkbox"/> Ambulatory	<input checked="" type="checkbox"/> Bed Confined	<input type="checkbox"/> House Confined	<input type="checkbox"/> Hospital Confined
(b) Patient has	<input type="checkbox"/> Recovered	<input type="checkbox"/> Improved	<input type="checkbox"/> Stabilized	<input type="checkbox"/> Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Is patient now capable of performing duties of	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(c) What duties of his or her job is patient incapable of performing?	<i>Going to field and house to house visits</i>		
(d) Do you expect a fundamental or marked change in future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, patient should recover sufficiently to perform duties on or about	<i>27-11-2023</i>		
If No, Please explain			
(e) Specify the date by which you presume that the patient will be able to resume his duties/work			
<input checked="" type="checkbox"/> Totally	<input type="checkbox"/> Partially	<input type="checkbox"/> Temporarily	<input type="checkbox"/> Permanently

Remarks

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

Attending Physician's Name	Telephone No
Address	Date
Specialty	Signature

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MCB Bank Limited

NAYAB GUL-ASSAN ACCOUNT

NODIA PAYAN P/O KHAS TEH/ DISTT PESHAWAR
923148140207

Account Statement

Account No: 0830096671003135

IBAN: PK67MUCB0830096671003135

Account Type / CCY: ACA / PKR

Date of Account Open: 12-APR-16

Statement Period: From Date: 01-SEP-23 To Date 16-NOV-23

Statement Date & Time: Nov 16, 2023 11:32:01 AM

0277-PESHAWAR CANTT

								Opening Balance	Ledger:	359.91
									Actual:	359.91
Tran. Date	Effect Date	Tran. Br.	Transaction Details	Remitter Name	Remitter IBAN	Remitter Bank	Chq / Ref No	Debit	Credit	Balance
05-SEP-23	05-SEP-23	5398	INTERBANK FUNDS RECEIVING/ Purpose: 0350 - Miscellaneous Payments	CHIP TRAINING AND CONSULTING P	PK74SCIBL000 000899255890				34,626.00	34,985.91
								3.13		34,982.78
09-SEP-23	09-SEP-23	1819	ATM RECEIPT BALANCE INQUIRY/					1,000.00		33,982.78
09-SEP-23	09-SEP-23	1819	ATM CASH WITHDRAWAL-MCB/					3.13		33,979.65
09-SEP-23	09-SEP-23	1819	ATM RECEIPT CASH WITHDRAWAL/					9,000.00		24,979.65
09-SEP-23	09-SEP-23	1819	ATM CASH WITHDRAWAL-MCB/					3.13		24,976.52
09-SEP-23	09-SEP-23	1819	ATM RECEIPT CASH WITHDRAWAL/					12,000.00		12,976.52
11-SEP-23	11-SEP-23	0862	ATM CASH WITHDRAWAL-MCB/					3.13		12,973.39
11-SEP-23	11-SEP-23	0862	ATM RECEIPT CASH WITHDRAWAL/					6,000.00		6,973.39
13-SEP-23	13-SEP-23	1819	ATM CASH WITHDRAWAL-MCB/					3.13		6,970.26
13-SEP-23	13-SEP-23	1819	ATM RECEIPT CASH WITHDRAWAL/					3.13		6,967.13
26-SEP-23	26-SEP-23	5420	INTRA SWITCH ATM BAL. ENQ. FEE/					3.13		6,964.00
26-SEP-23	26-SEP-23	5420	ATM RECEIPT BALANCE INQUIRY/					5,000.00		1,964.00
26-SEP-23	26-SEP-23	5420	ATM CASH WITHDRAWAL-LNK/					23.44		1,940.56
26-SEP-23	26-SEP-23	5420	INTRA SWITCH ATM CW FEE/					3.13		1,937.43
27-SEP-23	27-SEP-23	5420	INTRA SWITCH ATM BAL. ENQ. FEE/					3.13		1,934.30
27-SEP-23	27-SEP-23	5420	ATM RECEIPT BALANCE INQUIRY/					1,500.00		434.30
27-SEP-23	27-SEP-23	5420	ATM CASH WITHDRAWAL-LNK/					23.44		410.86
27-SEP-23	27-SEP-23	5420	INTRA SWITCH ATM CW FEE/					3.13		407.73
27-SEP-23	27-SEP-23	5420	ATM RECEIPT CASH WITHDRAWAL/						34,626.00	35,033.73
05-OCT-23	05-OCT-23	5398	INTERBANK FUNDS RECEIVING/ Purpose: 0350 - Miscellaneous Payments	CHIP TRAINING AND CONSULTING P	PK74SCIBL000 000899255890			20,000.00		15,033.73
06-OCT-23	06-OCT-23	5420	ATM CASH WITHDRAWAL-LNK/					23.44		15,010.29
06-OCT-23	06-OCT-23	5420	INTRA SWITCH ATM CW FEE/					3.13		15,007.16
11-OCT-23	11-OCT-23	5420	INTRA SWITCH ATM BAL. ENQ. FEE/					3.13		15,004.03
11-OCT-23	11-OCT-23	5420	ATM RECEIPT BALANCE INQUIRY/					3.13		15,000.90
11-OCT-23	11-OCT-23	5420	INTRA SWITCH ATM BAL. ENQ. FEE/					3.13		14,997.77
11-OCT-23	11-OCT-23	5420	ATM RECEIPT BALANCE INQUIRY/					5,000.00		9,997.77
11-OCT-23	11-OCT-23	5420	ATM CASH WITHDRAWAL-LNK/					23.44		9,974.33
11-OCT-23	11-OCT-23	5420	INTRA SWITCH ATM CW FEE/					3.13		9,971.20
11-OCT-23	11-OCT-23	5420	ATM RECEIPT CASH WITHDRAWAL/							

NOTE: Impact of Outward Clearing Transactions (CHEQUE CLEARING CREDIT) will be reflected in the account balance once the instrument has been realized Page: 1 of 2

Account Statement

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AB GUL-ASSAN ACCOUNT
 NODIA PAYAN P/O KHAS TEH/ DISTT PESHAWAR
 923148140207

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0277-PESHAWAR CANTT

Tran. Date	Effect Date	Tran. Br.	Transaction Details	Remitter Name	Remitter IBAN	Remitter Bank	Chq / Ref No	Debit	Credit	Balance
19-OCT-23	19-OCT-23	5420	ATM CASH WITHDRAWAL-LNK/					5,000.00		4,971.20
19-OCT-23	19-OCT-23	5420	INTRA SWITCH ATM CW FEE/					23.44		4,947.76
21-OCT-23	21-OCT-23	1819	ATM RECEIPT BALANCE INQUIRY/					3.13		4,944.63
21-OCT-23	21-OCT-23	1819	ATM CASH WITHDRAWAL-MCB/					4,000.00		944.63
21-OCT-23	21-OCT-23	1819	ATM RECEIPT CASH WITHDRWAL/					3.13		941.50
04-NOV-23	04-NOV-23	5398	INTERBANK FUNDS RECEIVING/ Purpose: 0350 - Miscellaneous Payments	CHIP TRAINING AND CONSULTING P	PK74SCHL000 000899255890 2				34,556.00	35,497.50
11-NOV-23	11-NOV-23	8054	ATM CASH WITHDRAWAL-MCB/					20,000.00		15,497.50
13-NOV-23	12-NOV-23	1819	ATM CASH WITHDRAWAL-MCB/					12,000.00		3,497.50
14-NOV-23	14-NOV-23	4011	ATM CASH WITHDRAWAL-MCB/					1,000.00		2,497.50
14-NOV-23	14-NOV-23	4011	ATM RECEIPT CASH WITHDRWAL/					3.13		2,494.37
Total DR Transactions										36
Total CR Transactions										3
Sum of DR Transactions										101,673.54
Sum of CR Transactions										103,808.00
								Available Balance:		2,494.37
								Closing Ledger Balance		2,494.37



PAKISTAN National Identity Card
 ISLAMIC REPUBLIC OF PAKISTAN



Name
Nayab Gul

نایاب گل



Father Name
Ziara Gul

زیارت گل

Gender / Country of Stay
F / Pakistan

Identity Number / Date of Birth
17301-3215533-1 / 06.03.1992

Date of Issue / Date of Expiry
02.03.2017 / 02.03.2027



Nayab Gul

Holder's Signature

40660

موجودہ پتہ: ڈاک خانہ خاص، نوویہ پایان، تحصیل و ضلع پشاور

17301-3215533-1



مستقل پتہ: ڈاک خانہ خاص، نوویہ پایان، تحصیل و ضلع پشاور

101001293736

Usman Y. Malik
Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی لیڈ بکس میں ڈال دیں