



SUSPECTED FRAUDULENT CLAIM REFERRAL

Fax to: (402) 742-8313 • **Mail to:** Insurance Fraud Prevention Division
P. O. Box 95087, Lincoln, NE 68509-5087 • **E-mail to:** DOI.FraudPrevention@nebraska.gov

Date of Preparation _____ Referring Person _____ Title _____
Name of Insurance Company (NAIC #) _____
Address _____
Phone _____ Fax _____ E-Mail _____

Policy Number _____ Claim Number _____
Type of Coverage _____
Date of Loss _____ Value of Claim/Loss _____ Has Claim Been Paid? Yes No Amount Paid _____
Location of Loss/Incident _____
Address, City, State, Zip _____

Role Codes - Please Use Additional Forms For Additional Names (Role)

AB	Agent/Broker	EM	Employer	LO	Lawyer/Other	OT	Other
CL	Claimant	IA	Independent Adjuster	MP	Medical Provider/Other	PH	Pharmacy/Pharmacist
DC	Chiropractor	IN	Insured	OI	Other Ins. Personnel	WT	Witness

Role _____ **Name** _____
Business/DBA/Alias _____ Telephone _____
Address _____
Date of Birth _____ SSN _____ Tax I.D. Number _____
Occupation _____ Driver License Number _____ Driver License State _____
Vehicle Identification Number (VIN) _____ Vehicle Year _____
Vehicle Make _____ Vehicle Model _____ Vehicle Style _____

Role _____ **Name** _____
Business/DBA/Alias _____ Telephone _____
Address _____
Date of Birth _____ SSN _____ Tax I.D. Number _____
Occupation _____ Driver License Number _____ Driver License State _____
Vehicle Identification Number (VIN) _____ Vehicle Year _____
Vehicle Make _____ Vehicle Model _____ Vehicle Style _____

, Director

Department of Insurance

OFFICE 402-471-2201 FAX 402-471-4610

PO Box www.doi.nebraska.gov

Lincoln, Nebraska 68509-5087

Identify Other Agency or Entity Where You Have Filed a Report/Complaint

Agency _____
Contact Person _____
Address _____
Phone _____ Fax _____ E-Mail _____

Other Insurance Companies Involved? Yes No Unknown

If you answered yes above, Name of Insurance Company _____
Contact Person _____
Address _____
Phone _____ Fax _____ E-Mail _____

DETAILED STATEMENT

Describe the facts, which led to the filing of this report. Please attempt to put in chronological order. Use additional paper if needed. Attach copies of all supporting documentation.