



NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
INSURANCE FRAUDS BUREAU
ONE STATE STREET
NEW YORK, NY 10004
Fax: (212) 480-7148

DATE: _____

1). *Information furnished by:* _____

Address: _____

NAIC # _____

Previously submitted? Yes ___ Log # _____ No ___

PLEASE PRINT/TYPE INFORMATION

2) Brief statement of suspect transaction. Date of loss _____ Amount of loss _____ County _____
Type of loss: Auto ___ No-Fault ___ Medical ___ Workers Comp. ___ Fraudulent ID cards ___ Other _____
If Auto or No-Fault, was this policy application submitted via NYAIP? Y N

STATEMENT

3) Identify parties to suspect transaction: Name(s)

Address(es)

Additional information on suspect(s)

If Auto or Fraudulent cards give VIN # _____ Plate or License # _____

4) Identify your policy, claim or reference number under which the above transaction is recorded:

Claim # _____ Claim status _____

Reference # _____ Policy # _____ SIU # _____

5) Name, title, address & telephone number of individual in your company who can provide detailed information:

NAME _____ **TITLE** _____

ADDRESS _____ **TELEPHONE #** _____

6) Have you reported this transaction to any other law enforcement agency? Yes _____ No _____

If yes, please furnish: Agency _____

Address _____

Person contacted _____ Telephone # _____ Date of report _____

Continue on reverse or attach additional sheets as necessary.

Signed: _____

Title: _____

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