



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

1. Policy holder's information

Name of Company	
Takaful Policy No.	Policy Start Date

2. Participant's information

a. Deceased' Name:

b. Father's Name/Husband's Name:

c. Date of Birth of deceased: Age : NIC No.

d. Residential Address:
 Contact No.

e. Proof of age: National Identity Card Metric Certificate Other (Please specify)

3. Occupational Information

a. Employee No. b. Date of Joining of Company

c. Designation d. Annual Salary

e. Occupation (at date of Death)

4. Event Information

a. Date of Diagnosis

b. Date of Death c. Place of Death

d. Primary Cause of Death e. Secondary cause

f. On what date did deceased last attend his usual work?

g. When did deceased first complain of or give other indications of his/her last illness?

h. When did deceased last complain or consulted of his/her last illness?

5. Claim Information

a. Amount of Claim

b. Title of Cheque

8. Declaration by Employer/Authorized representative

The undersigned, hereby makes claim to said Takaful coverage and hereby agrees that the written statements and affidavits of all the physicians who attended to or treated the Participant shall constitute and they are hereby made a part of these proofs of death and further agrees that the furnishing of this form, or of any nor a waiver of any of its right or defenses.

Furthermore, I/We hereby authorize, any physicians, hospitals, clinic or medical service provider, insurance company, or any other institution, or any person, who has any record or information about above mentioned life to provide Pak-Qatar Family Takaful Limited complete information including copies of records with reference to any sickness, accident, disability treatment, examination, medical investigation, advise or hospitalization underwent. A photocopy of this authorization shall be as valid as the original.

Claimant Signature: _____

Name: _____

Date: _____

Company Stamp

Checklist

- Form D-2 Physician's statement
- Copy of CNIC
- Copy of Death Certificate (hospital)
- Copy of Burial Certificate (Municipal Town)
- Copy of FIR (in case of Accidental Death)
- Copy of Autopsy report (in case of Accidental Death)

Please ensure to enclosed above mentioned document in order to avoid any delay

PAK-QATAR FAMILY TAKAFUL LIMITED

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