



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	CHIP TRAINING AND CONSULTING (PVT) LTD.	
Takaful Policy No.		Policy Start Date

2. Participant's information

a. Deceased Name: MUHAMMAD SALEEM KHAN

b. Father's Name/Husband's Name: MUHAMMAD GHOUSE

c. Date of Birth of deceased: 04-04-1985 Age 40 CNIC No. 34302-4269474-5

d. Residential Address: P/O VILLAGE THATTA KHAIRU MATMAL Teh:-PINDI BHATTIAN
Dist:- HAFIZ ABAD Contact No. 0300 4207353

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

3. Occupational Information

a. Employee No. _____ b. Date of joining of Company 30-05-2022

c. Designation CX SPECIALIST-SAFETY WARDEN d. Monthly Salary 34000/=

e. Occupation (at date of Death) CX SPECIALIST-SAFETY WARDEN

4. Event Information

a. Date of Diagnosis 30-12-2023

b. Date of Death 04-01-2024 c. Place of Death CMH KHARIAN

d. Primary Cause of Death 60% BURN e. Secondary cause BURN WOUND SERIOUS

f. On what date did deceased last attend his usual work? 29-12-2023

g. When did deceased first complain of or give other indications of his/her last illness? 30-12-2023

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: _____



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)
Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk



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: Mohammad Saleem Khan
 b. Father's Name/Husband's Name: Mohammad Ghouse
 c. Date of Birth of deceased: 04-04-1985 Age: 40 CNIC No. 34302-4269474-5
 d. Residential Address: P/O Village Thatha Khery Mutmal Teh: Pindi Bhattian
Distt: Hafizabad Contact No. 03004207353

2. Event Information

a. Date of Death 04-01-2024
 b. Place of Death Hospital
 If died in hospital or other medical institution, please give name CMH Kharian
 c. Primary Cause of Death 60% Burns
 d. Secondary Cause of Death BURN caused (50%)
 e. Interval between onset and death

From	To	No of Days
<u>30-12-23</u>	<u>04-01-24</u>	<u>06 days</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
		<u>FIR</u>	<u>Benazir Shukla Hosp.</u>

4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other -
 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 -
 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: [Handwritten Signature]

Name: [Handwritten Name]

Date of statement: [Blank]

Contact No. [Blank]

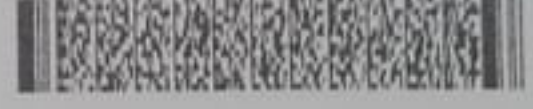
Stamp

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



حکومت پنجاب پاکستان
GOVT. OF PUNJAB PAKISTAN



اندراج وفات سرٹیفکیٹ

Death Registration Certificate

دفتر اندراج : THATHA KHAIRU MUTMAL_700126

Tracking Id: 91100038306905

CRMS No. DS18867990

Old/M REG #

Deceased Person's Details

متوفی کے کوائف

Old CRMS No. :

Name :	Mohammad Saleem Khan	نام :	محمد سلیم خان
Nationality :	Pakistan	قومیت :	پاکستانی
CNIC No :	34302-4269474-5	شناختی کارڈ :	34302-4269474-5
Date of Birth :	04-Apr-1985	تاریخ پیدائش :	04-Apr-1985
Gender :	Male	جنس :	مرد
Religion :	Islam	مذہب :	اسلام
Sickness Period :	00 Days 0 Months 0 Years	مدت علالت :	00 دن 0 ماہ 0 سال
Date of Death :	04-Jan-2024	تاریخ وفات :	04-Jan-2024
Date of Burial/Last rite :	04-Jan-2024	تاریخ تدفین/آخری رسومات :	04-Jan-2024
Place of Death :	kharia	جائے وفات :	کھاریاں
Reason of Death :	Natural	وجہ وفات :	قدرتی
Nature of Death :	Normal	کیفیت وفات :	عام
Buried/Last rite at :	Thata Khairu Matmal	جگہ تدفین/آخری رسومات :	ٹھٹھہ خیرومتمل

Parental Information

والدین کے کوائف

Father's Name :	Muhammad Ghouse	والد کا نام :	محمد غوث
CNIC No :		شناختی کارڈ :	
Mother's Name :	Noor	والدہ کا نام :	نور
CNIC No :		شناختی کارڈ :	

Address

پتہ

Address :	Village Thatta Khairu Matmal	پتہ :	گاؤں ٹھٹھہ خیرومتمل
Tehsil :	Pindi Bhattian	تحصیل :	پنڈی بھٹیان
District :	Hafizabad	ضلع :	حافظ آباد

Applicant's Details

درخواست دہندہ کے کوائف

Name :	Parvaiz Iqbal	نام :	پرویز اقبال
CNIC No :	34302-1217277-3	شناختی کارڈ :	34302-1217277-3
Relation with Deceased :	Son	متوفی سے رشتہ :	بیٹا

Information of Burial/Last rite by

تدفین/آخری رسومات کنندہ کے کوائف

Name :	Parvaiz Iqbal	نام :	پرویز اقبال
CNIC No :	34302-1217277-3	شناختی کارڈ :	34302-1217277-3
Relation with Deceased :	Son	متوفی سے رشتہ :	بیٹا

Entry Date :	27-Jan-2024	تاریخ اندراج :	27-Jan-2024
Issue Date :	30-Jan-2024	تاریخ اجراء :	30-Jan-2024
Entry Status :	Normal	اندراج اسٹیٹس :	نارمل

Additional Information:



مستطط میکرینٹری

یونین کونسل ٹھٹھہ خیرومتمل

تحصیل پنڈی بھٹیان ضلع حافظ آباد



PAKISTAN National Identity Card
ISLAMIC REPUBLIC OF PAKISTAN

Name
Mohammad Saleem Khan

محمد سلیم خان



Father Name
Mohammad Ghouse

محمد غوث

Gender: M
Country of Stay: Pakistan

Identity Number	34302-4269474-5	Date of Birth	04.04.1985
Date of Issue	11.01.2021	Date of Expiry	11.01.2031



Holder's Signature

محمد سلیم خان

340550

سرپرست: ڈاک خانہ خاص، ٹھکانہ خیر و منہل، تحصیل چنئی
بھٹیاں، ضلع حافظ آباد

34302-4269474-5



106381813596
289-85-577077

مستقل چنئی ڈاک خانہ خاص، ٹھکانہ خیر و منہل، تحصیل چنئی

Registrar General of Pakistan

گمشدہ کارڈ ملنے پر تقریبی لیٹر بکس میں ڈال دیں

پولیس اسٹیشن ریکارڈ مینجمنٹ سسٹم



کتاب نمبر 2 روزنامہ رپورٹ

تاریخ و وقت	نام اطلاع	آنور پورٹ نمبر / رجسٹر سلسلہ وار نمبر	پولیس اسٹیشن	ضلع
30-12-2023 17:05	جاوید اقبال SI	2 / 30	صادق آباد	راولپنڈی
			آمد تحریر و اطلاعی	نومیت

خلاصہ رپورٹ

وقت 5/5 بجیشام درج ہیکہ اس وقت ایک قطعہ تحریر مرتبہ سرسہ ٹیسس سرور TSI تھانہ پر موصول ہوئی بدست وصال باہر C/7855 جس کا مضمون ذیل ہے بیان ازان حواد خان ولد صاحب خان محلہ رالیاں ڈاک خانہ بگڑہ بگڑہ نمبر 2 تحصیل و ضلع ہری پورہ 0330286226211 بیان کیا کہ میں پتہ بالا کارہائشی ہوں اور شیل آکل پاپ والا چوک صادق آباد پر بطور میجر کام کرتا ہوں ایک مکان کر ایہ پر میرے رہائش پذیر ہوں جن کے ساتھ ایک کمرے میں محمد سلیم ولد دوست اور دوسرا عبدالباقی ولد اکرام خان جو کہ پاپ پر کام کرتے تھے جو مورخہ 30.12.23 بوقت تقریباً 6 بجے صبح کمرے میں سوئے ہوئے تھے تو اچانک تو اچانک گیس کی وجہ سے کمرے میں گیس جمع ہو گئی جو کئی کمرے کا بلب آن کیا تو دھماکا ہو گیا جس سے سلیم خان اور عبدالباقی دونوں موجود ہونے پر آگ کی وجہ سے مجلس کر زخمی ہو گئے دیگر سامان وغیرہ بھی جل گیا یہ سیکو 1122 پر کال کی اور برائے علاج معالجہ BBH ہسپتال لے گئے سلیم خان نیم بہوشی کی حالت میں ہے جبکہ دوسرا عبدالباقی بھی کافی تھلس چکا ہے جن کو BBH ہسپتال والوں نے CMH راولپنڈی ریفر کر دیا ہے یہ حادثہ اتفاقہ گیس لکچ کی وجہ سے ہوا ہے کی یہ کوئی شک شبہ نہ ہے اور دونوں معزوبان کے ورثاء کو بذریعہ فون اطلاع کر دی گئی ہے کہ کسی قسم کی کوئی کارروائی نہ کروانا چاہئے تھا بیان سن لیا ہے جو درست ہے دستخط بحروف انگریزی نشان انگوٹھا مثبت شدہ العبد کارروائی پولیس میں معہ ثاقب C/6522 وصال باہر C/7835 اطلاع و قوعہ پا کر موقعہ پر پہنچا ہوں ساکل بالانے بیان تقریری دیا جو ضبط تحریر میں لا کر پڑھ کر سنایا و سمجھایا گیا جس نے صحت بیان خود کو درست تسلیم کرتے ہوئے دستخط بحروف انگریزی کر دیے جن کی میں تصدیق کرتا ہوں معزوبان دونوں برائے علاج معالجہ برنی یونٹ کھاریاں ریفر ہو چکے ہیں جائے وقوعہ پر سامان بکھر اڑا ہے مضمون بیان و حالات واقعات سے سر دست کسی جرم قابل دست اندازی پولیس کا سرزد نہ ہونا پایا گیا ہے لہذا تحریر ہذا بغرض اندراج روزنامہ بدست وصال باہر C/7835 ارسال تھانہ ہے میں موقعہ پر معروف تفتیش ہوں از موقعہ شیل پاپ آنڈی کالونی ٹیسس سرور TSI تھانہ صادق آباد 30.12.23 حسب آمد تحریر متعلق نقصان رسائی حرف بحرف درج بالا ہوئی بعد اندراج تحریر روزنامہ نقل رہٹ بدست آرندہ کنسٹیبل عقب فرسندہ SI مرسل ہے

CONFED

MED CASE SHEET COMBINED MILITARY HOSPITAL KHARIAN

(See Instr of 52 Regs for Med Dept of Armed Forces Vol II-1976)

Serial No in admission and disch book..... Hosp.....

No 12311 Rank CMT Name Sultan Unit
 Age 407 Svc
 Disease Flame Burn 60%

Date and Time

Condition on Admission and Progress of Case
 (When complaints present, past hist, family and personal hist, clinical exam investigation and their results and the treatment prescribed. Progress report will be written as often as is his)

0-11-23
 1740 hrs

Anesthesia done

BP 130/80
 H.R 84
 SpO₂ 98%

- Thanks for call.
- Purpose - Pass CVC
- Pass 16 G CVC in LFV under fully Aseptic measure.
- stitch is 2/0 silk.
- Back flow confirmed.
- No any complications during and after procedure.

- Adv
- care of CVC.
 - Monitor vital.
 - Mol > 15
 - BSA 140-180

Dr. Abdul Qadir
 PGCRs Anesthesiology
 CMH Kharian

CONFED

CONED

MED CASE SHEET COMBINED MILITARY HOSPITAL KHARIAN

(See Instr of 52 Regs for Med Svc of Armed Forces Vol II-1978)

Serial No in admission and disch book 101 Hosp Kharian CMA 111

No 123 Rank CNE Name Saleem Unit —

Age 40Y Svc

Disease Flame Burn 60%

Date and Time Condition on Admission and Progress of Case.
(Incl complaints present, past hist, family and personal hist, clinical exam investigation and their results and the treatment prescribed. Progress report will be written as often as is nec)

30-12-22
163h

Flame Burn 60%
& intercostal injury

Gas leakage & blast
in room
at 10:00

- face
- neck
- both UL
- axilla. 1 Red chd wall
- both lower limbs

v bank score
60 + 17 = 40 117

- Cervical injury
- ltra-sonic

No stidor / hoarseness at present

pulse
B-P
Temp:

will need TMC

Admit for TMC

- 100 RIL 1350ml till 07:00
- 100 T-T 1/2 cc instad
- 100 Palgan 1g iv 8:00
- 100 Block 100mg iv 12:00
- 100 Calc 1000mg iv 12:00

CONED

CONFID
 flame burn 60%
 inhalation injury

o/c: Nil

o/e: Conscious, oriented
 - Vitrally Stable
 - Afebrile.

Dressing: dry + intact

Condition on disch:--

Vitals

BP = 158/115

Pulse = 99/m

Temp = 98°F

R/R = 26/m.

SpO2 = 97% on O2 mask.

Input = 5100 ml

Signature of MO IC case

Name

Date201

Dr. Kinza Arshad
 House Officer
 CMH KHARIAI

Adv: CT.

Born 60x.

op Day
 of 6/1/14

Adm

✓ Sup Duphalar 2 TBS 12/6/14

✓ 1-1-14

✓ CA

CONFID

✓ All

12/12/2014
 Hb = R. 7
 Tc = 13.7
 P/H = 276
 PT = 15/15
 P/TKR = 34/27.

SI - 12/14
 Lower

IT: 5100
 OT: 2000

Shahid Hussain
 HCO

CONFED

MED CASE SHEET COMBINED MILITARY HOSPITAL KHARIAN

(See Instr of 52 Regs for Med Svcs of Armed Forces Vol II-1978)

Serial No in admission and disch book

Hosp

No 12511

Rank

C/M

Name

Siddha

Unit

Age 40y

Svc

Disease

Flame Burn 60%

Date and Time

Condition on Admission and Progress of Case

(When complaints present, past hist, family and personal hist, clinical exam, investigation and their results and the treatment prescribed. Progress report will be written as often as is his

31-12-23

OP NOTES

Op. Excision & Grafting left upper limb.
Excision superficial layer right in
Deb both lower limb chest

Surg. Lt Col Shalini

Anaesi: O.A

Findings

Peel tendons, burn both upper limb
mixed tendons, nearly deep, damage
both upper shoulder

Post OP

- ✓ 1. NPO till fully recovered
- ✓ 2. Wt 57 D/s loose 110 3rd
- ✓ 3. Wt 57 R/L 3000cc 110 3rd
- ✓ 4. Wt basic weight 110 BP
- ✓ 5. Wt haemolysed serum 110 start of
- ✓ 6. Wt Hepatic serum, 3rdly start after 24hrs

CONFED

CONFED

MED CASE SHEET COMBINED MILITARY HOSPITAL KHARIAN

(See Instr of 52 Regs for Med Svcs of Armed Forces Vol II-1978)

Serial No In admission and disch book..... Hosp Kharian

No	Rank	CNE	Name	Saleem	Unit
Age	Svc				
Disease					

Condition on Admission and Progress of Case.

Date and Time

(Incl complaints present, past hist, family and personal hist, clinical exam investigation and their results and the treatment prescribed. Progress report will be written as often as is nec).

04/11/24
0835hr

60% Body Burn

Post CPR

Death Notes

Pat. Saleem (CNE) was admitted in Burn unit
 @ 60% body burn area. Before his 2nd CPR @
 code blue status, patient was revived via
 3 min CPR. He was in critical condition,
 @ about 0805hr, he again went
 into cardiopulmonary arrest. Code blue
 initiated and CPR given w.r.t AHA guidelines,
 but unfortunately we were not able to
 revive patient. His time. Death assessed was
 made @ 0825hr,

- Carotid pulse absent
- NO audible heart sounds
- Corneal eye reflex absent
- Doll eye sign
- ECG showed straight line

∴ Death assessment was
 made again @ 0830hr
 & upon no signs of life, death was
 declared @ 0830hr.

Dr. Ahmad Raza
 Registrar Medicine
 Combined Military Hospital Kharian


CONFED

TAKING OVER CERTIFICATE DEAD BODIES

A
B
OUT
C

Designated have handed/taken over the dead body of late No. 12311
 Name Saleem
 who expired/brought in dead in this hospital on 04/1/24
0830 hrs hours.

HANDED OVER BY

Signature 

0605

09 JAN 2024
 11:11 AM
 KH

TAKEN OVER BY

Signature 

No. 7377-525 Rank Sep/OTA
 Name Saleem
 Dated 04/1/24

No. _____ Rank _____
 Name Daisar Abbas
 Dated 04/1/24

COUNTERSIGNED

Dr. A. Ali Raza
 Registered Medicine
 KH

eb							
sal 20-5	~	✓					
Uoci-2T5F	~	✓	✓				
600-11v	11v	✓	✓				
2g	11v	✓	✓				
CO-100	11v	state	✓				

NURSING INSTRUCTIONS + INFUSIONS

PT Physiotherapy