

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



Insurance

No. Policy / Certificate

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

Place and Date

Insured signature

Stamp of the repair shop reporting the claim