



STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES
INSURANCE FRAUDS BUREAU
ONE STATE STREET
NEW YORK, NEW YORK 10004

SUSPECTED FRAUD REPORT

Please Print or Type All Information

Your Name: _____

Your Address: _____

Your Telephone No. Home _____ Business _____

1) Give a brief statement of the suspect transaction and the amount of money involved (if known):

2) Identify the parties to the suspect transaction (name/address and relation to the transaction):

(Use additional forms for multiple suspects)

Name: _____

Address: _____

Telephone No. : Home _____ Business _____

Occupation: _____

Where Employed: _____

Additional Information:

3) Name and address of insurance company/HMO (if applicable) :

4) Have you reported this transaction to any other law enforcement agency? If yes, please furnish the following information:

Name of Agency: _____

Address: _____

Person Contacted: _____ Phone No. _____

To Send by mail:

New York State Department of Financial Services
Insurance Frauds Bureau
One State Street
New York, NY 10004

To Send by fax: (212) 709 - 3555
