



DISTRICT ATTORNEY'S OFFICE
THREE SOUTH PENN SQUARE
PHILADELPHIA, PENNSYLVANIA 19107-3499
215-686-8000

INSURANCE FRAUD REFERRAL FORM
(Insurance Industry)

I. Contact Person: Date:
Address: Phone:
Fax:
E-Mail:

II. Subject Name: Alias:
Address: Phone:
DOB:
SSN:

III. Subject's Driver License Number and State:
Subject's Vehicle Info:
Manufacturer: Model: Year:
Color: Registration:
VIN:

IV. In which Pennsylvania county or other state did the following occur?

Alleged Incident: Claim Filed:
Claim Received: Payment Sent:
Payment Received:

V. Briefly list what evidence you have compiled to prove fraud (e.g. videotapes, written statements, invoices) below.

PLEASE NOTE: Along with a copy of your entire claim file, include all evidence with the completed referral form. *We will not be able to process your referral until the complete file is received.*

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 use additional sheets if necessary)