



MOTOR VEHICLES
INSURANCE LTD

FORM
7A

COMPULSORY THIRD PARTY (CTP) POLICY HOLDER FORM – INDIVIDUAL

1. Individual Personal Details

Title: Surname: Given Names:
Date of Birth: Male: ☐ Female: ☐
Primary Email: Secondary Email:
Mobile: Landline:
Customer is an Importer: ☐

2. Identification Documents

(Mandatory – Must fill and provide two (2) of the following:)

PNG NID:
Country of Passport: Country of License:
Passport No.: License No.:
Passport Expiry Date: License Expiry Date:
Other Identifications, please specify:

3. Contact Details (Tick One)

☐ Next of Kin ☐ Parents ☐ Guardian ☐ Other

Name: Mobile: Email:

4. Place of Origin

Province:
District:
LLG:
Ward:
Suburb/ Village:

5. Residential Mailing Address

P.O. Box

6. Residential Address

Address 1: District:
Address 2: LLG:
Street Name: Ward:
Province: Suburb/ Village:

Signature: Date:

FOR OFFICE USE

New Customer ID No:

Received By:
(Name & Sign)

Processed By:
(Name & Sign)

Received Date:

Processed Date:

