

Suspected Insurance Fraud Report

For use by insurance companies and Special Investigative Units (SIUs)

To report **workers' compensation** insurance fraud, go to www.tdi.texas.gov/wc/ci/wcfraud.html or call 1-844-372-8399.

► Instructions

Complete this form to report policyholder or claimant fraud to the Texas Department of Insurance Fraud Unit. Attach any supporting items and evidence, such as policies, declaration pages, certificates of insurance, receipts for premiums paid, and other relevant information. You may send the form and supporting documents by:

Mail: TDI Fraud Unit, PO Box 12088, Austin, TX 78711-2088

Email: FraudReport@tdi.texas.gov

Fax: 512-490-1001

You can also report fraud online at <https://www.tdi.texas.gov/fraud/industry-report.html>.

► Important information

- You can't be sued for libel or slander for reporting fraud or suspected fraud.
- Filing this report meets the state law requiring you to report suspected insurance fraud to TDI.
- For more information, visit tdi.texas.gov/fraud or call us at **1-888-327-8818**.

► Information about you

Name _____

First name

Last name

Your company _____

Address _____

Street address

City

State

ZIP

Email _____ Business phone _____

Today's date _____

► Information about the suspected fraud

What type of fraud are you reporting?

- | | | |
|--|---|--|
| <input type="checkbox"/> Adjuster fraud | <input type="checkbox"/> Fake insurance card | <input type="checkbox"/> Staged accident |
| <input type="checkbox"/> Agent conversion | <input type="checkbox"/> Faked death | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Agent fraud | <input type="checkbox"/> False claim document/statement | <input type="checkbox"/> Theft from elderly |
| <input type="checkbox"/> Arson for profit | <input type="checkbox"/> Identity theft | <input type="checkbox"/> TPA fraud |
| <input type="checkbox"/> Auto burglary | <input type="checkbox"/> Mortgage fraud | <input type="checkbox"/> Unauthorized health insurance |
| <input type="checkbox"/> Auto theft | <input type="checkbox"/> Paper accident | <input type="checkbox"/> Unauthorized P&C insurance |
| <input type="checkbox"/> Body shop fraud | <input type="checkbox"/> Policy application fraud | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Disaster adjuster fraud | <input type="checkbox"/> Premium fraud | <input type="checkbox"/> Unlicensed agent |
| <input type="checkbox"/> Disaster agent fraud | <input type="checkbox"/> Provider billing fraud | <input type="checkbox"/> Unlicensed co. |
| <input type="checkbox"/> Disaster claim fraud | <input type="checkbox"/> Runner/capper | <input type="checkbox"/> Water damage homeowners |
| <input type="checkbox"/> Escrow/fee attorney fraud | <input type="checkbox"/> Slip and fall | <input type="checkbox"/> Other |

Information about the loss

Date of loss _____ **Location of loss** _____

Dollar amount of loss from fraud _____ **Status of claim** Open Closed

Claim number _____

Has the claim been paid? Yes No **Amount paid** _____

Was a fraud ring involved? Yes No Don't know

Have you notified any other law enforcement agency? Yes No

If Yes, which agency _____ **Contact name** _____

Contact phone _____ **Contact email** _____

Policy number _____ **Company** _____

Type of policy

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial insurance | <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Homeowners insurance |
| <input type="checkbox"/> Life/accident/health insurance | <input type="checkbox"/> Life/annuity insurance | <input type="checkbox"/> Motor vehicle insurance |
| <input type="checkbox"/> Property & Casualty | <input type="checkbox"/> Title/escrow insurance | <input type="checkbox"/> Other |

Summary of the suspected fraud

Provide a brief summary of the suspected fraud. Include any information that will help us identify the parties involved, companies, and transactions. If applicable, include a description of the injury and provider licensing information.

► Information about the suspects

Use a separate sheet for each suspect.

What is the suspect's role?

<input type="checkbox"/> Claimant	<input type="checkbox"/> Insured	<input type="checkbox"/> Agent	<input type="checkbox"/> Adjuster	<input type="checkbox"/> Provider
<input type="checkbox"/> Attorney	<input type="checkbox"/> Runner/capper	<input type="checkbox"/> Other _____		

Name _____

First name

Middle name

Last name

Gender Male Female Unknown **AKA/alias** _____

Phone number _____ **Email** _____

Address _____

Street address

City

State

ZIP

Employer _____ **Occupation** _____

Driver's license number _____ **State** _____

Additional information about this suspect

► Information about witnesses

Use a separate sheet for each witness.

Name _____

First name

Middle name

Last name

Gender Male Female Unknown

Phone number _____ **Email** _____

Address _____

Street address

City

State

ZIP

Employer _____ **Occupation** _____

Driver's license number _____ **State** _____

Additional information about this witness (include information you think the witness might have)

 **Attach supporting items and evidence, such as policies, declaration pages, certificates of insurance, receipts for premiums paid, and other relevant information.**

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.