



FRAUD REPORTING FORM

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 #:	
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 #:
Policy, claim or Reference Number Under Which 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: / /	
Person Contacted:		
Address:		
Phone:	Email Address:	
Signature and Title		
Please sign below and submit this form via fax or mail to the Department.		
Signature:		
Title:	Date of Submission: / /	