

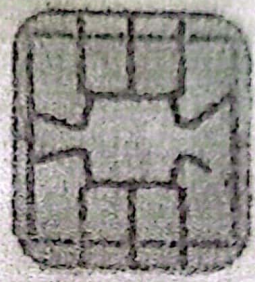


**PAKISTAN** National Identity Card  
REPUBLIC OF PAKISTAN

Name  
**Shaista Ghulam Sakhi**

*Signature*

Father Name  
**Ghulam Sakhi**



Gender | Country of Stay

F | Pakistan

Identity Number

17301-7286176-4

Date of Birth

01.20.1987

Date of Issue

27.04.2018

Date of Expiry

27.04.2028

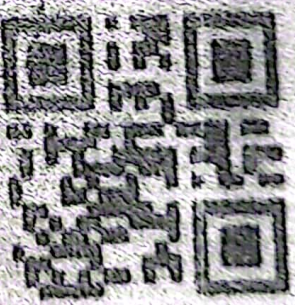


Holder's Signature

*Signature*

17301-72301001

کشمیر کاؤنڈیل پبلسیشنز



50951057935

Department of Education  
Government of Pakistan

کشمیر کاؤنڈیل پبلسیشنز ڈاکیومنٹ

حکومت پاکستان

قومی شناختی کارڈ

17301-5131651-8

نام: مشہور

پیشہ: عورت

تعمیر کارخانہ: علامہ اقبال

قومی شناختی کارڈ: بہار پور ٹیکسٹائلز کے دفتر

تاریخ: 1952

مظاہرین: عزیز

دستخط: جسٹس راجندر

دستخط: علامہ اقبال



شخصی نمبر: 17301-5131651-8 نادان نمبر: U0457J

موجودہ پتہ: محلہ جھانگیر آباد ڈاکخانہ نکال والا پشاور

مسئلہ پتہ: محلہ بدایت اللہ شاہ ڈاکخانہ جی پی اے پشاور

تاریخ اجراء: 21/10/2016 تاریخ تصدیق: صاحبان  
گمشدہ کارڈ ملے پر عربی لیٹر بکس میں ڈال دیں

13552269510





## KHYBER TEACHING HOSPITAL, PESHAWAR

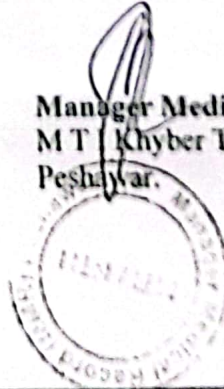
No.1213 KTH/MMR

Dated:04/12/2023

### DEATH CERTIFICATE

Name of Deceased : Shaista Ghulam Sakhi  
Father Name : Ghulam Sakhi  
Age/BOD : 01/10/1987  
Sex : Female  
Disease : **Received Dead**  
CNIC No : 17301-7286178-4  
MR No : KO3ACE00954356  
Unit : Accident & emergency Department  
Place of Death : Accident & emergency Department  
Cause of Death : Cardio Pulmonary Arrest  
Date of Arrival : 25/11/2023  
Date of Death : 25/11/2023  
Time of Death : 03:21:12

Manager Medical Record,  
M T Khyber Teaching Hospital,  
Peshawar.



December 4, 2023



## Physician's Statement – D2 (for Death Claim)

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: Shaista Ghulam Sakhi

b. Father's Name/Husband's Name: Ghulam Sakhi

c. Date of Birth of deceased: 01.10.1987 Age: 36 CNIC No. 17301-7286178-4

d. Residential Address: Tehsil Balq Jehangirabad Peshawar  
Contact No. 0347-9803864

### 2. Event Information

a. Date of Death 25-11-2023

b. Place of Death Khyber Teaching Hospital Peshawar. A & E  
If died in hospital or other medical institution, please give name —

c. Primary Cause of Death Cardio Pulmonary Arrest

d. Secondary Cause of Death —

e. Interval between onset and death

From	To	No of Days
<u>Received</u>	<u>Dead.</u>	

### 3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? —

b. Date last consulted or took medical advise of his/her last illness? —

c. Have you treated or advised any treatment prior to last illness?  Yes  No

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 Cardio Pulmonary Arrest

b. Please describe event in detail Received dead.

c. Was an inquest/investigation held?  Yes  No

d. Was an autopsy performed  Yes  No  
If yes, please describe findings —

### 5. Declaration

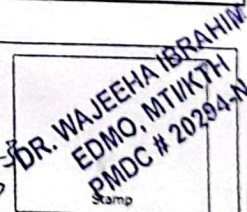
I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: Dr. Waqeela Ibrahim

Name: Dr. Waqeela Ibrahim

Date of statement: 19/12/2023

Contact No. 091-9224400  
091-9224400



### PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S. Shakra-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



## 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: Shaista Ghulam Sakhi

b. Father's Name/Husband's Name: Ghulam Sakhi

c. Date of Birth of deceased: 01-10-1987 Age 36 CNIC No. 17301-7286178-4

d. Residential Address: Tehkal Bala Jehangir abad Peshawar.  
Contact No. 0347-9803804

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 CHW

d. Monthly Salary \_\_\_\_\_

e. Occupation (at date of Death) CHW

### 4. Event Information

a. Date of Diagnosis 25-11-2023

b. Date of Death 25-11-2023

c. Place of Death K.T.H Peshawar A&E

d. Primary Cause of Death Cardio Pulmonary Arrest

e. Secondary cause Cardio Pulmonary Arrest

f. On what date did deceased last attend his usual work? 24-11-2023 (Friday)

g. When did deceased first complain of or give other indications of his/her last illness? \_\_\_\_\_

### 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

#### PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)  
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111-TAKAFUL (825-238)

www.pakqatar.com.pk



حکومت خیبر پختونخوا پاکستان  
Govt of Khyber Pakhtunkhwa Pakistan



### اندراج وفات سرٹیفکیٹ

### Death Registration Certificate

Tracking Id: 91100034609547

CRMS No. D103323017

OLD/M REG #:

ARBABAN\_PESHAWAR : دفتر اندراج

Old CRMS No.:

#### Deceased Person's Details

متوفی کے کوائف

Name : Shalsta Ghulam Sakhl  
Nationality : Pakistan  
CNIC No : 17301-7286178-4  
Date of Birth : 01-Oct-1987  
Gender : Female Religion : Islam  
Sickness Period : 0 Days 0 Months 0 Years  
Date of Death : 25-Nov-2023  
Date of Burial/Last rite : 25-Nov-2023  
Place of Death : Home  
Reason of Death : Natural Nature of Death : Normal  
Buried/Last rite at : Jumbiliyan

نام : شائمستہ غلام سخی  
قومیت : پاکستانی  
شناختی نمبر : 17301-7286178-4  
تاریخ پیدائش : 01-Oct-1987  
جنس : عورت مذہب : اسلام  
مدت علالت : 0 دن 0 ماہ 0 سال  
تاریخ وفات : 25-Nov-2023  
تاریخ تدفین/آخری رسومت : 25-Nov-2023  
جگہ وفات : گھر  
وجہ وفات : قدرتی  
جگہ تدفین/آخری رسومت : جمبیلیان

#### Parental Information

والدین کے کوائف

Father's Name : Ghulam Sakhl  
CNIC No : 17301-0219888-3  
Mother's Name : Maqbolah  
CNIC No : 17301-5131651-8

والد کا نام : غلام سخی  
شناختی نمبر : 17301-0219888-3  
والدہ کا نام : مقبولہ  
شناختی نمبر : 17301-5131651-8

#### Husband's Information

شوہر کے کوائف

Name :  
CNIC No :

نام :  
شناختی نمبر :

#### Address

پتہ

Address : Tehkal Bala Muhallah Jahangir Abad , City Peshawar  
Tehsil : Peshawar  
District : Peshawar

پتہ : تھکال بالا محلہ جھنگیر آباد ، شہر پشاور  
تحصیل : پشاور  
ضلع : پشاور

#### Applicant's Details

درخواست دہندہ کے کوائف

Name : Maqbolah  
CNIC No : 17301-5131651-8  
Relation with Deceased: Daughter

نام : مقبولہ  
شناختی نمبر : 17301-5131651-8  
متوفی سے رشتہ : بیٹی

Entry Date : 14-Dec-2023  
Issue Date : 15-Dec-2023  
Entry Status : Normal

تاریخ اندراج : 14-Dec-2023  
تاریخ اجراء : 15-Dec-2023  
اندراج اسٹیٹس : نارمل  
اضافی معلومات : ہارٹ آٹیک

Additional Information: Heart Attack

دستخط سیکرٹری  
نیبر ہوڈ کونسل 110 اربابان  
تحصیل پشاور ضلع پشاور

*(Signature)*



SECRETARY  
Neighbourhood Council  
ARBABAN / 110  
U/C 40 Tahkal Bala





**CASUALTY**

Token# 000

Appointment Time

Serial # : 1637536

A.R. No K03ACE00954355

Invoice # : K03235871452

Name : Suleika BBI

Father/Husband : NO RECORD

Gender : Female

Amount Paid : 20.00

Age : 55 Year(s)

Date : 25 NOV 23 03:26:43

Collapsed

Stroke

BP unrecordable.

Pulse NOT palpable.

Reflex NOT

T-R

RBS = ~~105~~ 105

Received as

Collapsed

O/E:

pulse = Not palpable

BP = unrecordable

Marinski reflexes = absent

Respiratory (normal)

~~Stroke~~

hence declared

as expired and

confirmed on ECG.

[Signature]

P01631875



THE GOVT OF KHYBER PAKHTUNKHWA PAKISTAN

وفات سرٹیفکیٹ

DEATH CERTIFICATE

CRMS No: D173041-12-0134  
NATURE OF DEATH : NORMAL

FORM No: P001631875

درخواست دہندہ کا نام: مقبولہ  
درخواست دہندہ کا شناختی کارڈ نمبر: 1730151316518  
پتہ: گھول ساکھی ہالا محلہ جہانگیر آباد تحصیل پشاور ضلع پشاور

مدت علاج	وجہ موت	تاریخ دفن	جائے وفات/تاریخ	مذہب	جنس	تاریخ پیدائش	والد کا نام / شناختی کارڈ نمبر	موتی کا نام / شناختی کارڈ نمبر
	طبعی	7-6-2011	تھکال	اسلام	مرد	1-1-1950	عبدالمجید	1730102188883

APPLICANT NAME: MAQBOOLA  
APPLICANT CNIC: 1730151316518 RELATION WITH DECEASED: Husband  
ADDRESS: VILLAGE: TEHKAL BALA MDT. JEHANGIR ABAD  
EHSIL: PESHAWAR, DISTRICT: PESHAWAR

DECEASED NAME/ CNIC	FATHER NAME/ CNIC	DATE OF BIRTH	SEX	RELIGION	PLACE/DATE OF DEATH	DATE OF BURIAL	REASON OF DEATH	SICKNESS PERIOD
GHULAM SAKHI 1730102188883	ABDUL QAYUM	1-1-1950	MALE	ISLAM	TEHKAL 6-6-2011	7-6-2011	NATURAL	

BLOOD RELATION  PERSON CAUSING DISPOSAL OF BODY

NAME : MAQBOOLA  
CNIC : 1730151316518  
GRAVEYARD NAME : TEHKAL BALA

1730151316518  
29-6-2012  
29-6-2012

ENTRY DATE: 29-6-2012  
ISSUE DATE: 29-6-2012  
ADDITIONAL INFORMATION:

SECRETARY  
Under Section 40  
Tehsil Jhelum