

I.V.E.T.A. Vintage Motor Proposal Form

The Swallows Quarters, Donaghmore, Portlaoise, Co. Laoise.

Name:				
Address:				
Date of Birth:			Occupation:	
Telephone Number:			Mobile Number:	
Email Address:			IVETA Membership No:	
Make & Model	Type of Vehicle e.g. car, tractor	Year of Make	Reg / Chassis No.	Use of vehicle (please tick)
				<input type="checkbox"/> Vintage Only <input type="checkbox"/> Vintage & Agricultural <input type="checkbox"/> Vintage & SDP
				<input type="checkbox"/> Vintage Only <input type="checkbox"/> Vintage & Agricultural <input type="checkbox"/> Vintage & SDP
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1. Do you, or any person who will drive, suffer from any disability or infirmity?	Yes / No
2. Have you, or any person who will drive, been involved in a motor accident in the last 5 years?	Yes / No
3. Have you, or any person who will drive, had any convictions / penalty points in the last 5 years?	Yes / No
If the answer to questions 1 - 3 above is yes, please provide details below:	

Please confirm the insurance company with which you hold your main motor insurance policy:	
Signature:	Date:

Insurance Premium (Made Payable to IVETA) €

Membership Amount (Made Payable to IVETA) €25.00

Please note cover applicable to all vehicles is third party only and driving is restricted to persons aged 25 to 70, with a full relevant Irish Licence, except for tractors where drivers must be 16 or over with a full / provisional Irish licence.