



Note : All answers must be in Physician's handwriting.

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

1. Deceased's Information

a. Deceased' Name:

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

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

d. Residential Address:
 Contact No.

2. Event Information

a. Date of Death

b. Place of Death
If died in hospital or other medical institution, please give name

c. Primary Cause of Death

d. Secondary Cause of Death

e. Interval between onset and death

| From | To | No of Days |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Past Medical History

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

b. Date last consulted or took medical advise of his/her last illness?

c. Have you treated or advised any treatment prior to last illness? Yes No

d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital? Yes No

| Date | Physician/hospital Name | Nature of Illness | Treatment |
|----------------------|-------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other

b. Please describe event in detail

c. Was an inquest/investigation held? Yes No

d. Was an autopsy performed Yes No if yes, please describe findings in detail
if yes, please describe findings

5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: _____ Date of statement: _____

Name: _____ Contact No. _____

Stamp

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-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