## Claim Form for Vehicle Standstill Insurance (100% Uptime)



Vehicle Informations  Registration number  Vehicle make Model  VIN number  Insured's Data  Name Address  Phone number E-mail  Claim/failure data  Date of claim/failure Mileage (km)  Repair start date Repair end date  Total cost  Was a replacement vehicle provided for the time of repair? Yes No	Insurance		
Registration number  Vehicle make  Model  VIN number  Insured's Data  Name  Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Repair start date  Repair end date  Total cost	No. Policy / Certyficate		
Vehicle make  Model  VIN number  Insured's Data  Name  Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Repair start date  Repair end date  Total cost	Vehicle Informations		
Insured's Data  Name  Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Repair start date  Repair end date	Registration number		
Insured's Data  Name  Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Repair start date  Repair end date  Total cost	Vehicle make	Model	
Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Repair start date  Repair end date  Total cost	VIN number		
Address  Phone number  E-mail  Claim/failure data  Date of claim/failure  Mileage (km)  Repair start date  Repair end date	Insured's Data		
Phone number  E-mail  Claim/failure data  Date of claim/failure  Mileage (km)  Repair start date  Total cost	Name		
Claim/failure data  Date of claim/failure  Mileage (km)  Repair start date  Repair end date	Address		
Claim/failure data  Date of claim/failure  Mileage (km)  Repair start date  Repair end date			
Date of claim/failure  Mileage (km)  Repair start date  Repair end date  Total cost	Phone number	E-mail	
Repair start date  Repair end date  Total cost	Claim/failure data		
Total cost	Date of claim/failure	Mileage (km	
	Repair start date	Repair end d	late
	Total cost		
Was a replacement vehicle provided for the time of repair?  Yes  No			) N.
	Was a replacement vehicle provic	ed for the time of repair? Yes	No
Place and Date  Insured signature  Stamp of the repair shop reporting the claim			Stamp of the repair shop reporting the clair