



Pak-Qatar Family Takaful Limited

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Main Sharea Faisal, Karachi, Pakistan
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Hospitalization Reimbursement Claim Form

Part

A

To be completed by the covered **Individual Member** only.

Do not leave any blank, unanswered questions, dates or signatures, wherever applicable.

Type of Claim: Pre-hospitalization expenses Hospitalization expenses Post Hospitalization expenses
 Pre-natal expenses Delivery expenses Post-natal expenses

Claimant Name:

Scheme Number:

Participant (Employer) Name:

Scheme Start Date:

Scheme End Date:

Patient's Name:

Patient's Takaful Certificate Number:

Patient's Sex: Male Female

Date of Birth: / /

CNIC Number:

Residence Address:

Residence:

Office:

Mobile:

1. State the nature of the medical condition, injury, illness:

2. On what date did the symptoms first occur:

3. Name and address of Physician provider first consulted due to above-mentioned medical condition:

4. Has the patient consulted any doctor for the above-mentioned medical condition? Yes No
If "Yes", for each doctor and hospital consulted, state name, address and treatment provided.

Name of Doctor/Hospital	Date of Consultation	Reason for Consultation	Treatment/Results

5. Is this claim related to an accident? Yes No If "Yes", what was the date of the accident? / /

Give brief detail of where and how accident occurred?

6. Give details of any other health, medical or travel takaful / insurance, workman's compensation, social security or other medical benefits to which the patient may be entitled:

Name of Hospital, where treatment availed:

Date of Admission:

Date of Discharge:

Total Nos. of days

Total amount of Claim (In Pak Rupees):

DECLARATION & AUTHORIZATION

I hereby certify that all answers to questions appearing on this form and documents submitted with this form are true and complete to the best of my knowledge and belief.

I, the above claimant, hereby authorize any doctor, hospital, clinic, or medical service provider, takaful/insurance company, or any other institution, or any person, who has any information or record about me and/or any of my dependents to provide Pak-Qatar Family Takaful Limited with the complete information including copies of their records with reference to any sickness, accident, disability, any treatment, examination, medical investigation, advice of healthcare provider. Photocopy of this authorization shall be valid as the original.

Date of Statement: / /

Signature of claimant Individual Member

Employee will complete and sign this form on behalf of minor children

Verification by Participant/Employer

I/We hereby certify that all answers to questions appearing on this form are true and complete to the best of my/our knowledge and belief. We understand and agree that the above statement shall form the basis for Takaful coverage.

Date of Statement: / /

Signature of Participant