Pak-Qatar Family Takaful Limited

FAMILY TAKAFUL

Form DS-1

Employer's Statement

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

Section I

1. Policy No:
2. Name of Policy Holder:
3. Name of Claimant: Mr. Faheem Akhtar Mahar
4. Designation: Taluka Polio Officer
5. Phone No: 0333-7111868
6. Fax No: —
7. E-mail address: faheemmahar123@gmail.com
8. Employee's Name: Mr. Faheem Akhtar Mahar
9. CNIC No: 45504-8683248-9
10. Employee's Address: Village Tamachani, Bagarji, District Sukkur
11. Employee's Date of Birth: 08-11-1983
12. Age: 39 Years
13. S. No on list:

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

1. Employee's Date of Appointment:
2. Employee's Effective date of Takaful:
3. Last day Worked:
4. Returned to work on:
5. Reason for Stopping Work: Severe damage to tooth/face due to RTA
6. Gross Earning from Salary/Wages: Rs. 55,400/= Per Month
7. Amount of Takaful Cover: Rs.
8. What is the present employment stats of the employee? ☑ On Duty ☐ On Sick leave ☐ Terminated ☐ Temporary laid off
9. Amount of Claim: 52,167
10. Title of Cheque: Faheem Akhtar

Claimant Signature:
Name: Faheem Akhtar Mahar Telephone No: 03337111868
Date of statment: 07-03-2023
Company Stamp

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

1. Type of disability claim? ☐ Natural (Sickness) ☑ Accidental
2. Please describe how and where the disability/accident occurred: Road Traffic Accident while performing Polio field activities

3. **Date of Accident** or the date I **first noticed** the symptoms of this illness was: 02 / 12 / 2022 (Day / Month / Year)

4 (a). Is your accident or illness related to your occupation? ☑ Yes ☐ No
If 'Yes', Please explain:

5. I (was/have) unable to work because of this disability starting on: 12 / 12 / 2022 (Day / Month / Year)

6. I (returned/was able to return/will be able to return to work on a full time basis on: 13 / 12 / 2022 (Day / Month / Year)

7. On what date did employer discontinue your monthly salary/wages? NA (Day / Month / Year)

8. I Date I was first treated for this accident or illness: 12 / 12 / 2022 (Day / Month / Year)

Treated by ☐ Hospital ☑ Doctor
Name: Dr. Abdul Basit Address: Al-Qayyem Dental Clinic Sukkur

9. Have you ever had the same or similar condition in the past?
☐ Yes ☑ If 'Yes', when

Treated by Hospita Doctor
Name Address

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company or employer having information available regarding the benefit of the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me to give Pak-Qatar Family Takaful Limited or its representatives 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.

07-03-2023
Date of Statement

Signature of Employee

0333-7111868
Telephone No.

Ref No.: GT/CL/2008/00053/1

Pak-Qatar Family Takaful Limited

FAMILY TAKAFUL

Form DS-2

Physician's Statement

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

Patient Information	Name of Patient: Faheem Akhtar Mahar	Date of Birth: 08-11-1983
	Patient's Address: village Tamachani, Post office Bagarji, Sukkur	
Employer Information	Name of employer: GTC	

1. History

(a) Date doctor first consulted due to disability: 12 (Day) - 12 (Month) - 2022 (Year)

(b) Date symptoms first appeared or accident happened: 02 (Day) - 12 (Month) - 2022 (Year)

(c) Date patient ceased work because of disability: 10 (Day) - 12 (Month) - 2022 (Year)

(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? ☑ Yes ☐ No ☐ Unknown

(f) Name the first doctor with full address, consulted by the claimant for the above disability/Accident?
Dr. Abdul Basit (Name of Doctor) Al-Qayyum Dental clinic Sukkur (Address), 071-5623437
Mobile No. 0333-7103610

2. Diagnosis

(a) Date of Last examination/Consultation: 26 (Day) - 01 (Month) - 2023 (Year)

(b) Diagnosis (including any complications): Avulsed Tooth (Knocked-out Tooth)

(c) Subjective symptoms: Severe Pain while eating, eye sight issues, Prolonged severe headaches vomiting, Dizziness, Gum Infection

(d) Objective findings (including **current** X-rays, ECG's, laboratory data and any **clinical findings**):

(1). Clinical Findings: Luxation of 6 Frontal teeth due to RTA

(2). Diagnostic studies and results: X-Ray : Evulsion of teeth, dislocated teeth.

3. Progress

(b) Patient is ☑ Ambulatory ☐ Bed confined ☐ House confined ☐ Hospital confined

(a) Patient has ☑ Recovered ☐ Improved ☐ Stabilized ☐ Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible? ☐ Yes ☑ No

(b) Is patient now capable of performing duties of ☑ Yes ☐ No (His or Her Current Jon) ☑ Yes ☐ No (*Any other job for which he or she is reasonably suited or qualified by education, training or experience)

(c) What duties of his or her job is patient incapable of performing? NA

(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 _____ (Day) (Month) (Year)
If "No", please explain: The patient is well and can continue with the Job.

(e) Specify the date by which you presume that the patient will be able to resume his duties/work: Patient is already at work.
☑ Totally ☐ Partially ☐ Temporarily ☐ Permanently 18-12-2022

Remarks

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

Signature: Abdul Basit	Date: 07-03-2023
Attending physician's name: Dr. Abdul Basit	Specialty: B.Sc. BDS, R.D.S
Address: Al-Qayyum Dental clinic, Sukkur near Municipal Corporation Sukkur	Telephone No. 071-5623437

Ref No. GT/CL/2008/00054/1