



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**FRAUD INVESTIGATION REPORT (INSURER)**

**CONFIDENTIAL**

This report and the attached documents are confidential to the extent provided under Section 375.993 of the Revised Statutes of Missouri.

**INSURER REPORTING REQUIREMENTS**

- REPORTING ONLY:** Insurers who seek **only** to report a claim or other activity believed to be fraudulent in order to satisfy section 375.992 RSMo, should check the adjacent box and provide the information required on **SIDE 1** of this report form. **DO NOT SEND ANY ADDITIONAL DOCUMENTATION.**
- ASSISTANCE REQUESTED:** Insurers who seek to report a claim or other activity believed to be fraudulent in order to satisfy section 375.992 RSMo, and who **also** seek the Department's assistance should check the adjacent box and provide the information required on **SIDE 1** of this report form **and** follow the instructions which appear on **SIDE 2** of this report form.

Send this form, along with any attachments to:

**Consumer Fraud Unit  
Department of Insurance**  
P.O. Box 690  
Jefferson City, Missouri 65102-0690

**PLEASE PRINT, TYPE OR WRITE CLEARLY**

1. NAME OF COMPANY		TELEPHONE NUMBER (    )
MAILING ADDRESS	(STREET)	(CITY) (STATE) (ZIP CODE) <sup>a</sup>
2. NAME OF INSURED		
2A EMPLOYER NAME (IF GROUP POLICY)		
MAILING ADDRESS	(STREET)	(CITY) (STATE) (ZIP CODE)
3. WHO IS COMPLAINT AGAINST? (NAME OF CONSUMER, INSURANCE LICENSEE, ETC.)		SOCIAL SECURITY NUMBER DATE OF BIRTH
ADDRESS IF KNOWN	(STREET)	(CITY) (STATE) (ZIP CODE)
4. GROUP OR CERTIFICATE NUMBER	POLICY OR I.D. NUMBER	EFFECTIVE DATE
5. CLAIM NUMBER	AGENT NAME (IF APPLICABLE)	DATE OF LOSS
6. NATURE OF COMPLAINT		
<input type="checkbox"/> LIFE <input type="checkbox"/> GROUP HEALTH <input type="checkbox"/> INDIVIDUAL HEALTH <input type="checkbox"/> AUTO <input type="checkbox"/> LIABILITY <input type="checkbox"/> FIRE HOMEOWNERS <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> OTHER (SPECIFY) ►		
DETAILS OF COMPLAINT (ATTACH ADDITIONAL SHEETS IF NECESSARY)		
PRINT NAME OF COMPANY REPRESENTATIVE		
SIGNATURE OF COMPANY REPRESENTATIVE	DATE	POSITION

A. A cover letter on company stationery must accompany each case submitted for investigation, in addition to this Consumer Fraud Report.

B. The request for investigation should contain the following information:

1. Full name, date of birth, address and social security number, occupation and employer of the insured.
2. Full name, date of birth, address and social security number, occupation and employer of claimant.
3. Date and location of accident, loss or theft.
4. Brief summary of facts relating to the claim, if settled, show amount of settlement.
5. If injury involved, list name and address of each doctor consulted, records of treatments and charges submitted by each doctor.
6. If claimant treated in hospital, list name of hospital, date of admission, and itemized charges.
7. Name and office address of each attorney, date retained, and copies of all demand letters.
8. Narrative statement of reasons why claim is suspected to be fraudulent with documentation.

C. Attachments

1. Copy of Proof of Loss to your company. If property involved, submit complete description.
2. Copy of Index Bureau Report, if applicable.
3. Copy of the official accident report.
4. Copy of any additional documents that may indicate fraud, such as photographs.
5. Copy of all statements taken. Recorded statements must be transcribed.
6. Copy of coverage analysis.

Please retain all original documents, along with the postmarked envelopes in which they were received, in your claim file.

In some cases it may be necessary for an investigator from the Consumer Fraud Unit to have access to the entire file. In these instances, an official request in writing will be made by this Department to the company's claims manager for the entire file to be forwarded.

Section 375.993.2 RSMo provides:

2. No insurer, employees or agents of any insurer or any other person acting without malice, shall be subject to civil liability for libel or otherwise by virtue of the filing of reports or furnishing other information requested by this section or required by the Department of Insurance as a result of the authority granted in this section.