

Commonwealth of Virginia

Department of State Police

Bureau of Criminal Investigation

Insurance Fraud Division

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Notification #	<input type="radio"/> HIL
Date Received	<input type="radio"/> OWWW <input type="radio"/> Other
Jurisdiction	Field Office
Case #	<input type="checkbox"/> UCF
Referred To	<input type="checkbox"/> Other VSP <input type="checkbox"/> Other Agency

Last Name First Name		Middle Name Office Phone		Fax phone	
Address City		State Zip Code		E-Mail Address	
<input type="radio"/> SIU Member <input checked="" type="checkbox"/> Insurer <input checked="" type="checkbox"/> Insurance Professional		<input type="radio"/> Law Enforcement F-1 Citizen State/Federal Agency <input checked="" type="checkbox"/> Anonymous			
Policy Number					
Name of Insurance Carrier			Office Phone		Fax phone
Address City		State Zip Code		E-Mail Address	
Name of Insured					
Address		City State		Zip Code	
		000A 11M =I MINES MEN			
Claim Number		Date of Claim			
Name of Claimant (If different from Insured)					
Address		City State		Zip Code	
Total Approximate Claim Amount \$		Have any payments been made on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No =, If Yes Total Amount Paid: \$			
Amount of Unpaid Claim suspected to be fraudulent:		Amount of Paid Claim suspected to be fraudulent:			
Is claim still active?		<input checked="" type="checkbox"/> No			
Yes <input type="radio"/> No => If No Was Claim Denied? <input type="radio"/> Yes					
Was claim withdrawn by claimant?					
Yes <input type="radio"/> No => If Yes explain briefly?					
Was a written claim filed? Was the claim filed by telephone?					
Yes <input type="checkbox"/> No => If Yes Was it <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Submitted in Person <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ==> If Yes					
Was it recorded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Were any forms or payments on this claim sent through the mail (UPS, FedEx, etc.)?					
Was a proof of Loss submitted?					
<input type="radio"/> Yes <input checked="" type="radio"/> No => If Yes Was it notarized? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROPERTY FRAUD (Check all that apply)					
<input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Auto <input checked="" type="checkbox"/> Homeowners <input type="checkbox"/> Commercial		<input type="checkbox"/> F1 Other <input type="checkbox"/> Workers <input type="checkbox"/> Compensation <input type="checkbox"/> Other			
<input type="checkbox"/> Property Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Property Damage					
<input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Theft/Loss <input checked="" type="checkbox"/> Theft/Loss					
<input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other					
BODILY INJURY / CASUALTY					
<input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Auto <input checked="" type="checkbox"/> Homeowners <input type="checkbox"/> Commercial					
Medical Payments <input type="checkbox"/> Personal Injury <input type="checkbox"/> Personal Injury					
Other <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Other					

