



Send To:
INSURANCE FRAUD SECTION
OFFICE OF THE ATTORNEY GENERAL

Commonwealth of Pennsylvania
16th Floor, Strawberry Square
Harrisburg, PA 17120
ATTN: Referral Form
(717) 787-0272

541- \_\_\_\_\_
Region Assigned: \_\_\_\_\_

(PLEASE TYPE or PRINT LEGIBLY)

IF REFERRAL IS FROM AN INSURANCE COMPANY, PLEASE SEE IT IS COMPLETED BY THE SIU.

I. Referring Agency or Private Citizen Information: (Name, address, fax and e-mail address).

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

II. Subject Information: (Include name, alias, address, phone number, DOB, and SSN.)

If additional subjects are involved, please include in Part VIII.

III. Please indicate COUNTIES and/or STATES where:

Incident Occurred \_\_\_\_\_ Claim Received \_\_\_\_\_
Claim Mailed From \_\_\_\_\_ Payment Made From \_\_\_\_\_

IV. Alleged Fraud Involves:

- Auto Property Business Struct. Personal Property
Bodily Workers' Comp. Agent/Adjuster Employer
Employee Atty., Health Care Prov., Medical Professional Other

V. Claim Information:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_
1st Party Claim OR 3rd Party Claim
Claim No.: \_\_\_\_\_ Value of Policy: \_\_\_\_\_
Date of Loss: \_\_\_\_\_ Date Claim Filed: \_\_\_\_\_
Paid Amount Paid \_\_\_\_\_ Pending Denied Other

If additional companies are involved, please note in Part VIII.

**VI. Vehicle Information:**

Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ VIN # \_\_\_\_\_ State & License # \_\_\_\_\_  
Title # \_\_\_\_\_

If additional vehicles are involved, please note in Part VIII.

**VII. What investigative information is available? (For SIUs, NICB, and law enforcement only.)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Recorded Statement     | <input type="checkbox"/> Written Statement    | <input type="checkbox"/> EUO            |
| <input type="checkbox"/> IIME or Peer Review    | <input type="checkbox"/> Expert's Report      | <input type="checkbox"/> Video          |
| <input type="checkbox"/> 35mm                   | <input type="checkbox"/> Surveillance Reports | <input type="checkbox"/> Police Reports |
| <input type="checkbox"/> Criminal History Check | <input type="checkbox"/> NICB Hit             | <input type="checkbox"/> PILR Hit       |
| <input type="checkbox"/> Index Bureau Hit       | <input type="checkbox"/> SIU Reports          | <input type="checkbox"/> Other _____    |

**VIII. Please provide a summary of the material false statement(s), written and /or oral, and facts of this allegation. PLEASE DO NOT SEND OR ATTACH ANY ITEMS FROM PART VII OR ATTACH ADDITIONAL SHEETS TO SUMMARIZE THIS INCIDENT.**