



1111 W. San Marnan Drive
P.O. BOX 1328
WATERLOO, IA 50704
PHONE: 844-898-2321
FAX: 855-313-6925

INCIDENT REPORT FORM

Please complete this form when reporting a claim or a possible claim. We will contact you for additional details. Claims can also be filed electronically using the "Report a Claim" feature on our website vgminsurance.com.

Who is the insured? _____

City, State _____

Contact Name, Phone # _____

Who is the patient/claimant? _____

What is the date of loss? _____

What equipment is involved in this claim? _____

Who is the manufacturer of the equipment? _____

Serial number(s) of the equipment _____

Below please provide a description of what took place:

Reported by: _____ Date: _____

IMPORTANT NOTE

Please do not divulge any of this information to any party except VGM Insurance. Direct any inquiries from claimant, lawyers, manufacturers, etc. to our office.

Submit to: VGM Insurance Claims

Fax: 855-313-6925 or

Email: claims@vgminsurance.com