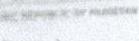


PAKISTAN

National Identity Card



Ayesha Bibi



Sahib Ulhaq

مابال

Gender | Country of Stay

Pakistan

Meritally Mauritanii

42401-7722325-4

Date of tosser

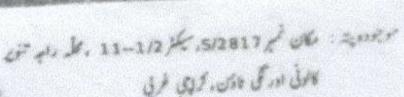
Date of Sirth

18.12.2000 Date of Expiry

04 10 2032



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متقل باند : فیر خاورداک ماد خاص، پائی، کمسیل بنت فیاه. حکی ماه کا 42401-7722325-4



505491203861

Registrar General of Pakistan

تمشده كار ذملنے پر تربیبی لیٹر بکس میں ڈال دیں



Employer's Statement - DS1 (Disability Claim Form)

Note: Flease 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 Phone No / Mobile No & 310 - 90 70 th Designation, CHW CNIC. 42401-7722327-4 Employee's Name 11-1/2 Raja Tawery Colony Obangi Town Employee's Date of Birth Section II (to be completed in Full by the Employer) Employee's Date Employee's Effective Last Day 1/3/2014 11111024 of Appoinment Date of Takaful Bite Reason for Stopping Work What is the present On Duty Gross Earning Amout of Terminated 31686 employment stats from Salary/Wages Takaful cover Rs. Temporary Laid off of the employee Amount of Claim Title of Cheque Telephone No 0310 -8857014 Claimant Name Employer Signature 4 Company Stamp Section III (to be completed in Full by the Patient/Employee) Type of disability claim? Natural (Sickness) Accidental Please describe how and where the disability/accident occured $\ \ \mathcal{D} \ o \ \mathcal{G}$ Bitte field Charley & Date of Accident or the date I first (a) Is your accident or illness related to your occupation? Yes No Noticed the symptoms of this was: 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 Hospital Poctor Treated by Date I was first treated Name Address for this are used or illness Hospital Doctor Treated by Have you ever had the same or Yes MINO Similar condition in the past? If "Yes", when Name 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 confition 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 Autihorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy 0310-8857014 1/3/2024 Telephone No.

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



Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information
Name of Patient Ays na Date of Birth 18 12 2000
Patient's Address Khythey Cherk M. Khan Colony
Employer Information
Name of Employer Ay She -
1. History
(a) Date doctor first consulted due to disability 6/103/2 4.
(b) Date symptons first appeared or accident happened 0163174
(c) Date patient ceased work because of disability
(d) Has patient ever had same or similar condition? No Yes, state when and describe (e) Is condition due to injury or sickness arising out of patient's employment? No 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. Sant-cr-Rolling Mobile No 0333-3033464.
Address Maddina Grenner Hospirfay Orangi Power See 10 KH
2. Diagnosis
(a) Date symptons first appeared or accident happened 01/03/24,
(a) Diagnosis (including any complications) Luml Wound on C bog Caused by Dog 1314
(c) Subjective symptoms
(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings): (1) Clinical Findings (mcluding current X-rays, ECG's, Labortory data any clinical findings): (1) Clinical Findings (mcluding current X-rays, ECG's, Labortory data any clinical findings): (1) Clinical Findings (mcluding current X-rays, ECG's, Labortory data any clinical findings): (1) Clinical Findings (mcluding current X-rays, ECG's, Labortory data any clinical findings):
(2) Diagnosis Studies and results:
3. Progress
(a) Patient is Ambulatory Bed Confined House Confined Hospital Confined
(b) Patient has Recovered Improved Stabilized Retrogressed
4. Prognosis
(a) Is the disability presumed to be reversable Yes No
(a) Is patient now capable of performing duties of 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? Yes No
If yes, patient should recover sufficiently to perform duties on or about
If No, Please explain
(c) Specify the date by which you presume that the patient will be able to resume his duties/work
Totally Partially Temporaniy Permanently
Remarks
Declaration: Thereby declared that the above statements are true and complete to the best of my knowledge. Attending Physician's Name Dr. Council Robinson 1922 - 30334611, 1988
Attending Physician's Name Dr. Sawow - Rohmon Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-3033461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 333-303461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 340461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 340461, Rehman Address Madwa Gowol Hospifal Orangi Soc Telephone No 340461, Rehman Address Madwa Gow
100 Sam Sam Bring 908.5.
Speciality M-B-18-S · M-D - Date Off College Dr. MB-18-S · M-D -

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Gulshan-e-Ghazi, Opp. Farid Colony, Orangi Town No. 10, Karachi. 0333-3412687, 0334-3089707 E-mail: madina_gh@hotmail.com

Received with thanks from M/s. Ayesha Do Cahib-ul-haar the sum of Rupees ASD 4 Cousaltatiu		CASH RECEIVING SLIP	Date: 01 - 3 - 24
Do Cahib-ul-haar the sum of Rupees ASD & Cousaltatin	Slip No. 00176		
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MADINA GENERAL HOSPITAL



24 HOURS EMERGENCY SERVICE

Gulshan-e-Ghazi, Opp. Farid Colony, Orangi Town No. 10, Karachi E-Mail: madina_gh@hotmail.com Cell: 0333-3412687 : 0334-3089707

S.No. ____ Date ______ Date ______ Morning | Evening | Night Patient Name _______ Miss Ayesta.

Applay . ASD

a july

Roman DO RHC