



DEPARTMENT OF FINANCIAL SERVICES
CRIMINAL INVESTIGATIONS DIVISION
STATE LAW ENFORCEMENT AGENCY



Report Insurance Fraud

To check the status of a Referral click here: [Check Status](#)

To Report Fraud continue with the following selection:

I am:

[Submit](#)

Florida Department of Financial Services
Criminal Investigations Division

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To Report Fraud continue with the following:

Select Type of Fraud:

- Select a type of fraud
- APPLICATION FRAUD
- ARSON FOR PROFIT
- COMMERCIAL
- DISABILITY FRAUD
- HEALTHCARE
- HOMEOWNERS
- IDENTITY THEFT
- LICENSEE/UNLICENSED ACTIVITY/AGENT FRAUD
- LIFE INSURANCE FRAUD
- PERSONAL INJURY PROTECTION FRAUD
- TITLE FRAUD
- VEHICLE FRAUD
- WARRANTY FRAUD
- WORKERS' COMPENSATION FRAUD



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To Report Fraud continue with the following:

Select Type of Fraud: PERSONAL INJURY PROTECTION FRAUD

Submit

Cancel

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Reporting Individual Information (Victim or Witness)

First Name: Sally

Last Name: SIU

Business Name: Insurance Insurance Co

NAIC Number: 12345

Cell Phone: (111) 222-3333

Direct Contact Phone: (222) 333-4444

Email: Sally.SIU@InsInsCo.com

An E-Mail will be sent to the Address provided, with a CID Tip Number within 30 minutes. Your CID Tip Number will also appear at the end of the referral process.

Mailing Address

Street: 123 Main Street

City, State, Zip: Anycity

WISCONSIN

00000

Contact Preference: ☐ Phone ☒ Email

Preferred Contact Time: 8-5

Submit

Cancel

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You will have an opportunity to add supporting attachments after the Tip is submitted.

Florida county where the fraud occurred: BROWARD

Date Fraud Occurred: 06/19/2024

Person Suspected of Fraudulent Activity

Category:	Insured/Claimant		
Explain:	Jump In		
Name:	Smith	John	Doe
Business Name:	N/A		
Address:	5678 Crook Way		
City/State/Zip:	Plantation	FLORIDA	33333
Phone/Cell:	(954) 111-2222	(954) 111-2222	
Email:	JohnDSmith@Mail.com		
Date of Birth:	11/05/1990		
SSN:	123-45-6789		
Tax ID#:			
Driver License Number:	S123-654-90-123-0	FLORIDA	
Vehicle License Plate:	BR549	FLORIDA	
VIN:			
DBA/Multiple Numbers/AKA's:			
Is the involved Party Claiming Injury?	Yes		
How is this party involved?	Driver		

☐ ← Click Check Box to Add **Second Suspect**

☐ ← Click Check Box to Add **Third Suspect**

☒ ← Click Check Box to Add **Second Suspect**

Category:	Select Category ▼		
Explain:			
Name:	Last	First	Middle
Business Name:			
Address:			
City/State/Zip:	City	Select State ▼	Zip
Phone/Cell:	Phone	Cell Phone	
Email:			
Date of Birth:	mm/dd/yyyy 		
SSN:			
Tax ID#:			
Driver License Number:		Select State ▼	
Vehicle License Plate:		Select State ▼	
VIN:			
DBA/Multiple Numbers/AKA's:			
Is the involved Party Claiming Injury?	Select(Yes/No) ▼		
How is this party involved?			

☒ ← Click Check Box to Add **Third Suspect**

Category:	Select Category ▼		
Explain:			
Name:	Last	First	Middle
Business Name:			
Address:			
City/State/Zip:	City	Select State ▼	Zip
Phone/Cell:	Phone	Cell Phone	
Email:			
Date of Birth:	mm/dd/yyyy 		
SSN:			
Tax ID#:			
Driver License Number:		Select State ▼	
Vehicle License Plate:		Select State ▼	
VIN:			
DBA/Multiple Numbers/AKA's:			
Is the involved Party Claiming Injury?	Select(Yes/No) ▼		
How is this party involved?			

What type of Fraud did this person commit? Please check all that apply:

Must pick at least one.

- | | | |
|---|--|---|
| ☐ BY ATTORNEY | ☒ BY CLAIMANT | ☐ BY PROVIDER |
| ☐ COMMERCIAL | ☐ ILLEGAL POSSESSION OF ACCIDENT REPORT | ☒ JUMP IN |
| ☐ LEFT TURN / WAVE THROUGH | ☐ LOST WAGES | ☐ PAPER ACCIDENT |
| ☐ PATIENT BROKERING | ☐ SOLICITATION | ☒ STAGED ACCIDENT |
| ☐ TELEHEALTH | ☐ UNLICENSED ACTIVITY | |

Claim Information

Have payments been made on this claim?

Policy Number:

Claim Number:

Date of Loss/Injury:

Date of Suspected Fraudulent Activity:

Amount Paid to Date:

Total Claim or Loss Exposure:

Was initial claim recorded?

Adjuster:

Adjuster Contact Number:

Loss Address:

Zip:

County of Loss:

NAIC Number:

Claim Date:

Nature of Suspected Fraudulent Activity

Must pick at least one.

- ☒ Faked/Exaggerated Injury
☐ Other

☐ Previous Fraudulent Claims

☒ Organized Ring Activity

Information Developed to Confirm Suspicion

- ☐ Proof of Loss
☐ Confession
☒ Claimant Lied Under Oath(EUO)
☐ Oral Statement(Suspect)
☐ Oral Statement(Witness)
☐ Oral Statement(Other)

- ☐ Written Statement(Suspect)
☐ Written Statement(Witness)
☐ Written Statement(Other)
☐ Deposition/Sworn Testimony
☐ Falsified Documents
☐ Correspondence

- ☐ Conflicting Statements
☒ Video Surveillance
☒ Witnesses
☐ Investigative Reports
☒ Photographs available
☒ Medical Reports

Has the incident been reported to any other agency/organization? (Check all that apply)

- ☒ NICB
☐ OLAW
☐ Other Agency
☐ State Fraud Unit
☐ SAO
☐ Reporting Purposes Only

NICB Number:

R12345678965

OLAW Number:

Other Agency Number:

State Fraud Unit Number:

SAO Number:

Supporting Evidence

Upload any Documents after the Tip is submitted.

1. List all material misrepresentations and/or omissions made to the insurance company.

Lied under oath, witness statements photos medical reports and video surveillance

2. Identify which documents were used during the misrepresentation or omission? (affidavit of loss, recorded statement, deposition, etc) PLEASE UPLOAD DOCUMENT

transcriptions, witness statements photos medical reports and video surveillance

3. Specify any evidence that corroborates or supports suspicion of fraud.

transcriptions, witness statements photos medical reports and video surveillance

Insured Information

Business Name:	
FEIN:	
Last Name:	Poly
First Name:	Roly
Middle Name:	
SSN:	967-65-4321
Date of Birth:	09/08/1984 
Office Phone:	
Cell Phone:	(666) 555-4444
Email:	Holy,Roly.Poly@mail.com
Street Address:	54321 South 187th Street
City:	Plantation
State:	FLORIDA 
Zip Code:	33331

Claimant Information

Business Name:	
FEIN:	
Last Name:	
First Name:	
Middle Name:	
SSN:	
Date of Birth:	mm/dd/yyyy 
Office Phone:	
Cell Phone:	
Other Phone:	
Email:	
Street Address:	
City:	
State:	Select State 
Zip:	

Policy Holder

Insurance Carrier:	Allstate
Street Address:	PO Box 4590089,
City:	Kissimmee
State:	FLORIDA
Zip Code:	34759
Policy Active:	Yes v
Claim Denied:	No v

State the facts (who, what, when, where, how, why) that support your suspicion of fraudulent claim activity including any material misrepresentation(s). Provide details regarding any prior history of fraudulent insurance claim activity by any of the parties. If known, include relevant claim numbers.

Must enter information.

It is a long established fact that a reader will be distracted by the readable content of a page when looking at its layout. The point of using Lorem Ipsum is that it has a more-or-less normal distribution of letters, as opposed to using 'Content here, content here', making it look like readable English. Many desktop publishing packages and web page editors now use Lorem Ipsum as their default model text, and a search for 'lorem ipsum' will uncover many web sites still in their infancy. Various versions have evolved over the years, sometimes by accident, sometimes on purpose (injected humour and the like).

Submit

Cancel



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Thank You for your submission.

The Tip Number for your submission is: T26-2

[Download Report](#)

You may upload up to 3 files.

File Name	Description
2012 FIFEC Registration.pdf	2012 FIFEC Registration

File uploads are limited to 5 mb per file

Upload File:

[Choose File](#)

No file chosen

File Description:

[Upload](#)

[Return to Home Page](#)

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