PAKISTAN National Identity Card

Name
Ayesha Bibi

ماشو بی بی

Father Name
Sahib Ulhaq

صاحب الحق

Gender	Country of Stay
F	Pakistan

Identity Number	Date of Birth
42401-7722325-4	18.12.2000
Date of Issue	Date of Expiry
08.10.2022	08.10.2032

Ayesha

42401-7722325-4

موجودہ پتہ: مکان نمبر S/2817، سیکٹر 11-1/2، محلہ راجہ حسن
کالونی اور گی ہاؤس، کورنگی فری

مستقل پتہ: غیر خانہ، ڈاک خانہ خاص، پلی، تحصیل بٹ خیلہ،
ضلع سانگھڑ

5054922038861

Registrar General of Pakistan

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں

PAK-QATAR
FAMILY TAKAFUL
Together for the Future

Employer's Statement – DS1
(Disability Claim Form)

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: Ayesha		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation: CHW	Phone No / Mobile No: 0310-8857014	E-mail address
Employee's Name: Ayesha		CNIC: 42401-7722325-4
Employee's Address: House# S/2817 Sector 11-1/2 Raja Tanveer Colony Orangi Town		
Employee's Date of Birth: 18/12/2000 Age	S. No. on list	

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

Employee's Date of Appointment: 1/1/2024	Employee's Effective Date of Takaful	Last Day Worked: 1/3/2024	Returned to Worked: 2/3/2024
Reason for Stopping Work: Dog Bite Incident During working field			
Gross Earning from Salary/Wages Rs. 31,680 PerMonth	Amout of Takaful cover Rs.	What is the present employment stats of the employee: ☑ On Duty ☐ On Sick Leave ☐ Terminated ☐ Temporary Laid off	
Amount of Claim	Title of Cheque		

Claimant Name: Ayesha Telephone No: 0310-8857014

Date of Statement: 1/3/2024

Employer Signature: _____ 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: Dog Bite in Mikhaw Colony During Campaign in field working

Date of Accident or the date I first Noticed the symptoms of this was:	(a) Is your accident or illness related to your occupation? ☐ Yes ☐ No if "Yes", Please explain
I (was/have) unable to work because of this disability starting on	
On What date did employer discontinue your monthly salary/wages	I (returned/was able to return/will be able to return to work on a full time basis on
Date I was first treated for this accident or illness	Treated by ☐ Hospital ☑ Doctor Name Address
Have you ever had the same or Similar condition in the past? ☐ Yes ☑ No If "Yes", when	Treated by ☐ Hospital ☑ 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 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

Date of Statement: 1/3/2024 Signature of Employee: _____ 0310-8857014 Telephone No.

PAK-QATAR FAMILY TAKAFUL
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Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information

Name of Patient	Aysha	Date of Birth	19/12/2000
Patient's Address	Khyber Chowk Mehran Colony		

Employer Information

Name of Employer	Aysha.

1. History

(a) Date doctor first consulted due to disability: 01/03/24.
(b) Date symptons first appeared or accident happened: 01/03/24
(c) Date patient ceased work because of disability: 01/03/24
(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. Sami-ur-Rehman. Mobile No: 0333-3033464.
Address: Madina General Hospital Orangi Town Sec 10 Karachi

2. Diagnosis

(a) Date symptons first appeared or accident happened: 01/03/24.
(a) Diagnosis (including any complications): Small wound on (R) leg caused by Dog bite
(c) Subjective symptoms
(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):
(1) Clinical Findings: Small wound on (R) leg caused by Dog bite
(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 ☑ Yes ☐ 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

(e) Specify the date by which you presume that the patient will be able to resume his duties/work

☐ Totally ☑ Partially ☐ Temporarily ☐ 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 Sami-ur-Rehman	Telephone No: 0333-3033464.
Address: Madina General Hospital Orangi Sec 10.	
Speciality: MBBS. M-D	Date: 01/03/24.

Dr. Sami-ur-Rehman M.B.B.S., M.D., I.S.M.U Reg. No. 66988-S.
Signature

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

MADINA GENERAL HOSPITAL

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

CASH RECEIVING SLIP

Date: 01-3-24

Slip No. 00176

H. No. _____

Received with thanks from M/s. Ayesha

D/O Sahib-Ul-Haq

the sum of Rupees ASD + consultation

on account of Eight hundred only

Signature _____

Madina General Hospital Farid Colony

Total Rs. 800/-

MADINA GENERAL HOSPITAL

مدینہ جنرل ہسپتال

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 01-3-24 Morning / Evening / Night

Patient Name Miss Ayesha.

Applay . ASD

Refer to RHC Baldia