
Florida Department of Financial Services
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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:
SIU/Insurance Company
Submit
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Criminal Investigations Division
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To Report Fraud continue with the following:
Select Type of Fraud:
Select a 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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Select Type of Fraud:
PERSONAL INJURY PROTECTION FRAUD
Submit
Cancel
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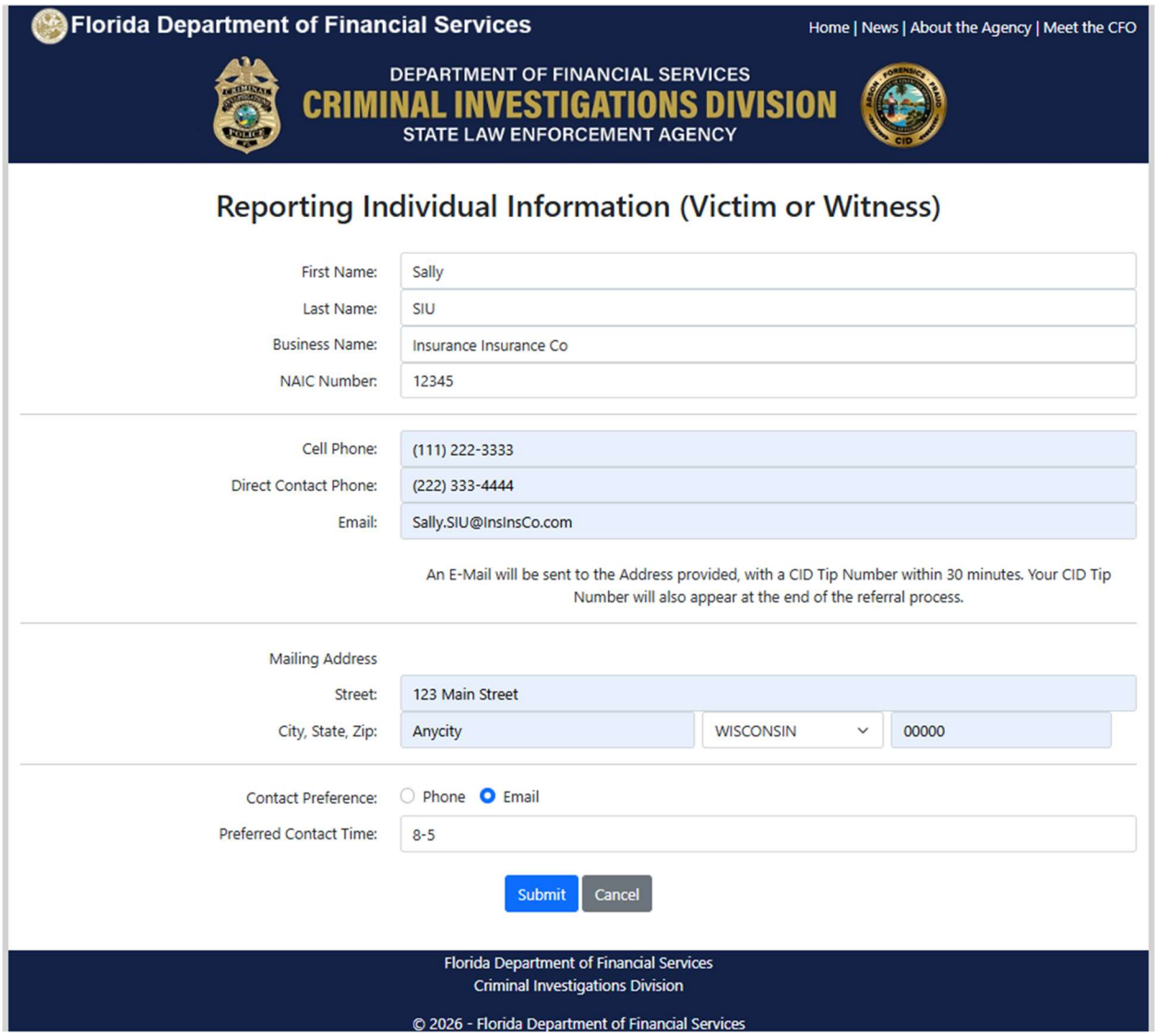
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Reporting Individual Information (Victim or Witness)
First Name: Sally
Last Name: SIU
Business Name: Insurance Insurance Co
NAIC Number: 12345
Cell Phone: (111) 222-3333
Direct Contact Phone: (222) 333-4444
Email: Sally.SIU@InsInsCo.com
An E-Mail will 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:	Plantaion	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
- [x] BY CLAIMANT
- [ ] BY PROVIDER
- [ ] COMMERCIAL
- [ ] ILLEGAL POSSESSION OF ACCIDENT REPORT
- [x] JUMP IN
- [ ] LEFT TURN / WAVE THROUGH
- [ ] LOST WAGES
- [ ] PAPER ACCIDENT
- [ ] PATIENT BROKERING
- [ ] SOLICITATION
- [x] STAGED ACCIDENT
- [ ] TELEHEALTH
- [ ] UNLICENSED ACTIVITY

Claim Information

Have payments been made on this claim?	Yes
Policy Number:	98-6516sdfsd9n
Claim Number:	98-6516sdfsd9n
Date of Loss/Injury:	06/19/2024
Date of Suspected Fraudulent Activity:	06/19/2024
Amount Paid to Date:	100000.00
Total Claim or Loss Exposure:	100000.00
Was initial claim recorded?	Yes
Adjuster:	Jack Sprat
Adjuster Contact Number:	(999) 888-7777
Loss Address:	145 70th Ave North, Plantation, FLORIDA
Zip	33333
County of Loss:	BROWARD
NAIC Number:	65482
Claim Date:	07/23/2024

Nature of Suspected Fraudulent Activity

Must pick at least one.

- [x] Faked/Exaggerated Injury
- [ ] Previous Fraudulent Claims
- [x] Organized Ring Activity
- [ ] Other

Information Developed to Confirm Suspicion

- [ ] Proof of Loss
- [ ] Confession
- [x] 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
- [x] Video Surveillance
- [x] Witnesses
- [ ] Investigative Reports
- [x] Photographs available
- [x] Medical Reports

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

[x] NICB	NICB Number:	R12345678965
[ ] OLAW	OLAW Number:	
[ ] Other Agency	Other Agency Number:	
[ ] State Fraud Unit	State Fraud Unit Number:	
[ ] SAO	SAO Number:	
[ ] Reporting Purposes Only		

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:	987-65-4321
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
Claim Denied:	No

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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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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