



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: DARYAFI KHAN
 b. Father's Name/Husband's Name: NIAMAT KHAN
 c. Date of Birth of deceased: 2-Mar-1976 Age: 48 yrs CNIC No. 17201-7923239-3
 d. Residential Address: NOWSHERA KPK
 Contact No. 03120927036

2. Event Information

a. Date of Death 29-2-24
 b. Place of Death North West General Hospital SIM Phase V Hayat abad.
 If died in hospital or other medical institution, please give name _____
 c. Primary Cause of Death NECROTISING PANCREATITIS, ABSCESS IN PARACOLIC gutter
 d. Secondary Cause of Death SEPSIS
 e. Interval between onset and death

From	To	No of Days
	<u>29-2-24</u>	<u>2 months</u>

3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? 2 months from death
 b. Date last consulted or took medical advise of his/her last illness? 29-2-24
 Yes No
 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>1-12-23</u>	<u>Dr. Atta Ullah Khan</u>	<u>Pancreatitis</u>	<u>Laprotomy</u>

4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other _____
 b. Please describe event in detail Post OP NECROTISING PANCREATITIS, ABCESS IN PARACOLIC gutter.
 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: [Signature]
 Name: DR AISHA MUFTI

Date of statement: 9-4-24
 Contact No. _____

Dr. Aisha Mufti
 FCPS(MED), FCPS (CCM)
 Consultant General Medicine and Intensive Care
Northwest General
 Hospital & Research Centre
 Peshawar

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