

## ARKANSAS INSURANCE DEPARTMENT INSURANCE FRAUD INVESTIGATION DIVISION

DOCAR HO DOM. 00 11 911

1200 West Third Street Little Rock, AR 72201-1904 501-371-2790 Fax 501-371-2799 Rev. 5/97

Form REF

97 NOV -3 PH 2: 10

SHAROH FRIEST SECRETARY OF STATE STATE OF ANKANSAS

## INSURANCE FRAUD REFERRAL FORM

	FOR FRAUD DIVISION USE ONLY				
INSTRUCTIONS:	Investigator	Case No.			
<ol> <li>The person filling out this form <u>must</u> complete eac information on ALL suspects and witnesses involved requested, please fill out PART TWO as complete.</li> </ol>	7P/	T THREE, including ny of the information			
<ol> <li>Use a separate form for each suspected fraudulent form as needed.</li> </ol>	insurance complaint/referral. Yo	ou may duplicate this			
3. Use as many forms as necessary in describing the additional suspects or witnesses in PART THREE. forms together.	reason for the referral in PART ( If additional forms are used, ple	ONE or for providing case staple all related			
Please return completed form to the address shown	above.	·`			
PART	ONE				
Name of Person Making Complaint/Referral	Da	te of Report			
Title	Tele,	phone Number			
Address WHY DO YOU SUSPECT FRAUD? (Reason For Referral	City/State	Zip Code			
/					
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			PA	RT TWO			
Policy Claim Num	•	-				_	Date of Loss
Policy Type (See F	Page 5 For C	odes)	,	Loss Type	e (See Page	5 For Cod	es)
Estimated Claim V	alue			Paid	Yes	T	A.
Reason For Suspic	cion (See Pa	ge 5 For Co	odes)		res_		No
/ / Have you reported	this matter	to other or	<u> </u>	<u> </u>	1	1 1	<u> </u>
		to other or	gamzanc	ins? if yes, pie	ease identify	the organ	izations.
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	Sex	Race	So	ocial Security N	Number	Fede	eral ID Number
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				-	State	Zip	Phone ( )
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iver's License Nur	mber	State	License	Plate Number	State	VII	l Number
		PA	RT THI	REE (Cont.)			
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iver's License Nu		State	License	Plate Number	State	VII	N Number

		P.A	ART TH	REE (Cont.	.)			
D. Name of Suspect or	Witness:	Sus	spect	Wi	tness	_ (Check (		
Address	- 			City	State	žip`	Phone	
Business or Alias N	ame (If Appi	licable)	<u> </u>	·			( )	
Address	<u>.</u>			City	State	Zip	Phone	
Date of Birth	Sex	Race	S	ocial Security	Number	Fede	Federal ID Number	
Occupation		<del>*</del>		Employer	Name	<u>- I                                   </u>		
Employers Address		<del></del>		City	State	Zip	Phone ( )	
Role of Suspect or \	Witness (See	Page 5 for	r Codes)	Vehicle Year	Make		Model	
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Oriver's License Nu	mber	State			State	Vi	VIN Number	
		PA	RT TH	REE (Cont.	)			
E. Name of Suspect or	Witness:	Sus	pect	Win	iness	_ (Check C	ne)	
Address				City	State	Zip	Phone	
Business or Alias N	ame (If Appl	icable)	·		<u>.</u>		11 /	
Address		, , <u>, , , , , , , , , , , , , , , , , </u>	City		State	Zip	Phone	
Date of Birth	Sex	Race	Social Security Number		Number	Fede	eral ID Number	
Occupation	<u> </u>	<u> </u>	1	Employer N	Vame			
mployers Address				City	State	Zip	Phone ( )	
Role of Suspect or V	Vitness (See	Page 5 for	Codes)	Vehicle Year	Make		Model	
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river's License Nun	nber	State	License	Plate Number	State		Number	

{- <del></del>	ARKANSAS INSURANCE	DEPARTM	ENT FRAUD CODES
EASC	ON FOR SUSPICION CODES:		
AM AR H	Application Misrepresentation Arson Claim Investigation Resulted in	. OT RO	Other Ring/Organized Activity (Excluding Vehicle)
L	Denial/Reduction/Withdrawal Fictitious Loss Inflated Loss	SA	Specials/Receipts (Ältered/Questionable/ Duplicate)
6	Illegal Solicitation	UR	Unperformed Repairs
В	Kick Backs/Bribery	VA	Vehicle Arson
IC	Multiple Claims	VF VR	Vehicle
L	Medical Provider/Lawyer Relationship	VT	Vehicle Ring Activity Vehicle Theft
IP <sub>.</sub>	Medical Provider	wc	Workers' Compensation Claimant
s 	Misappropriated Vehicle Salvage	WP	Workers' Compensation Premium
OLIC	TYPE CODES:	- <del></del>	
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 PIM	Personal Property Homeowners	CFRM	Commercial Farm Ranch
PFM	Personal Property Inland Marine	CAVN	Commercial Aviation
OMP	Personal Property Farm Commercial	OMAR	· · · · · · · · · · · · · · · · · ·
CRM	Commercial Crime	WORK	
AUT	Commercial Auto General	ACHE	Accident and Health
ANF	Commercial Auto No Fault	LIFE	Life
DLE C	ODES:	· — — — — _	
_	Claimant	LW	Lawyer/Other
	Both Claimant and Insured	IB	Agent/Broker
Þ	Claimant/Driver	is	Staff/Adjuster
P	Claimant/Passenger	П	Independent Adjuster
	Insured	10	Other Insurance Personnel
	Insured/Driver	MD	Medical/Doctor
	Insured/Passenger	MC	Chiropractor
г	Insured/Employee Witness	MN	Nurse
	Body Shop	MT	Physical Therapist
	Lawyer For Claimant	MS	Dentist
	Lawyer For Insured	MG MZ	Radiologist Medical Facility
ENSE	TYPE CODES:		
	D		
	Passenger Car Truck	FM	Farm
	Trailer	IP	International Plate
	Motorcycle	IT To	In Transit
	Construction Equipment	TR	Tractor/Trailer
	Bus	ZZ	All Others
HICLE	DATA:	<u></u>	
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ricle Make i.e., Ford, Toyota, Chevrolet ricle Model i.e., Escort, Camry, Mustang ricle Style i.e., 4 Door, Convertible, Station Wagon