



Mandatory Requirements	<input type="checkbox"/> Disability Claims Requirement*	<input type="checkbox"/> Death Claims Requirement*
<input type="checkbox"/> Copy of GoLootlo Card <input type="checkbox"/> Copy of Valid /Active CNIC <input type="checkbox"/> Hospital Certificate - Admission (If Applicable) <input type="checkbox"/> Hospital Treatment Detail/Records <input type="checkbox"/> Hospital Discharge Certificate	<input type="checkbox"/> X-Ray Film(s) with radiology (If Applicable) <input type="checkbox"/> Copy of FIR/Police Report (If Applicable) <input type="checkbox"/> All Original Medical Expense Receipt <input type="checkbox"/> Copy of Hospital Discharge Summary	<input type="checkbox"/> Copy Of Death Certificate - Hospital <input type="checkbox"/> Copy of Autopsy/Post mortem Report (If Applicable) <input type="checkbox"/> Death Certificate - NADRA <input type="checkbox"/> Copy of FIR/Police Report

Section 01: Member's Card Information	
GoLootlo Membership Card No:	Card Expiry Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>

Section 02: Member's Information			
Name:			
Account Title:		Account Number:	
Contact No:	E-mail:	CNIC	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Section 03: Types of Claims		
<input type="checkbox"/> Disability (Select from the table below)	<input type="checkbox"/> Accidental Medical Expense	<input type="checkbox"/> Accidental Death

Disability Table 01	
<input type="checkbox"/> Loss of both hands or amputation at higher sites	<input type="checkbox"/> Loss of sight to such an extent as to render the claimant unable to perform anywork for which eyesight is essential
<input type="checkbox"/> Loss of hand and foot	<input type="checkbox"/> Double amputation through leg or thigh on one side and loss of other foot
<input type="checkbox"/> Very Severe facial disfigurement	<input type="checkbox"/> Absolute Deafness

Section 04: Event Information			
Date of Event: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>		Place of Event:	
Name of Hospital (where first treatment availed):			
Was Patient admitted in Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Admission <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Date of Discharge <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
Details of treatment availed by member			
Explain below details of event			

Declaration by the Beneficiary	
Title of Cheque: _____	Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
Name: _____	
Relationship: _____	Signature: _____

*Claim payment is subject to provision of all documents mentioned in the checklist.

Please return to:

Group Claims Department

Pak-Qatar Family Takaful Limited

Suite # 102-105, 1st Floor, Business Arcade, Plot No. 27/A Block 6, P.E.C.H.S, Karachi, Pakistan

Definition for Accidental Death:

If an Individual Covered, while covered under this benefit, sustains bodily injuries occurring solely, directly and independently of all other causes through external, violent, visible and accidental means from an event or incident that occurs that is unforeseen and unexpected and did not result directly and indirectly from the deliberate actions or intentions of a person or persons and over which the individual covered had no control, influence or intent and the consequences of which, within ninety (90) days, resulted directly suffers loss of life, the Takaful Operator will, subject to the provision hereinafter stated, pay Rs. 200,000/-

For Details you may refer to PMD document provided to your card provider.

Definition for Accidental Medical Expense:

If an individual covered, while covered under this benefit, sustains bodily injuries occurring solely, directly and independently of all other causes through external, violent, visible and accidental means from an event or incident that occurs that is unforeseen and unexpected and did not result directly and indirectly from the deliberate actions or intentions of a person or persons and over which the individual covered had no control, influence or intent and within ninety (90) days after such injuries sustained, incurs medical expenses as a direct result of such injuries and independently of all other causes, the takaful operator will, subject to the provisions hereinafter stated, reimburse the amount of such medical expenses subject to a maximum amount of Rs. 30,000/-

For Details you may refer to PMD document provided to your card provider.

Definition for Disability

If an individual covered sustains bodily injuries occurring solely, directly and independently of all other causes through external, violent, visible and accidental means from an event or incident that occurs that is unforeseen and unexpected and did not result directly and indirectly from the deliberate actions or intentions of a person or persons and over which the individual covered had no control, influence or intent and the consequences of which resulted directly, and within ninety (90) days after such injuries sustained, suffers losses set in table 01 (provided on page 1) as a direct result of such injuries and independently of all other causes, the takaful operator will, subject to the provisions hereinafter stated pay Rs 200,000/- If the covered individual suffers more than one of the losses set out in table 01, the total amount payable under this clause on account of such losses shall not exceed the amount for Rs. 200,000/-

For Details you may refer to PMD document provided to your card provider.