A++ /AM2

PAK-QATAR FAMILY TAKAFUL

Physician's Statement Form

Completion Instructions:

1. This form may be completed by medical attendant who have treated the deceased covered in his/her last illness.
2. Separate forms may be used for each attendant if more than one physician has attended during last illness of the deceased. However only one form is required for all memberships where the deceased was covered.
3. Please complete the form completely with legible handwriting avoiding cutting / overwriting.

Takaful Membership Number:	

Information about the deceased

a) Name:	b) Date of Birth (Age)	c) Gender (Tick One) ☐ M ☐ F
d) Father/ Husband's Name	e) CNIC No	
f) Address of the deceased		g) Occupation (immediately before death)
h) Mark of Identification	i) Date of Death	
j) Place of Death	k) Time of Death	
l) Cause(s) of Death (Primary)	m) Interval between onset and death (Primary cause of death)	
n) Cause of Death (Secondary)	o) Interval between onset and death (secondary cause of death)	
p) Cause of Death ascertained by ☐ Examination after death ☐ Symptoms and appearance during life	q) Result of Autopsy (if conducted)	
r) other significant conditions/ diseases contributing to but not causing death		

1. Wereyou regular attendant of the deceased? _____ if yes since_____
2. Have you treated him/her in the last 5 years prior todeath? _____ (if yes please provide detail in the table given below)
3. Has any other physician, in your knowledge, treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)

Physician or Hospital	Address	Nature of illness or Injury	Date(s) of treatment

4. Please provide any other information you feel pertinent regarding deceased's ailment, habits, mode of living etc.

_____

_____

Witness
Signature & Date: _____ Name: _____ Address: _____ _____

Attending Physician
Signature & Date: _____ Name: _____ PMDC No: _____ Address: _____

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