Texas Department of Insurance

Fraud Unit, Mail Code 109-3A
333 Guadalupe ▪ P. O. Box 149336 ▪ Austin, Texas 78714-9336
512-463-6492 telephone ▪ 512-490-1001 fax ▪ www.tdi.state.tx.us

SUSPECTED INSURANCE FRAUD REPORT
For Use by Insurance Companies and Special Investigative Units

Instructions: Please use this form when submitting suspected insurance fraud on the part of any policy holder, or third party claimant for review by the Texas Department of Insurance Fraud Unit.

More information regarding insurance fraud is available on the Texas Department of Insurance's Web site at www.tdi.state.tx.us/. You may also contact the Fraud Unit toll-free at 1-888-327-8818 or at (512) 463-6700.

In accordance with §701.052 of the Texas Insurance Code, a person is not liable in a civil action, including an action for libel or slander, and a civil action may not be brought against the person, for furnishing information to the Fraud Unit relating to a suspected, anticipated, or completed fraudulent insurance act.

The filing of this report satisfies the requirements of §701.051 of the Texas Insurance Code, requiring a party to report fraudulent insurance acts to the Texas Department of Insurance.

☐**Tier 1. Suspected fraud, but no investigative report available.**
☐**Tier 2. Suspected fraud, investigative report available.**

Please print or type information.

Your First Name:	**Last Name:**	**Company (employer):**	
Address:	**City:**	**State:**	**Zip:**
Business Phone with Area Code:		**Extension:**	
E-mail address:		**Date of This Report:**	
Date of Loss/Injury:	**Location of Loss/Injury:**		

Fraud Scheme: ☐Adjuster Fraud ☐Agent Fraud ☐Arson for Profit ☐Auto Body Shop Fraud

☐Company Employee Fraud ☐Company Officer Fraud ☐Faked Death ☐False Statement/Claim Documents

☐Fictitious Insurance Card ☐License Application Misrepresentation ☐Mold Claim ☐Paper Accident

☐Policy Application Fraud ☐Premium Fraud ☐Provider Billing Fraud ☐Runner/Capper ☐Slip & Fall

☐Staged Accident ☐Theft from Elderly ☐TPA Fraud ☐Unlicensed Agent ☐Unlicensed Company ☐Viatical

☐Water Damage-Homeowners ☐Unknown

Policy #/Company:	**Claim #:**

Policy/Fraud Type: ☐Agents License ☐Commercial Insurance ☐Credit Life/Disability Insurance

☐Health Insurance ☐Homeowners Insurance ☐Life/Annuity Insurance ☐Motor Vehicle Insurance

☐Property & Casualty Insurance ☐Title Insurance ☐Unauthorized Health Insurance

☐Unauthorized Property & Casualty Insurance ☐Unauthorized Workers' Compensation Insurance

☐Workers' Compensation Insurance ☐Unknown

Amount of Loss:	**Has Claim been paid?** ☐Yes ☐No ☐N/A	**Amount Paid:**	**Reserve Amount:**

Possible Ring: ☐Yes ☐No ☐Unknown **SIU Investigation:** ☐Complete ☐Ongoing

Other law enforcement notified: ☐Yes ☐No	Agency Name:
Contact Name:	Phone Number with Area Code: Extension:

Brief Synopsis of the situation and the proof of the fraud, including any detailed information that will help us identify the parties, companies, and transactions. If applicable, include description of injury and/or provider licensing information.

Suggested content of investigative reports.
1. Suspect information and identifiers.
2. Witness information. Include addresses and telephone numbers for company personnel and other individuals involved, and the information they have available.
3. Evidence List. List of items such as policies, declaration pages, certificates of insurance, receipts for premium paid, or other representations of the subject.
4. Please print additional pages if there are multiple subjects.

Subject #:

☐Agent ☐Attorney ☐Claimant ☐Insured ☐Provider ☐Runner/ Capper ☐Witness			
Name First:	**MI:**	**Last Name:**	
Phone Number with Area Code:			
Sex: ☐Male ☐Female ☐Unknown	**AKA (Alias):**		
Address:	**City:**	**State:**	**Zip:**
Employer:	**Occupation:**		
SS#:	**DL #:**	**State:**	**DOB:**
Additional Info:			

FRAUD VEHICLE INFORMATION

Involved Vehicle Type: ☐Airplane ☐Passenger Car ☐Commercial Truck ☐Motorcycle ☐Passenger Van ☐Pickup Truck ☐Sport Utility Vehicle ☐Taxi Cab ☐Tractor/Trailer ☐Water Craft ☐Other_____	
Registration Number:	**State/Province:**
Vehicle Identification Number:	