



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

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	
Takaful Policy No.		Policy Start Date

## 2. Participant's information

a. Deceased Name: Cahani UR Rehman

b. Father's Name/Husband's Name: Hameed Ullah Khan

c. Date of Birth of deceased: 3-1-1990 Age 33 Y CNIC No. 21201-8586223-5

d. Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Contact No. 03229074913

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

## 3. Occupational Information

a. Employee No. 20617 b. Date of Joining of Company 1-7-23

c. Designation CHW d. Monthly Salary \_\_\_\_\_

e. Occupation (at date of Death) \_\_\_\_\_

## 4. Event Information

a. Date of Diagnosis 12-2-2024

b. Date of Death 12-2-2024 c. Place of Death Milward - A

d. Primary Cause of Death Shot by unknown e. Secondary cause \_\_\_\_\_

f. On what date did deceased last attend his usual work? 10-2-2024

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, 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



کو ماور تفتیش کیا جاوے انہراں بالا کو بطور پیشیل دیوار  
اطلاع دی جاوے۔ دستخط انگریزی ہارون خان ASHO خانہ بلوار  
2  
پتہ 12 کاروری خانہ آمدہ خریدی مہ اسلہ صرف مخرف درجہ بالا  
پتہ پر مجراں بالا جائے کیا جا کر نقول 1212 پتہ تفتیش حوالہ نمبر  
کے جانے میں انہراں بالا کو بطور پیشیل دیوارک اطلاع دی جاوے  
پتہ 12 کاروری پیشیل دیوارک گزارش ہے

باسمہ اعظم  
ASHO PS mihad.  
12/12/2024

POST-MORTEM REPORT

Yearly No

SEA-16

NAME Ghani-uy-Rehman

FATHER'S NAME OR HUSBAND'S NAME Hameed-ullah

Caste Akakhel

RESIDENCE Merikhel

SEX Male AGE 34-35 years

DISTRICT Khyber

Body brought by Said wal: Built NO 2578 Body identified by Said Rehman  
Khanij Fazal Jan talab Aziz-uy-Rehman

Whence brought: Village, Thana, District Madakhel Akakhel 5-6 km from Mulwat police station

DATE AND HOUR OF 11:20 AM of 12th February 2021

Death: Examination of body Despatch of matter to Chemical Examination

Symptoms observed before death: Recieved Dead

Information furnished by Police:

N.B. — The Medical Officer will observe the state of all the agress, and when he finds no disease or injury, he should write in the appropriate place the word "Healthy"

I. EXTERNAL APPEARANCE

Mark of ligature on neck and dissection, etc. Nil

Condition of subject stout emaciated, decomposed, etc., Clothing. Young overweight Male, with clotted blood on face and Hair, clothes stained with blood.

Wounds, bruises, position, size, nature. - Rigor Mortis - Fully developed. Begin to resolve in Neck.

- postmortem lividity Fully developed & Fixed. Multiple Fire Arm Injuries.

- Entry wound about 1x1cm on medial side of left Wrist joint with chewing mark and Exit wound of about 1.5x1.5cm on dorsum of left hand between 1st and 2nd Metacarpals.

- Entry wound about 1cm x 1cm on Anterior Surface of lower Left Fore Arm and Exit wound of about 1.5x1.5cm on posterior Surface of lower fore Arm.

- Entry wound about 1x1cm on Right lower back just Above buttock with chewing Marks and Exit wound about 1.5x1.5cm on left Abdomen at the level of and 5 to 6cm lateral to Umbilicus

- Entry wound about 1.0x1.0cm on tip of left Shoulder - Superficial trajectory into thorax. Traumatic lesion of face and

- Tip of tongue Bitten

1. Walls ... ..	Injured
2. Peritoneum ... ..	" "
3. Mouth, Pharynx and Oesophagus ...	Not injured
4. Diaphragm ... ..	" "
5. Stomach and its contents ... ..	" "
6. Pancreas ... ..	" "
7. Small intestines and their contents ... ..	Injured
8. Large intestines and their contents ... ..	Injured
9. Liver ... ..	Not injured
10. Spleen ... ..	Not injured.
11. Kidneys ... ..	left kidney injured.
12. Bladder ... ..	Not injured
13. Organs of generation external and internal ... ..	Not injured.

Not injured.

III. - THORAX

1. Walls, Ribs and cartilages. ... ..

Injured

2. Pleurae ... ..

Injured.

3. Larynx and trachea ... ..

Not injured.

4. Right lung ... ..

Not injured.

5. Left lung ... ..

Injured.

6. Pericardium and heart ... ..

Injured.

Blood vessels ... ..

Injured.

§69-16 Injury	Disease or Deformity.	Fracture.	Dislocation.
As per injury sheets	Nil	Shoulder bone	nil

VI REMARKS BY MEDICAL OFFICER.

In My opinion. Death occur due to Multiple FAI. leading to Injury to <sup>vital organs in</sup> thorax, Abdominal viscera and vessels.

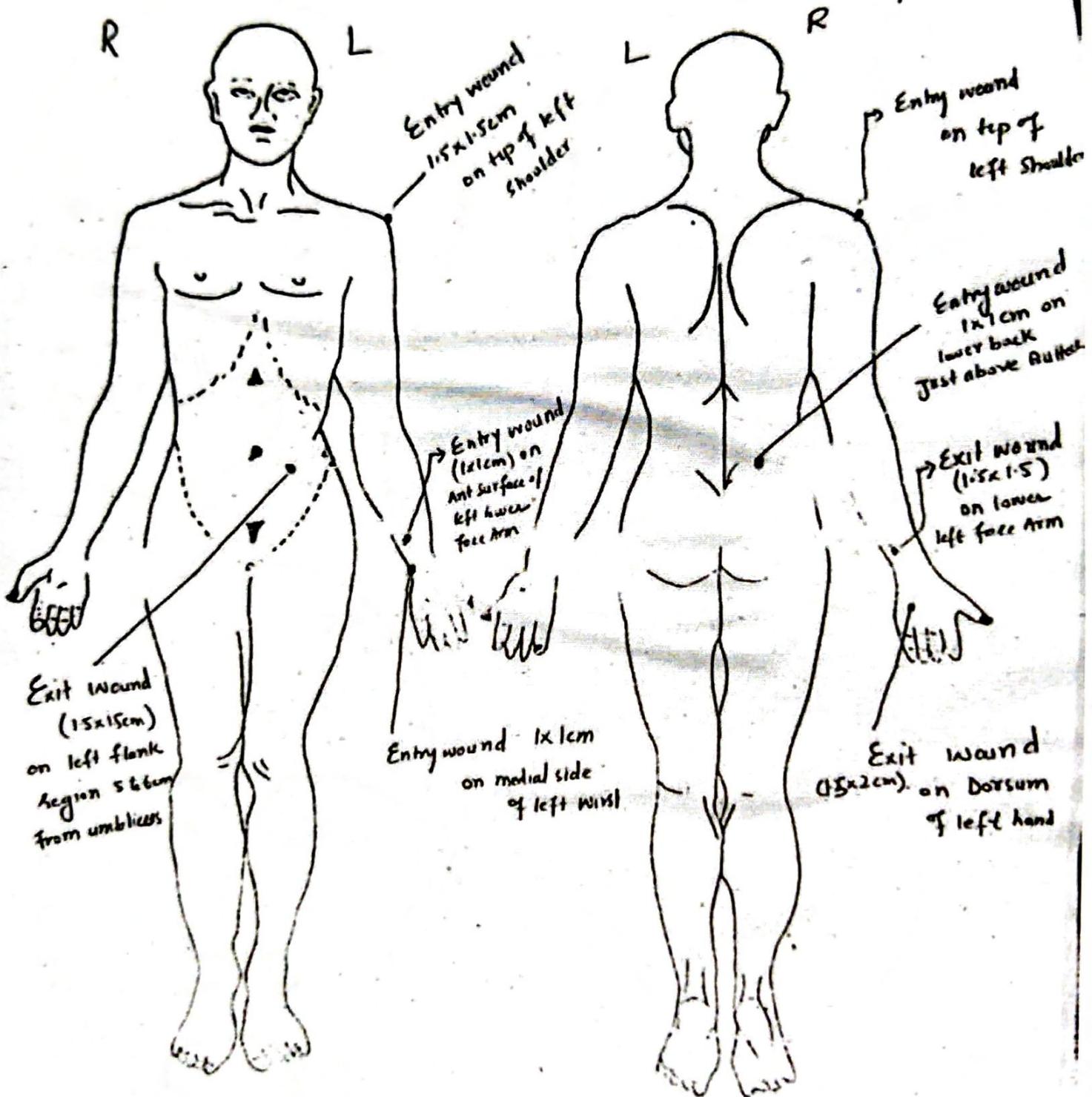
Dead body along with postmortem Report handed over to police.

Probable time that elapsed — (a) between injury and death; (b) Between death and Post-Martem.	Immediate 18 — 48 hours
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Station: THQ. Dogra  
 Date: 12/2/2024

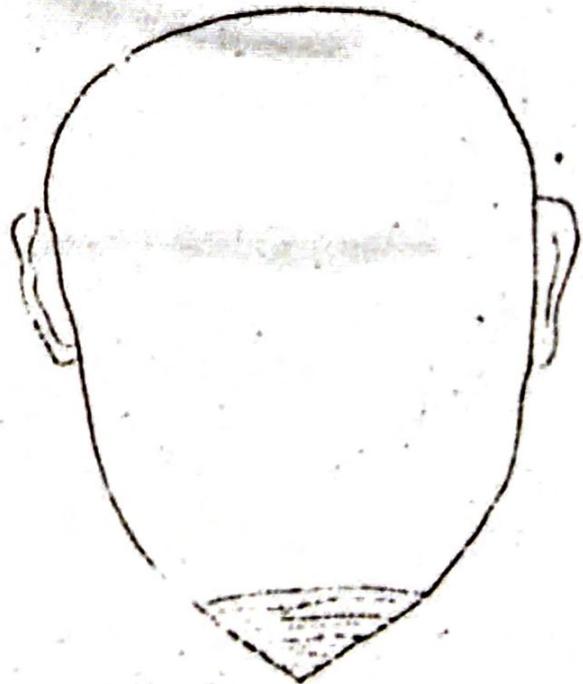
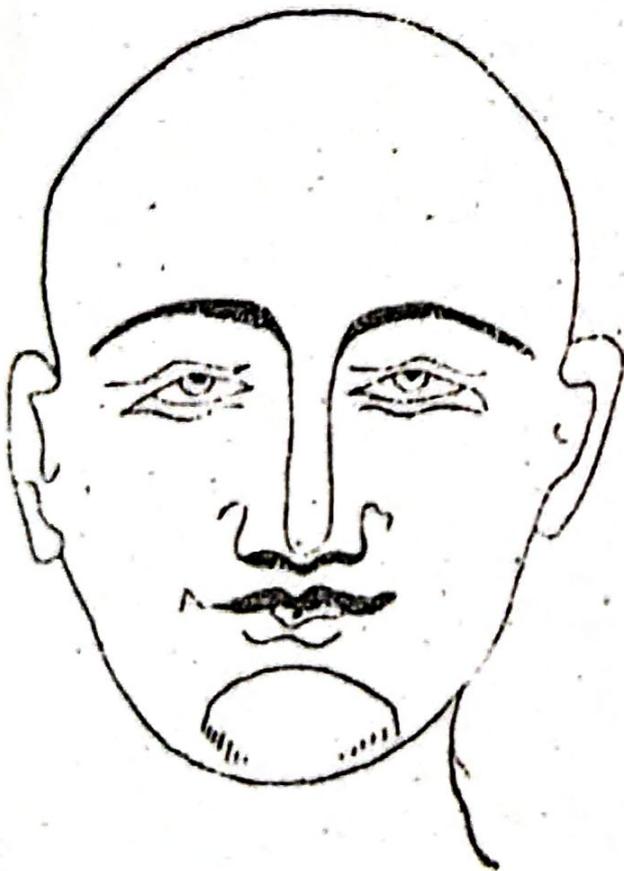
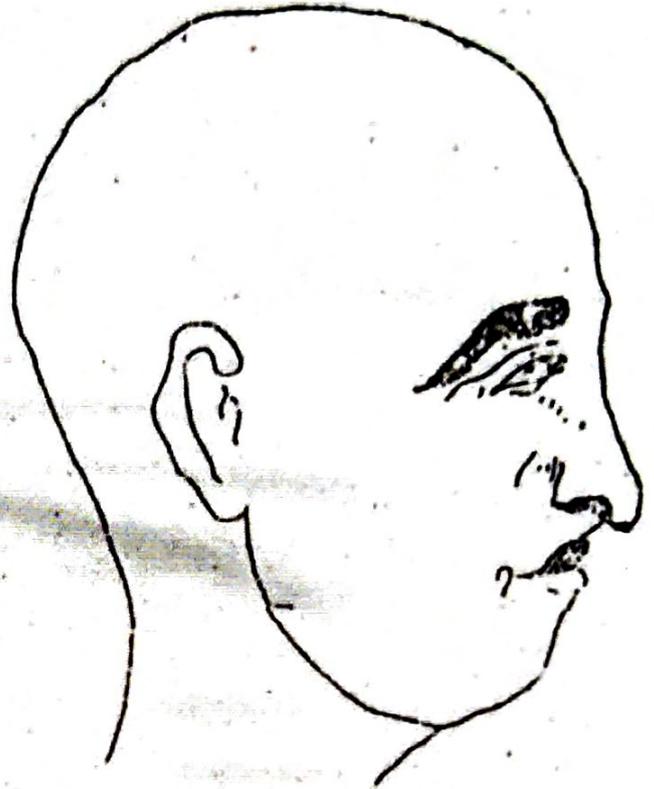
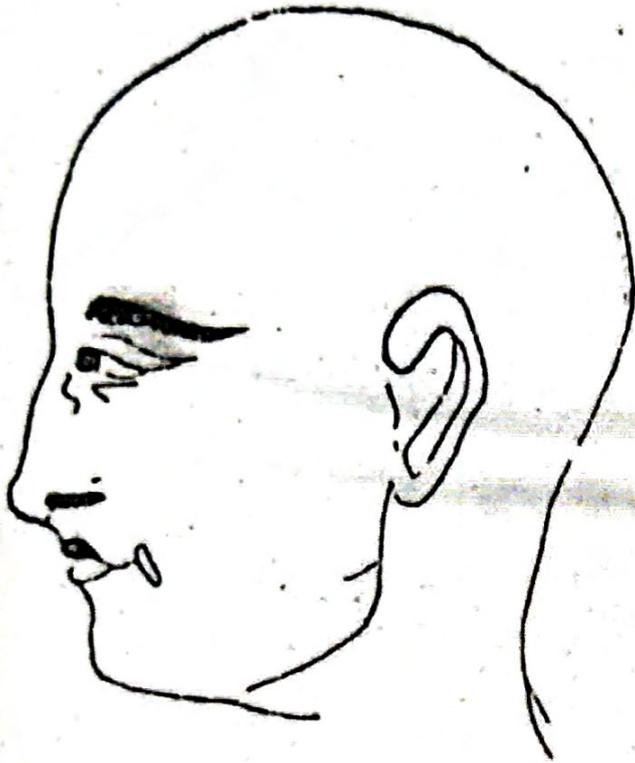
  
 Signature & Designation of Medical Officer.

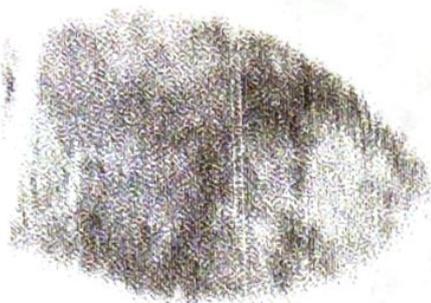
# CUT LINES OF THE BODY FOR LOCATING INJURIES OF DEAD BODIES



501 **CUT LINES OF HUMAN HEADS**

No injury  
Except tip of  
tongue  
Bitten





YSR62P

21201-8586223-5

*Handwritten text, possibly a signature or name, in cursive script.*

02022030

02022020

*Handwritten text, possibly a signature or name, in cursive script.*





حکومت پاکستان

قومی شناختی مرکز

21201-8586223-5

قومی شناختی مرکز

قومی شناختی مرکز

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قومی شناختی مرکز

03/01/1580 قومی شناختی مرکز

قومی شناختی مرکز

