

Confidential Information Report

This form is treated in **COMPLETE** confidence. Only put your personal details if you agree for an investigator to contact you if further details are required. Further information may be necessary to process the suspected fraud.

Date of Notification

Your Name (If further contact required)

Your Contact Telephone Number (If you are happy to receive calls from an Investigator)

Email (You may leave just an email if you wish)

This area is for details of the suspected fraud

Person of Interest (or company name)

Person of Interest Address (Full address)

Other Address (if applicable)

Date of Insurance claim (If known)

or approximate dates of suspected fraud

Relationship of this person to you (If any)

Name of Insurance Company (if known)

Details of the suspected Fraud (Please include a summary of the incident, location, exact details of the property or valuables associated with the claim and any other information you feel will assist in identifying the claim and why you feel it is fraudulent.)

Thank you completing this form. Insurance fraud is a serious offence and a crime. We will use this information to make investigations with insurers who may take further action if necessary.

Insurance Fraud Hotline - FREEPHONE **0508 372 835**

"Insurance fraud, the crime everyone pays for"