General Accident Questionnaire

For improved user experience, communication, and efficiency, we recommend you submit your claim online via MyIMG. While most IMG products are available for online claims submissions, please continue to use this form for all other products

If using this form, please print legibly and complete ALL SECTIONS of this form. Mail, fax, or submit the completed form online:
Address: International Medical Group, Inc. Claims, P.O. Box 240429, Apple Valley, MN 55124 USA,
Call: +1.800.628.4664 or outside U.S. +1.317.655.4500; or for AGWM +1.317.927.6852 Fax: +1.317.655.4505
Web: www.imglobal.com/secure-message-center www.imglobal.com

GENERAL INFORMATION

Name of Insured:	Person Injured:	
Insured ID:	Certificate Number:	Date of Accident: ___/___/___ *(MM/ DD/YYYY)*

Please complete the questionnaire below and return to IMG so that we can update our records. Processing may be delayed without this information.

1. Please provide exact details of the accident, including date, time, place and how it occurred. Please provide the address where the injury happened along with the property owner's name, name of the property/casualty insurance company insuring the property and its complete address and telephone number along with the policy number.

2. Was this accident related to your employment? If so, please provide employer's complete name and address.

3. Was a police report filed? If so, please provide a copy of this report.

4. If this injury was the result of a motor vehicle accident, please provide the name, address and telephone number of the auto insurance carrier handling this claim.

5. Was this accident related to an organized or sanctioned athletic activity, involving regular or scheduled games and/or practices? If so, was an accident report filed with the sports coordinator? Please provide a copy of any related accident reports.

6. In the event you have hired legal counsel, please provide IMG with the complete name, address and telephone number of the attorney.

Signature of Insured: X_____	Date: ___/___/___ *(MM/ DD/YYYY)*