

State of California CONSUMER INSURANCE FRAUD REPORTING FORM

COI-008 (Rev. 6/2015)

This form is designed to be used by members of the general public and their representatives employed in the insurance industry you must use Form FD-1 to make your report. Unless you are suspected of insurance fraud to the Department of Insurance, no person shall be subject to civil liability for filing a good faith report.

SECTION 1 - REPORTING PARTY

Last Name _____
Email Address _____
Company Name _____
Street Address _____
State _____

Zip Code _____

Anonymous

First Name _____
Date _____
DBA _____
City _____
Contact Phone # _____

SECTION 2 - INSURANCE FRAUD INFORMATION (Please Provide Known Information)

Insurance Company(s) _____
Policy # _____
Date of Loss _____
Location of loss: _____

Is Fraud Still On Going? Yes No

Claim # _____
Zip Code _____

Person listed below is:
Last Name _____
Street Address _____

City _____
 Insured

Claimant

First Name _____
City _____
Phone # _____

Suspect

Zip Code _____

Claimant

DBA _____
First Name _____
City _____

Suspect

Insured

How Do You Report Insurance Fraud

Ying-Ying Zheng



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