



Fraud Complaint for Company

Fraud Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2671 | Fraud Hotline 1-800-686-1527 | 614-387-0092 (Fax) | insurance.ohio.gov

Referring Person _____ Insurance Company _____
 Contact Person _____ Address _____
 Telephone _____ City, State Zip _____
 Policy # _____ Date of Loss _____
 Claim # _____ Loss Location/ City, State _____
 Claim Value _____ Was Claim Paid? Yes No
 Law Enforcement Involved Yes No Agency _____
 Contact Person _____ Telephone _____
 List Evidence _____

INVOLVED PERSON(S)

Name (First MI Last) _____ Telephone _____
 Address _____ Date of Birth _____
 City, State, Zip _____ Social Security _____
 Claims History Yes No
 Involvement Insured 3rd Party Provider Claimant
 Witness Suspect Body Shop Non-Suspect Attorney
 Chiropractor Medical Doctor Law Enforcement Other
 Synopsis _____

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Is this information for: Referral or Index Purposes?