Rules of **Department of Insurance**

Division 100—Division of Consumer Affairs Chapter 3—Fraudulent Practices

Title	J	Page
20 CSR 100-3.100	Fraud Investigation Reports	3

Title 20—DEPARTMENT OF INSURANCE

Division 100—Division of Consumer Affairs Chapter 3—Fraudulent Practices

20 CSR 100-3.100 Fraud Investigation Reports

PURPOSE: This rule sets forth the forms to be used in reporting fraudulent insurance acts to the Missouri Department of Insurance under sections 375.991–375.994, RSMo.

- (1) The Fraud Investigation Report (Insurer) form set forth as Exhibit 1 of this rule shall be used by any insurer reporting an allegation of a fraudulent insurance claim to the department. This form also may be used by an insurer seeking the department's assistance in the investigation and prosecution alleged fraudulent insurance claims and other types of fraudulent insurance acts.
- (2) The Fraud Investigation Report (Consumer) form set forth as Exhibit 2 of this rule shall be used by any noninsurer for reporting a fraudulent insurance act to the department.

AUTHORITY: sections 374.045, RSMo 1986 and 375.991, 375.992, 375.993 and 375.994, RSMo Supp. 1990.* Original rule filed Sept. 15, 1992, effective June 7, 1993.

*Original authority: 374.045, RSMo 1967 and 375.991–375.994, RSMo 1990.



Exhibit 1

CONFIDENTIAL

This report and the attached documents are confidential to the extent provided under Section 375.993 of the Revised Statutes of Missouri.

DEPARTMENT OF INSURANCE FRAUD INVESTIGATION REPORT (INSURER)

LIFE GROUP HEALTH AUTO FINE WORKERS COMPENSATION THER (SPECIFY) DETAILS OF COMPLAINT (ATTACH ADDITIONAL SHEETS IF NECESSARY) SIGNATURE OF COMPANY REPRESENTATIVE DATE POSITION PIRE WORKERS WORKERS COMPENSATION OTHER (SPECIFY) AUTO HOMEOWNERS COMPENSATION OTHER (SPECIFY) DATE POSITION POSITION	INSURER REPORTING REQUIREM	IENTS			
Instance act other than a fraudulent insurance claim should check the adjacent box, provide the information required on SIDE 1 of this Report and follow the instructions with appear on the SIDE 2 of this Report. Send this form, along with any attachments to: Consumer Fraud Unit Department of Insurance Department Department of Insurance Department of Insurance Department Department Department of Insurance Department Department Department Department of Insurance Department Dep	should check the adjacent box and Assistance Requested, Claim: Insu RSMo, and who also seek the Dep check the adjacent box, provide the 2 of this Report.	provide the information requir urers who seek to report a su artment's assistance in investi he information required on S	ed on SIDE 1 of this Fraud Inve ispected fraudulent insurance gating and prosecuting the su IDE 1 of this Report <u>and</u> follo	stigation Report. claim in order to satis spected fraudulent insu w the instructions whi	sfy section 375,992, trance claim should ch appear on SIDE
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	SIGNATURE OF COMPANY REPRESENTATIVE	DATE	POSITION		
	MO 375-1785 (2-93)				CA

- A. A cover letter on company stationery must accompany each case submitted for investigation, in addition to this Consumer Fraud Report.
- B. The request for investigation should contain the following information:
 - 1. Full name, date of birth, address and social security number, occupation and employer of the insured
 - 2. Full name, date of birth, address and social security number, occupation and employer of claimant.
 - 3. Date and location of accident, loss or theft.
 - 4. Brief summary of facts relating to the claim. If settled, show amount of settlement.
 - 5. If injury involved, list name and address of each doctor consulted, records of treatments and charges submitted by each doctor.
 - 6. If claimant treated in hospital, list name of hospital, date of admission, and itemized charges.
 - 7. Name and office address of each attorney, date retained, and copies of all demand letters.
 - 8. Narrative statement of reasons why claim is suspected to be fraudulent with documentation.
- C. Attachments
 - 1. Copy of Proof of Loss to your company. If property involved, submit complete description.
 - 2. Copy of Index Bureau Report, if applicable.
 - 3. Copy of the official accident report.
 - 4. Copy of any additional documents that may indicate fraud, such as photographs.
 - 5. Copy of all statements taken. Recorded statements must be transcribed.
 - 6. Copy of coverage analysis.

Please retain all original documents, along with the postmarked envelopes in which they were received, in your claim file.

In some cases it may be necessary for an investigator from the Consumer Fraud Unit to have access to the entire file. In these instances, an official request in writing will be made by this Department to the company's claims manager for the entire file to be forwarded.

Section 375.993.2 RSMo Supp 1991 provides:

2. No insurer, employees or agents of any insurer or any other person acting without malice, shall be subject to civil liability for libel or otherwise by virtue of the filing of reports or furnishing other information requested by this section or required by the Department of Insurance as a result of the authority granted in this section.

MO 375-1785 (2-93)

THIS FORM MAY BE COPIED IF NECESSARY
(SIDE 2)

CA



INSTRUCTIONS

STATE OF MISSOURI DEPARTMENT OF INSURANCE

Exhibit 2

CONFIDENTIAL

This report and the attached documents are confidential to the extent provided under section 375.993 of the Revised Statutes of Missouri.

FRAUD INVESTIGATION REPORT (CONSUMER)

Please complete all items below and enclose copies of any correspondence or other papers which you feel would help th investigation of your complaint. Sign and date at the bottom.
end completed form along with any attachments to:
Consumer Fraud Unit

Department of Insurance P.O. Box 690 Jefferson City, Missouri 65102-0690 Telephone: (314) 751-2640

Telecommunications Device for the Deaf (TDD) Number: (314) 526-4536

		PLEASE PRINT, TYPE OR V	RITE CLEARLY		
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LIFE DH	EALTH LIH	EALTH L.I AUTO			
LIFE GH	EALTH LIH	EALTH L.I AUTO			
LIFE DH	EALTH LIH	EALTH L.I AUTO			
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