Special Investigations Division

PO Box 2901
Charleston, WV
25330-2901
(304) 558-5241
(800) 779-6853
Fax (304) 558-8950
OICFraud@wv.gov
www.wvinsurance.gov

Fraud Complaint For Insurance Company or Agency

Referring Person _____ Insurance Company or Agency _____

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 _____

Date Submitted ☐

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 _____

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 _____

Is this information for: ☐ Referral or ☐ Index Purposes?

Attach additional pages as needed