



# Employer's Statement – D1 (for Death Claim)

Please provide the necessary details, unanswered question, date and/or signature, wherever applicable

### 1. Policy holder's information

Name of Company	Chicap Consulting
Takaful Policy No.	GL201900742195
Policy Start Date	01-03-2023

### 2. Deceased's information

a. Deceased Name:	Farzana Bibi		
b. Father's Name/Husband's Name:	Fazla Muhammad		
c. Date of Birth of deceased:	1.1.1987	Age:	27 years
		CNIC No.	42401-33997982
d. Residential Address:	House no 1-217 Street Sector SL Daska Town CHIP Const Karachi		
	Contact No.	0311-2910498	
e. Proof of age:	<input checked="" type="checkbox"/> National Identity Card <input type="checkbox"/> Matric Certificate <input type="checkbox"/> Other (Please specify)		

### 3. Occupational Information

a. Employee No.	5089	b. Date of Joining of Company	01-04-2023
c. Designation	CHW	d. Monthly Salary	20500/-
e. Occupation (at date of Death)	Working as CHW worker		

### 4. Event Information

a. Date of Diagnosis	21/Dec/2021		
b. Date of Death	12-01-2024	c. Place of Death	Hospital
d. Primary Cause of Death	Cardio Arrest	e. Secondary cause	Sepsis Shock / HTN
f. On what date did deceased last attend his usual work?	01-January-2024		
g. When did deceased first complain of or give other indications of his/her last illness?	12-01-20/Dec/2023		

### 5. Claim Information

a. Amount of Claim	500,000/-
b. Title of Cheque	CHIP Training and Consulting Pvt, Ltd.

### 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 Deceased 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 obligation.

I/We hereby authorize, any physicians, hospitals, clinic or medical service providers, 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 or any other medical investigation, advice or hospitalization underwent. A photocopy of this information shall be attached to the original.

### 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)

Claimant Signature:

Name:

Title:



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