



Insurance Fraud Industry Referral Form

Insurance Fraud Section
16th Floor, Strawberry Square
Harrisburg, PA 17120

717-787-0272

www.attorneygeneral.gov

For State Use Only

IFR -	Region Assigned:
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Required fields are marked with an asterisk*

Referring Agency Information

Contact Person*			
Agency Name*			
Address *			
City *		State*	Zip Code * County *
Phone Number * ()	Fax Number * ()	Email Address *	

Subject Information (If additional subjects are involved please include in Summary)

Name (include any known aliases)*			
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Street Address			
City		State	Zip Code County
Mobile Phone Number ()	Home Phone Number ()	Email Address	
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Other			

Referral Status

Have you referred this to any other law enforcement agency <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify Agency and Contact Person:
Reason why you are sending this matter to our office: <input type="checkbox"/> Requesting an investigation <input type="checkbox"/> For informational purposes only

Incident occurred in:	Insurer payment sent from:	Claim was received in:
Payment was sent to subject at:	False statement made:	

Policy Number	Claim Number	Policy Limits \$
Date of Loss	Date Claim Made	
Amount Claimed	Amount Paid	
Status of claim: <input type="checkbox"/> Paid <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Other If other, please state:	Type of Insurance/Fraud Involved: <input type="checkbox"/> Auto <input type="checkbox"/> Rate Evasion <input type="checkbox"/> Homeowners/Renters <input type="checkbox"/> Commercial <input type="checkbox"/> Health <input type="checkbox"/> Disability <input type="checkbox"/> Life <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Agent/Fraud Company <input type="checkbox"/> Other If other, please state:	

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