



ARKANSAS INSURANCE DEPARTMENT
INSURANCE FRAUD INVESTIGATION DIVISION

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2790
Fax 501-371-2799

Form REF
Rev. 5/97

THE

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SHARON FRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

57

INSURANCE FRAUD REFERRAL FORM

FOR FRAUD DIVISION USE ONLY

Investigator

Case No.

INSTRUCTIONS:

1. The person filling out this form must complete each section of PART ONE and PART THREE, including information on ALL suspects and witnesses involved. If you have knowledge of any of the information requested, please fill out PART TWO as completely as possible.
2. Use a separate form for each suspected fraudulent insurance complaint/referral. You may duplicate this form as needed.
3. Use as many forms as necessary in describing the reason for the referral in PART ONE or for providing additional suspects or witnesses in PART THREE. If additional forms are used, please staple all related forms together.
4. Please return completed form to the address shown above.

PART ONE

[illegible]

PART TWO

Policy Claim Number		Date of Loss	
Policy Type (See Page 5 For Codes)	Loss Type (See Page 5 For Codes)		
Estimated Claim Value	Paid Yes _____ No _____		
Reason For Suspicion (See Page 5 For Codes) / / / / / / / / / / / / / / / /			
Have you reported this matter to other organizations? If yes, please identify the organizations.			

PART THREE

A.

Name of Suspect or Witness: Suspect _____ Witness _____ (Check One)

Address		City	State	Zip	Phone ()
Business or Alias Name (If Applicable)					
Address		City	State	Zip	Phone ()
Date of Birth	Sex	Race	Social Security Number		Federal ID Number
Occupation			Employer Name		
Employers Address		City	State	Zip	Phone ()
Role of Suspect or Witness (See Page 5 for Codes) / / / / / / /		Vehicle Year	Make	Model	
		Style		Color	
Driver's License Number	State	License Plate Number	State	VIN Number	

PART THREE (Cont.)

3.

Name of Suspect or Witness: Suspect _____ Witness _____ (Check One)

Address			City	State	Zip	Phone ()
Business or Alias Name (If Applicable)						
Address			City	State	Zip	Phone ()
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address			City	State	Zip	Phone ()
Role of Suspect or Witness (See Page 5 for Codes) / / / / / /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number		State	License Plate Number	State	VIN Number	

PART THREE (Cont.)

4.

Name of Suspect or Witness: Suspect _____ Witness _____ (Check One)

Address			City	State	Zip	Phone ()
Business or Alias Name (If Applicable)						
Address			City	State	Zip	Phone ()
Date of Birth	Sex	Race	Social Security Number		Federal ID Number	
Occupation			Employer Name			
Employers Address			City	State	Zip	Phone ()
Role of Suspect or Witness (See Page 5 for Codes) / / / / / /			Vehicle Year	Make	Model	
			Style		Color	
Driver's License Number		State	License Plate Number	State	VIN Number	

PART THREE (Cont.)

D.

Name of Suspect or Witness: Suspect _____ Witness _____ (Check One)

Address			City		State	Zip	Phone ()
Business or Alias Name (If Applicable)							
Address			City		State	Zip	Phone ()
Date of Birth	Sex	Race	Social Security Number			Federal ID Number	
Occupation			Employer Name				
Employers Address			City		State	Zip	Phone ()
Role of Suspect or Witness (See Page 5 for Codes) / / / / / /			Vehicle Year		Make	Model	
			Style		Color		
Driver's License Number		State	License Plate Number		State	VIN Number	

PART THREE (Cont.)

E.

Name of Suspect or Witness: Suspect _____ Witness _____ (Check One)

Address			City		State	Zip	Phone ()
Business or Alias Name (If Applicable)							
Address			City		State	Zip	Phone ()
Date of Birth	Sex	Race	Social Security Number			Federal ID Number	
Occupation			Employer Name				
Employers Address			City		State	Zip	Phone ()
Role of Suspect or Witness (See Page 5 for Codes) / / / / / /			Vehicle Year		Make	Model	
			Style		Color		
Driver's License Number		State	License Plate Number		State	VIN Number	

ARKANSAS INSURANCE DEPARTMENT FRAUD CODES

REASON FOR SUSPICION CODES:

AM	Application Misrepresentation	OT	Other
AR	Arson	RO	Ring/Organized Activity (Excluding Vehicle)
CI	Claim Investigation Resulted in Denial/Reduction/Withdrawal	SA	Specials/Receipts (Altered/Questionable/Duplicate)
L	Fictitious Loss	UR	Unperformed Repairs
F	Inflated Loss	VA	Vehicle Arson
S	Illegal Solicitation	VF	Vehicle
KB	Kick Backs/Bribery	VR	Vehicle Ring Activity
IC	Multiple Claims	VT	Vehicle Theft
IL	Medical Provider/Lawyer Relationship	WC	Workers' Compensation Claimant
IP	Medical Provider	WP	Workers' Compensation Premium
IS	Misappropriated Vehicle Salvage		

POLICY TYPE CODES:

AUT	Personal Auto General	CALB	Commercial Auto Liability
ANF	Personal Auto No Fault	CPRP	Commercial Property General
ALB	Personal Auto Liability	CLIB	Commercial Auto Liability
PAP	Personal Property General	CIMR	Commercial Inland Marine
PHO	Personal Property Homeowners	CFRM	Commercial Farm Ranch
PIM	Personal Property Inland Marine	CAVN	Commercial Aviation
PFM	Personal Property Farm	OMAR	Ocean Marine
OMP	Commercial	WORK	Workers' Compensation
CRM	Commercial Crime	ACHE	Accident and Health
AUT	Commercial Auto General	LIFE	Life
ANF	Commercial Auto No Fault		

ROLE CODES:

-	Claimant	LW	Lawyer/Other
0	Both Claimant and Insured	IB	Agent/Broker
0	Claimant/Driver	IS	Staff/Adjuster
	Claimant/Passenger	II	Independent Adjuster
	Insured	IO	Other Insurance Personnel
	Insured/Driver	MD	Medical/Doctor
	Insured/Passenger	MC	Chiropractor
	Insured/Employee	MN	Nurse
T	Witness	MT	Physical Therapist
	Body Shop	MS	Dentist
	Lawyer For Claimant	MG	Radiologist
	Lawyer For Insured	MZ	Medical Facility

VEHICLE TYPE CODES:

Passenger Car	FM	Farm
Truck	IP	International Plate
Trailer	IT	In Transit
Motorcycle	TR	Tractor/Trailer
Construction Equipment	ZZ	All Others
Bus		

VEHICLE DATA:

Vehicle Make i.e., Ford, Toyota, Chevrolet
 Vehicle Model i.e., Escort, Camry, Mustang
 Vehicle Style i.e., 4 Door, Convertible, Station Wagon