PAK-QATAR FAMILY TAKAFUL
Together for the Future

Physician's Statement – D2 (for Death Claim)

Note : All answers must be in Physician's handwrting.
Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

1.Deceasd's Information

a. Deceased' Name: Ghani ur Rehman
b. Father's Name/Husband's Name: ~~Hamidullah Khan~~ Hameedullah khan
c. Date of Birth of deceased: 03/01/1990 Age : 34 Years CNIC No. 21201-8586223-5
d. Residential Address: Sama Ghari Aka khel sultan khel militat camp Tehsil Bara District Khyber Contact No. 0322-9074913

2. Event Information

a. Date of Death 12/2/2024
b. Place of Death UC Mil Ward A
If died in hospital or other medical institution, please give name
c. Primary Cause of Death FAI
d. Secondary Cause of Death Injury to brain, lung, chest, Abdominal Cavity
e. Interval between onset and death Immediately

From	To	No of Days

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 FAI
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 FAI to Abd viscera, lung/Heart, & FAI to left fore Arm and wrist.

5.Declaration

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

Signature: Zakir
Name: Dr. Zakir
Date of statement: 23/2/24
Contact No.

Type-D Hospital Dogra Bara District Khyber
Medical Officer
Stamp

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