



Instructions:

- Complete this form. Be as detailed as possible. Print clearly and neatly in dark ink.
• Enclose or attach copies of additional information or documents if necessary.

Information Furnished By:

Name: NAIC #:

Company Name:

Address:

Phone: Email Address:

Previously submitted (circle one): Yes / No If yes, Log#:

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 NY AIP?: Yes / No

Statement:

Identify Parties to Suspect Transaction

Name(s):

Address(es):

Additional Information on Suspects:

If Auto or Fraudulent Cards:	VIN#:	Plate or License #:
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**Policy, claim or Reference Number Under Which Above Transaction is Recorded**

Claim #:	Claim Status:	
Reference #:	Policy #:	SIU #:

**Contact for More Detailed Information**

Provide a name, title, and contact information for an individual in your company who can provide us with additional or more detailed information:

Name:	Title:
Address:	
Email Address:	Phone:

**Additional Reports and Enforcement Agencies**

Have you reported this transaction to any other law enforcement agency (circle one)? Yes / No

If yes, Agency name:	Date of Report: / /
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Person Contacted:

Address:

Phone:	Email Address:
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**Signature and Title**

Please sign below and submit this form via email, fax or mail to the Department.

Signature:

Title:	Date of Submission: / /
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