5th Pillar
Family Takaful Limited
آئیے، ساتھ چلیں

PERMANENT TOTAL DISABILITY FORM DS-II

Confidential Medical Report (Specialist Physician)

Dear Doctor

We are in receipt of disability claim in respect of this member and we would request you to complete this confidential medical report. Please complete all relevant information completely and legibly to prevent unnecessary delays.

Note: If you have any reports of previous investigations to substantiate diagnosis, please attach copies thereof.

Personal Details

Claimant Name		Gender
CNIC	Date of Birth	Occupation
Occupation Details		
Address		Contact

History

1. Are you the claimants usual Medical Attendant? ☐ Yes ☐ No
   If yes, how long have been his/her Private medical attendant? ☐ Years ☐ Months

2. What date your records commence? D D M M Y Y Y Y

3. Date of first consultation for this diability D D M M Y Y Y Y

5. Date of first absent from work? D D M M Y Y Y Y

6. Has your patient suffered from any previous episode of this disability? ☐ Yes ☐ No
   If yes, please give details of the date and periods of absence from work _____

7. Is this disability related to any other condition which the patient has suffered in the past? ☐ Yes ☐ No
   If yes Please give details _____

Patient Present Condition

1. Please describe your patient's illness and disease symptoms. _____

2. Please provide a precise diagnosis of his/her present illness. _____

3. Is the patient suffering from any other condition? ☐ Yes ☐ No
   If Yes, does it affect the condition? _____

4. Since the daignosis of his/her condition, has patient:
   ☐ Recovered, if yes, give date D D M M Y Y Y Y ☐ No Change
   ☐ Improved, if yes give date D D M M Y Y Y Y ☐ Deteriorated

5. What particular aspect of the patient's present condition prevent him/her from returning to work? _____

6. Are there any other circumstances, medical or otherwise, which may delay your patient's recovery? _____

7. How frequently does you're your patient consult you? _____

8. Please give the date of the last consultation and diagnosis at the time.

Treatment

1. Please give full details of all medicines being prescribed to your patient. _____

2. Please give full details of any surgical procedure performed in connection with his/her condition. _____

3. Please provide details of any other treatment being prescribed, including physiotherapy. _____

4. Do you anticipate changing your patient's treatment in his immediate futur or recommended that he/she undergo further investigations of surgical procedure. _____

5. Has your patient's been treated as inpatient in a hospital or other medical center for this condition? ☐ Yes ☐ No
If yes, please give details _____

6. Has your pateint's been an outpatient by any consultant, specialist in connection with this condition? ☐ Yes ☐ No
If yes, please give details: _____

7. Is he/she still receiving treatment from any other medical practitioner? ☐ Yes ☐ No
If yes, do you consider that we should obtain a report from them? _____

8. Have you been taken blood pressure reading during the period of disability? ☐ Yes ☐ No
If yes, please give details and dates of the readings. _____

9. Is your patient's height and weight within normal bounds? Has there been any recent fluctuations, If yes, Please give details:
_____

10. Please give details of any investigatory test or procedures that have been undertaken in connection with this condition including the results.
_____

Degree of Disability

1. Is your patient: a) Ambulatiry ☐ Yes ☐ No c) Confined to bed ☐ Yes ☐ No
b) Confined to his/her home ☐ Yes ☐ No d) Subject to some restrictions in movement of lifestyle ? ☐ Yes ☐ No

If yes, please give details: _____

2. Do you consider that your pateint disability is:
a) Following his/her normal occupation on full time basis. ☐ b) Following his/her normal occupation on part time basis ☐

3. Do you consider that your patient disability is: a) Total Permanent ☐ b) Partial Permanent ☐

Prognosis of Claimant

1. Whataspect of your patient's Disability will prevent him/her from undertaking any work in the future?
_____

2. If you feel that the patient could follow a different occupation, can you please give an indication as to the sort of work that he/she could undertake?
_____

3. When do you think your patient will be able to resume working either to his/her present job or alternative employment?
_____

Daily Living Activities

1. Is the patient capable of performing the following activities of daily living:

a) Dressing ☐ Yes ☐ No
b) Using the Toilet ☐ Yes ☐ No
c) Walking Yes ☐ Yes ☐ No
d) Feeding Him/Herself ☐ Yes ☐ No
e) Using Telephone ☐ Yes ☐ No
f) Bathing ☐ Yes ☐ No
g)Taking Medication ☐ Yes ☐ No

Further Information

1. Please include any information which you feel would be helpful in the assessment of your patient's claim.

2. Do you have any hospital, consultants or daignostic reports that would be help o our Consultant Medical Officer in the consideration of this claim?

3. when do you think your patient will be able to resume wrking either to his/her present job or alternative employment? ( ) Yes ( ) No.
If Yes, please p rovide copies or extract of such reports, if you would prefer, please forward the orignals which will be return to you promptly.

Declaration:

I certify that I have Perosnally attended to the claimant and that all the above statements are correct and true to the best of my knowledge.

Full name and address _____

_____

Telephone no. (Code) _____ Cellular No. _____

Date. _____ E-mail Address _____ Doctor's Signature. _____

COMPLAINTS IN RESPECT OF TAKAFUL MEMBERSHIP

تکافل ممبرشپ کے متعلق شکایات

If you have any complaint or grievance against the Takaful Company, agent, or bank representative in respect of your Takaful Membership, you may file your complaint directly with the Takaful Company at the following address:

Name of the Operator: 5TH PILLAR FAMILY TAKAFUL LIMITED
Name of the focal person for grievance handling: Mr. Iftikhar Ahmed
Designation: Team Lead – Life and Disability Claims
Email: grievance@5thpillartakaful.com
Contact: 021-111-786-573, 021-36492847
Postal Address: Office No. SF-01 to SF-06, 2nd Floor, Emerald Mall, Near Do-Talwar, Clifton, Block 5, Karachi, Pakistan.

However, in case if the insurance company fails to address your grievance, you may file your complaint with other external independent forums at the following addresses:

FEDERAL INSURANCE OMBUDSMAN
2nd Floor, Pakistan Red Crescent Society
Annexe Building, Plot # 197/5, Dr. Doud Pota Road, Karachi
Phone: 021-99207760-62 Helpline: 1082
Website: www.fio.gov.pk
Note: Members from any part of Pakistan, AJK/Gilgit Baltistan may approach FIO.

Official Coordinator, Small Disputes Resolution Committee – Karachi
Specialized Companies Division, 5th Floor, State Life Building No. 2,
Wallace Road, Off. I. I. Chundrigar Road, Karachi.
Direct No.: 021-99002021 UAN: 021-111-117-327
Email: sdrc.khi@secp.gov.pk
Note: Members belongings to provinces of Sindh and Baluchistan may approach this Committee.

Official Coordinator, Small Disputes Resolution Committee – Lahore
Company Registration Office – Lahore, Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore.
Direct No.: 042-99014050 UAN: 042-111-117-327
Email: sdrc.lhr@secp.gov.pk
Note: Members from all districts of Punjab except Bhakkar, Khushab, Mianwali, Jhelum, Chakwal, Rawalpindi and Attock may approach this Committee.

Official Coordinator, Small Disputes Resolution Committee – Islamabad
Insurance Division, 3rd Floor, NIC Building, 63-Jinnah Avenue,
Blue Area, Islamabad.
Direct No.: 051-9195391 UAN: 051-111-117-327
Email: sdrc.isb@secp.gov.pk
Note: Members belonging to Islamabad Capital Territory, Khyber Pakhtunkhwa, Gilgit Baltistan, Azad Jammu & Kashmir and the western side of Punjab (i.e. Bhakkar, Khushab, Miawali, Jhelum, Chakwal, Rawalpindi and Attock districts) may approach this Committee.

Complaint against Takaful Company may also be filed with Securities and Exchange Commission of Pakistan (insurance regulator in Pakistan) at the following address:

Securities and Exchange Commission of Pakistan (SECP)
NIC Building, 63-Jinnah Avenue,
Blue Area, Islamabad.
Phone: Toll free 080088008
Email: complaints@secp.gov.pk
https://sdms.secp.gov.pk/ (for online filing of complaints)
Note: Members from any part of Pakistan, AJK/Gilgit Baltistan may approach SECP

آگر آپ کو اپنی تکافل ممبر شپ کے حوالے سے تکافل کمپنی ،ایجنٹ یا بینک نمائندے سے کوئی شکایت ہو تو سب سے پہلے متعلقہ تکافل کمپنی کو براہِ راست اپنی شکایت درج ذیل پتہ پر بھجوائیں:

آپریٹر کا نام: فقتھ پلر فیملی تکافل لمیٹڈ
شکایت سے نمٹنے کے لیے فوکل پرسن کا نام: جناب افتخار احمد
عہدہ: ٹیم لیڈ۔ لائف اینڈ ڈس ایبلٹی کلیمز۔
ای میل: grievance@5thpillartakaful.com
رابطہ: 021-111-786-573, 021-36492847
ڈاک کا پتہ: دفتر نمبر 01-06، سیکنڈ فلور، ایمرالڈ مال
نزد دو تلوار، کلفٹن، بلاک۔5، کراچی، پاکستان

اگر تکافل کمپنی آپ کی شکایات کا ازالہ کرنے میں ناکام رہے یا آپ کمپنی کے جواب سے مطمئن نہ ہوں تو مندرجہ ذیل ایکسٹرنل انڈیپینڈنٹ فورم کے ساتھ اپنی شکایت کا اندراج کرواسکتے ہیں:

وفاقی انشورنس محتسب
سیکنڈ فلور، ریڈ کریسنٹ سوسائٹی
انیکسی بلڈنگ، پلاٹ نمبر 197/5 ڈاکٹر داؤد پوتا روڈ، کراچی۔
فون: 021-99207760-62 ہیلپ لائن: 1082
ویب سائٹ: www.fio.gov.pk
نوٹ: پاکستان کے کسی بھی علاقے سے تعلق رکھنے والے ممبرز آزاد جموں کشمیر/گلگت بلتستان وفاقی انشورنس محتسب (ایف آئی او) سے رجوع کرسکتے ہیں۔

دفتری رابطہ کار-سمال ڈسپیوٹس ریزولوشن کمیٹی-کراچی
اسپیشلائزڈ کمپنیز ڈویژن،5 فلور،اسٹیٹ لائف بلڈنگ نمبر02
ولاس روڈ، آئی آئی چندریگر روڈ،کراچی
فون: 021-99002021 یو اے این:021-111-117-327
ای میل: sdrc.khi@secp.gov.pk
نوٹ:صوبہ سندھ اور بلوچستان سے تعلق رکھنے والے پالیسی ہولڈرز کراچی میں قائم کمیٹی سے رجوع کرسکتے ہیں

دفتری رابطہ کار-سمال ڈسپیوٹس ریزولوشن کمیٹی -لاہور
کمپنی رجسٹریشن آفس،لاہور،ایسوسی ایٹ ہاؤس،3 اینڈ 4 فلور 07
ایجرٹن روڈ ،لاہور۔
فون: 042-99014050 یو اے این:042-111-117-327
ای میل: sdrc.lhr@secp.gov.pk
نوٹ: بھکر، خوشاب، میانوالی، جہلم، چکوال، راولپنڈی اور اٹک کے سوا پنجاب کے تمام اضلاع کے ممبرز لاہور میں قائم کمیٹی سے رجوع کرسکتے ہیں۔

دفتری رابطہ کار-سمال ڈسپیوٹس ریزولوشن کمیٹی -اسلام آباد
سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
فلور3،این آئی سی بلڈنگ 63جناح ایونیو بلیو ایریا،اسلام آباد۔
فون: 051-9195391 یو اے این:051-111-117-327
ای میل: sdrc.isb@secp.gov.pk
نوٹ: اسلام آباد کیپیٹل ٹیرٹری، خیبر پختونخواہ، گلگت بلتستان، آزاد جموں کشمیر، اور صوبہ پنجاب کے مغربی حصے (یعنی بھکر، خوشاب، میانوالی، جہلم، چکوال، راولپنڈی اور اٹک اضلاع) سے تعلق رکھنے والے ممبرز اسلام آباد میں قائم کمیٹی سے رجوع کرسکتے ہیں۔

انشورنس کمپنی کے خلاف شکایت سیکیورٹیز اینڈ ایکسچینج کمشن آف پاکستان(جو کہ پاکستان میں انشورنس سیکٹر کا ریگولیٹر ہے) کے پاس بھی درج ذیل ایڈریس پر دائر کی جا سکتی ہے:

سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
این آئی سی بلڈنگ 63جناح ایونیو،
بلیو ایریا،اسلام آباد۔
فون:ٹول فری 080088008
ای میل: complaints@secp.gov.pk
شکایات کی آن لائن فائلنگ کے لیے: https://sdms.secp.gov.pk/
نوٹ: پاکستان کے کسی بھی علاقے سے تعلق رکھنے والے ممبرز ، آزاد جموں کشمیر/گلگت بلتستان بلس ای سی پی سے رجوع کرسکتے ہیں۔

5th Pillar Family Takaful Limited
فقتھ پلر فیملی تکافل لمیٹڈ
آئیے، ساتھ چلیں

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