

SUSPECTED INSURANCE FRAUD CITIZEN REPORTING FORM

State of West Virginia
Office of the Insurance Commissioner
Fraud Division
P.O. Box 2901
Charleston, WV 25330-2901

Suspect

Name (First MI Last) _____ Telephone _____

Address _____ Date of Birth _____

City, State, Zip _____ Social Security _____

Prior Claims: Yes No Date of Loss _____

Involvement Insured¹ 3rd Party¹ Provider¹ Claimant¹ Witness¹ Body Shop¹
Non-Suspect Attorney¹ Chiropractor¹ Medical Doctor¹ Law Enforcement¹ Other¹

Details of Suspected Fraud

Name (First MI Last) _____ Telephone _____

Address _____ E-mail _____

City, State, Zip _____

Signature _____

Accredited by the National Association of Insurance Commissioners (NAIC)

REFERRAL NUMBER _____