



PAKISTAN

ISLAMIC REPUBLIC OF PAKISTAN

National Identity Card

Name
Yasmeen Zehra



Father Name
Syed Dilshad Hussain

ياسمين زهراء

سيد دلشاد حسين



Gender	Country of Stay
F	Pakistan

Identity Number	Date of Birth
42101-7356654-0	09.11.2005

Date of Issue	Date of Expiry
23.11.2023	23.11.2033

Yasmeen

Holder's Signature

30517

42101-7356654-0 موجودہ پتہ: فلیٹ نمبر 5-E-20/9، محلہ بڑا میدان ناظم

آباد، کراچی وسطی



مستقل پتہ: فلیٹ نمبر 5-E-20/9، محلہ بڑا میدان ناظم

آباد، کراچی وسطی

505433700641

Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں



Note : Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

Section I. Policy holder's information

Name of Policy Holder		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation. CHW	Phone No / Mobile No 0330-3479009	E-mail address
Employee's Name. Yasmeen Zehra	CNIC. 42101-7356654-0	
Employee's Address Flat No# E 20/9 5 Mohallah Barah Maideen Nagimabad Karachi		
Employee's Date of Birth	Age 18	S. No. on list

Section II (to be completed in Full by the Employer)

Employee's Date of Appointment 2/2/2024	Employee's Effective Date of Takaful	Last Day Worked 2/2/2024	Returned to Worked 10/2/2024
Reason for Stopping Work Accident during field.			
Gross Earning from Salary/Wages Rs. 31,675/- Per Month	Amount of Takaful cover Rs. 5644 /=-	What is the present employment status of the employee <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> On Sick Leave <input type="checkbox"/> Terminated <input type="checkbox"/> Temporary Laid off	
Amount of Claim	Title of Cheque		
Claimant Name 5644 only - Yasmeen Zehra	Telephone No		
Date of Statement	Employer Signature Yasmeen		
	Company Stamp		

Section III (to be completed in Full by the Patient/Employee)

Type of disability claim? <input type="checkbox"/> Natural (Sickness) <input checked="" type="checkbox"/> Accidental	(a) Is your accident or illness related to your occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please explain
Please describe how and where the disability/accident occurred I had an accident while on duty the office staff took me to the hospital	
Date of Accident or the date I first Noticed the symptoms of this was: 2/2/24	
I (was/have) unable to work because of this disability starting on	I (returned/was able to return/will be able to return to work on a full time basis on
On What date did employer discontinue your monthly salary/wages	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor
Date I was first treated for this accident or illness	Name Mamji Hospital Address C19 13/17 FB Area
Have you ever had the same or Similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", when	Treated by <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor
	Name _____ Address _____
I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practioner, hospital, clinic, other medical or medically related facility or insurance company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental conition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its respresentatives and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy	
Date of Statement: 2/2/24	Signature of Employee: Yasmeen
	Telephone No. 03303479009

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 – DS2 (Disability Claim Form)

Note : All answers must be in the physician's handwriting

Patient Information

Name of Patient	Miss Yasmeen Zehra	Date of Birth	9/11/2005
Patient's Address	Flat No # E-20/9 5 MOLLAH BARRAH MAIDAN NAZIMABAD Karachi		

Employer Information

Name of Employer	Miss Yasmeen Zehra
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I. History

(a) Date doctor first consulted due to disability	cut wound under oral Region & below lips.
(b) Date symptoms first appeared or accident happened	under oral Region & below lips.
(c) Date patient ceased work because of disability	Lips studies below lips.
(d) Has patient ever had same or similar condition?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment?	<input type="checkbox"/> No <input type="checkbox"/> Yes, state when and describe
(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?	

Name of Doctor	Dr Ruby	Mobile No	36884777
Address	C-19 Block 17, F.B Area (Mamji hospital orthopaedic Emergency)		

2. Diagnosis

(a) Date symptoms first appeared or accident happened	02-02-24
(a) Diagnosis (including any complications)	fall from Bike (due to drizzling)
(c) Subjective symptoms	
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):	
(1) Clinical Findings	cut wound under oral Region & below lips.
(2) Diagnosis Studies and results:	X Ray of G, Advise dental and Ent opinion -

3. Progress

(a) Patient is	<input type="checkbox"/> Ambulatory	<input checked="" type="checkbox"/> Bed Confined	<input type="checkbox"/> House Confined	<input type="checkbox"/> Hospital Confined
(b) Patient has	<input type="checkbox"/> Recovered	<input checked="" type="checkbox"/> Improved	<input type="checkbox"/> Stabilized	<input type="checkbox"/> Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Is patient now capable of performing duties of	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(c) What duties of his or her job is patient incapable of performing?			
(d) Do you expect a fundamental or marked change in future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, patient should recover sufficiently to perform duties on or about	for fews days take Rest		
If No, Please explain			
(e) Specify the date by which you presume that the patient will be able to resume his duties/work			
<input type="checkbox"/> Totally	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> Temporarily	<input type="checkbox"/> Permanently

Remarks

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name	Dr Ruby	Telephone No	36804777
Address	C19 Block 17, F.B Area Karachi	Date	02-02-2024
Speciality	General Physician	Signature	

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MAMJI HOSPITAL ORTHOPAEDIC & GENERAL

C-19, Block-17, F.B. Area, Karachi- 75950, Phone: 36804777 UAN : 021-111-166-177

S. No. 023603

ER RECORD FORM

Date 02/02/2024 Time 9.35 AM

Name Yasmeen

Age 18y

Sex F

Wt _____

Presenting Complaints H/o fall from bike

Drug Allergy: Yes No

cut wound under oral region & below lips.

Clinical Examination

BP
PULSE
TEMP

Provisional Diagnosis

T. Cefuroxime 250p

(C.O. H/O)

T. Dicalgene

(C.O. H/O)

(دکون 250)

T. Cae looang

دکون 250 (C.O. H/O)

Advise bed rest
atlest for 1 week.

Dr. [Signature]
Doctor Name

Treatment given in ER

i. ATB.
i. ketorolac

Stiches applied

Investigation Advice

x-ray OP

Advise Dental +
ENT opinion.

[Signature]
Doctor Signature



AL-SHIFA WELFARE MEDICURE CENT

X-Ray LABORATORY, ULTRA SOUND E.C.G. & ECCHO PHYSIOTHE

Zill-e-Huma Arcade, Block - 17, Samanabad, Gulberg
Near 2-D Last Stop, Karachi. Ph: 021-36344909

اردو یافتہ میڈی کیئر سینٹر



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Taseem
10-3-24

Age No. 8376 Ref By

Taseem
10-3-24

Age No. 8375 Ref By

PARTICULARS	AMOUNT
1. X-Ray	
2. U/S	
3. Physio	
4. Eccho	
5. Consultation	
6. Emergency Consultation	

Dental
X-Ray Paid-5000

PARTICULARS	AMOUNT
1. X-Ray	
2. U/S	
3. Physio	
4. Eccho	
5. Consultation	
6. Emergency Consultation	

Dental
2 Permit All Paid 8000

Amount is not Refundable

Signature

ACCOUNTANT

is not Refundable

Signature

ACCOUNTANT



LIAQUAT COLLEGE OF MEDICINE & DENTISTRY

DENTAL OPD

Patient's Registration & Appointment Card

Name Yasmin Zehra

Registration No. 308030

Date 19/2/24

YOUR NEXT APPOINTMENT IS ON

Date	Time	Department
27/2/24	1st time	U
3/3/24	2 time	U
5/3/24	3 time	U

2630

017-001-11725



NOOR HOSPITAL

S. T. 11/19, Al-Noor Society, F.B, Area
Karachi-75950 Tel: 36361144. 36362132
36362392, Fax: 36362391

for Prescription only

NOT VALID FOR COURT

My gloom (1)
Wu (2)
Softu take (2)

02-FEB-24 09:35 AM

MAMI MEDICAL STORE

C-17-19 BLOCK 17, FEDERAL B AREA
KARACHI

CASH MEMO

Customer Code: 000001
Customer Name: Cash
Company: Private
Bill No: SA5081102
Bill Date: 02-FEB-2024 09:33 AM

Qty	Price	Total Amount	Discount	Sat Tax	Net. Amou
VICRYL NO-49 1	1,613.64	1,613.64			1,613.6
TOTAL AMOUNT		1,613.64			1,613.6

NASIR PHR

برائے شہرہائے ادویات، واپس یا تبدیل کرنے کا ذریعہ نہیں ہے۔
فوری واپس لینے اور دوبارہ استعمال کرنے سے منع ہے۔
معاذ اللہ ادویات، ان لائن منگوانے کی سہولت ہیں۔ ہمارے پاس میسر ہے، جس سے آپ کو سہولت ملے گی۔
ان لائن فارمز، جی کی سہولت، خارجی طور پر درج ذیل علاقوں میں، جاری ہیں۔

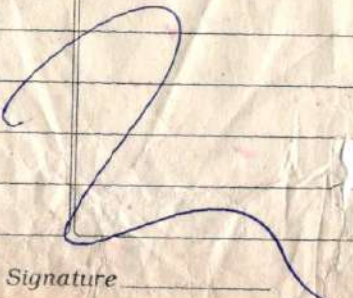
03303970558

(F.B Area Bufferzone, North Nazimabad)

CASH MEMO

M/s. ⁶¹Yasmer Zeha Date 15/02/24

Qty.	Particulars	Rate	Amount Rs. Ps.
(10)	B-dresses		238=
(10)	B. Rings		160=
(10)	G. Ceboshen		896=
(2)	f. Ruler		540=
			<u>1834=</u>



Signature

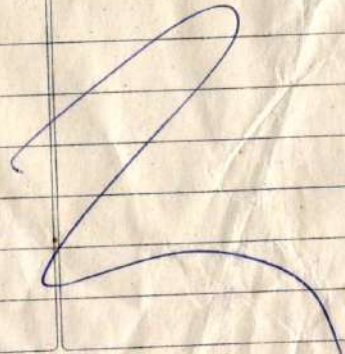
Total Rupees

1834

CASH MEMO

M/s. ^{3*}Yasmer Zeha Date 28/02/24

Qty.	Particulars	Rate	Amount Rs. Ps.
(5)	G. Ceboshen		660=
(5)	f. Ruler		175=
(10)	B. Rings		205=
(10)	B. Rings		300=
(1)	B. Ruler		313=
			<u>1650=</u>



Signature

Total Rupees

1650

