



Texas Department of Insurance

Fraud Unit, Mail Code 109-3A

333 Guadalupe • P. O. Box 149336 • Austin, Texas 78714-9336

512-490-1001 fax • 512-676-6285 telephone • www.tdi.texas.gov/fraud

SUSPECTED INSURANCE FRAUD REPORT

Instructions: Please use this form when submitting suspected fraud for review by the Texas Department of Insurance Fraud Unit.

More information regarding insurance fraud is available on the Texas Department of Insurance's Web site at www.tdi.texas.gov/fraud. You may call the Fraud Unit at 1-800-252-3439 or 1-888-327-8818.

In accordance with §701.052 of the Texas Insurance Code, a person is not liable in a civil action, including an action for libel or slander, and a civil action may not be brought against the person, for furnishing information to the Fraud Unit relating to a suspected, anticipated, or completed fraudulent insurance act.

The filing of this report satisfies the requirements of §701.051 of the Texas Insurance Code, requiring a party to report fraudulent insurance acts to the Texas Department of Insurance.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's web page at www.tdi.texas.gov.

Please print or type information.

Your name First:		Last:	
Address:		E-mail address:	
City:	State:	Zip:	
Daytime Phone Number (include area code):			
Date of This Report:			

Brief Synopsis of the fraud being reported and a description of the proof that fraud has been committed. Provide detailed information that will help us identify the parties, companies, and transactions of the fraud being reported.

Description of fraud: <i>(attach additional pages and documentation if necessary):</i>
Dollar amount of Loss:
When did this Fraud Happen:

PROVIDE AS MUCH INFORMATION AS POSSIBLE ON THE FOLLOWING:

Suspect Information: Include addresses, phone numbers, and other contact information that will assist in identifying and locating the suspect. Provide a description and any proof you may have of the suspect's fraudulent activity.

Witness information: Include addresses, telephone numbers for company personnel and other individuals involved, and describe the information the witness can provide regarding the suspected fraudulent activity being reported.

Evidence List: List of items such as policies, declaration pages, certificates of insurance, receipts for premium paid, or other representations of the subject being reported.

Subject(s) of Report of Fraud (Who committed the Fraud?)

(1) First		Last Name:	
Address:	City:	State:	Zip:
	Alias (AKA)		
Phone			
Occupation:			
Employer			
SS#:		Date Of Birth:	
Description of suspected fraudulent activities (<i>attach any documents to report form</i>):			
(2) First Name:		Last Name:	
Address:	City:	State:	Zip:
Sex: Male Female	Alias (AKA)		
Phone #:			
Occupation:			
Employer:			
SS#:		Date Of Birth:	
Description of suspected fraudulent activities (<i>attach any documents to report form</i>):			

You may submit your completed fraud report by mail, email: FraudReport@tdi.texas.gov, or FAX 512-490-1001