



Seth Williams  
District Attorney

**DISTRICT ATTORNEY'S OFFICE  
INSURANCE FRAUD UNIT  
THREE SOUTH PENN SQUARE  
PHILADELPHIA, PA 19107-3499  
215-686-8728**

**INSURANCE FRAUD REFERRAL FORM  
(Insurance Industry)**

**I. Contact Person:**

Address:

Date:

Phone:

Fax:

Email:

**II. Subject Name:**

Address:

Alias:

Phone:

DOB:

SSN:

**III. Subject's Driver License Number and State:**

Subject's Vehicle Info:

Manufacturer:

Model:

Year:

Color:

Registration:

VIN:

**IV. Did at least one of the following events occur within the City and County of Philadelphia?**

Alleged Incident:

Claim Filed:

Claim Received:

Payment Sent:

Payment Received:

**V. What evidence have you compiled to prove fraud?** (e.g. videotapes, written statements, invoices, etc.) **PLEASE NOTE:** Include all such evidence, along with a copy of your entire claim file, with the completed referral form.

**VI. CASE SUMMARY:** Please summarize your case and answer the following questions: **What happened? Why is this insurance fraud? What is the material misrepresentation?** (Please attached additional sheets as necessary)

[Empty box for Case Summary]

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**Subject Last Name, First Name, MI:**

**Summary (Continued):**

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