SUSPECTED FRAUDULENT CLAIM (SFC) REFERRAL FORM (FD-1) FD-1 (Rev. 6/2015)

Suspected Fraudulent Claim (SFC		CDI USE ONLY				
Referral Form (F	(FD-1)	Case #: County Code:			SFC #:	
			BILE WORKERS' CO JTO FRAUD PROGRAM	MPENSAT	=	
REPORTING REQUIREME	ENTS: Please print legibly or type.	California Insurance	Code (CIC) § 1872.4 requires com	panies license	d to write insurance in California	
submit this form WITHIN 60	<u>0 DAYS</u> after determining that a cla	im appears to be frau	dulent. CIC § 1877.3 further req	uires reporting	g of suspected fraudulent Worke	
Compensation claims to BOT	H the CDI Fraud Division and the lo	•				
			RTY INFORMATION CODE			
FRAUD TYPE CODE:	REPORTING PARTY	CODE:	CHECK ONE: NEW	REFERRAL	☐ AMENDED REFERRAL	
REPORTING PARTY:	mpany Name		Certificate of Auth	ority (CA) #	Self-Insured/TPA#	
ADDRESS:	1 ,	CITY:	S	• • •	ZIP:	
E-MAIL ADDRESS (IF APPI					<u> </u>	
(· —		JRY INFORMATION			
ALLEGED VICTIM:	320	TION II. LOSS/INSC	JKT INFORMATION			
	any Name		Certificate of Author	ity (CA) #	Self-Insured/TPA#	
ADDRESS:		CITY:	S	TATE:	ZIP:	
CLAIM #:	I	POLICY #·	I	DATE OF LOS	S/INJURY:	
<u></u>	WHERE LOSS / INJURY OCCU			01 200		
	WILLE EGGS / EWCKT GCCC		S	TATE:	ZIP:	
				SUSP	ECTED	
PREMIUM LOSS:	POTENTIAL LOSS:		CTUAL PAID		JDULENT	
	LOBB.	TC	DATE:	LOSS	TO DATE:	
SYNOPSIS: State the facts (w	SECTION III. who, what, when, where, how, why) to prior history of fraudulent insur	SUSPECTED FRA	UDULENT CLAIM ACTIVITY	ncluding any i	material misrepresentation(s).	
SYNOPSIS: State the facts (we Provide details regarding an additional summary sheets if no sheet	SECTION III. who, what, when, where, how, why) to prior history of fraudulent insurneeded. documenting the suspected fraudulent to this Form FD-1. Otherwise, a consuspicious activity is related to a magnetic suspicious activity activit	SUSPECTED FRA that support your suspence claim activity be not activity. If a complete copy of your claim or non-natural or natural or natura	udulent claim activity is icion of fraudulent claim activity is y any of the parties. If known, is ete copy of the claim file has been aim file is not required.	ncluding any include releva	the District Attorney's Office,	
SYNOPSIS: State the facts (we provide details regarding an additional summary sheets if not not support the summary sheets if not not support the summary sheets if not	SECTION III. who, what, when, where, how, why) to prior history of fraudulent insurneeded. documenting the suspected fraudulent to this Form FD-1. Otherwise, a consuspicious activity is related to a mail of FLOOD FIRESTORM	SUSPECTED FRA that support your suspence claim activity be that activity. If a complete copy of your claim in the copy of	ete copy of the claim file has been aim file is not required. OTHER NATURAL	ncluding any include releva	naterial misrepresentation(s). nt claim numbers. Attach the District Attorney's Office,	
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SYNOPSIS: State the facts (we provide details regarding an additional summary sheets if not not may include attachments blease attach a complete copy DISASTER CLAIMS: If this EARTHQUAKE	documenting the suspected frauduler to this Form FD-1. Otherwise, a corsuspicious activity is related to a mage FLOOD FIRESTORM SECTION III.	suspected Fra that support your suspected activity be that activity. If a complete copy of your clipson actural or non-nate WIND DN IV. REPORTS T	ete copy of the claim file has been aim file is not required. OTHER NATURAL	ncluding any include relevant include relevant in submitted to that best described in NON-NA	the District Attorney's Office, ibes the related event: FURAL (MAN-MADE)	
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SYNOPSIS: State the facts (w Provide details regarding an additional summary sheets if n You may include attachments please attach a complete copy DISASTER CLAIMS: If this EARTHQUAKE OTHER LAW ENFOR DISTRICT ATTORNE	documenting the suspected frauduler to this Form FD-1. Otherwise, a consuspicious activity is related to a mage of the suspected frauduler to this Form FD-1. Otherwise, a consuspicious activity is related to a mage of the suspicious activity is related to a mage of the	suspected Fra that support your suspected fra that activity. If a complete copy of your classification fra with the complete copy of your classification fra with the complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity be activity to the complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity be activity to the copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity. If a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete copy of your classification fra that activity is a complete cop	ete copy of the claim file has been aim file is not required. OTHER NATURAL OOTHER AGENCIES TINFORMATION PHONE:	ncluding any include relevant includes relevant includ	the District Attorney's Office, ibes the related event: FURAL (MAN-MADE) DATE FORM	

Deferral E	Suspected Fraudulent Claim (SFC)		CDI USE ONLY				
Kelemai Fo	orm (FD-1)	Case #:	Count	y Code:	SFC #:		
		_			ΓΙΟΝ 🔲 SPECIAL OP		
Parties to the Lo	oss/Injury	☐ URBAN A	UTO FRAUD PRO	GRAM L OTH	HER HEALTHCA		
Claim #:		Policy #: Date of Loss/Injury:					
	SECTION VI	. INSURED/EMPLO	YER INFORMATION	(Party A)			
PARTY A.	☐ INSURED [☐ EMPLOYER (CH	HECK ONE/If Workers' (Compensation, must sho	ow employer here.)		
Name:		·		Phone #:			
Address:	t Name				Zip:		
DOB/Age:							
	State: Lice						
DBAs/Multiple N	Jumbers/AKA's:			_ Party Claiming	g Injury: Yes No		
	SECTION VII. OTH	ER PARTIES TO TH	E LOSS/INJURY (Add	ditional Parties)			
PARTY B.	(Enter party code in box)						
Name:				Phone #:			
Las	t Name			MI			
					Zip:		
	State: Lice		State:				
·	Jumbers/AKA's:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	g Injury: Yes No		
•				_ ,			
PARTY C.	(Enter party code in box)						
				Phone #:			
Name:	t Name				7:		
Name: Las Address:	t Name	City:		State:	Zip:		
Name: Las Address: DOB/Age:	t Name	City: SSN:		State:			
Name: Las Address: DOB/Age: DL #:	State: Lice	City: SSN: ense Plate #:	State:	State: State: VIN #:	Zip:		
Name: Las Address: DOB/Age: DL #:	t Name	City: SSN: ense Plate #:	State:	State: State: VIN #:	Zip:		
Name: Address: DOB/Age: DL #: DBAs/Multiple N	State: Lice	City: SSN: ense Plate #:	State:	State: State: VIN #:	Zip:		
Name: Address: DOB/Age: DL #: DBAs/Multiple N PARTY D. Name:	State: Lice Jumbers/AKA's: (Enter party code in box)	City: SSN: ense Plate #:	State:	State: State: Tax ID #: VIN #: Party Claiming Phone #:	Zip:g Injury:		
Name: Address: DOB/Age: DL #: DBAs/Multiple N PARTY D. Name: Las	State: Lice Lice Jumbers/AKA's: (Enter party code in box)	City: SSN: ense Plate #:	State:	State: Tax ID #: VIN #: Party Claiming Phone #:	Zip: Zip:		
Name: Address: DOB/Age: DL #: DBAs/Multiple N PARTY D. Name: Las Address:	State: Lice Jumbers/AKA's: (Enter party code in box)	City: SSN: ense Plate #: First Name City:	State:	State: Tax ID #: VIN #: Party Claiming Phone #: State:	Zip: Zip: Yes		
Name: Address: DOB/Age: DL #: DBAs/Multiple N PARTY D. Name: Las Address: DOB/Age:	State: Lice Jumbers/AKA's: (Enter party code in box)	City: SSN: ense Plate #: First Name City: SSN:	State:	State: Tax ID #: VIN #: Party Claiming Phone #: MI State: Tax ID #:	Zip: Zip:		
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Name: Address: DOB/Age: DL #: DBAs/Multiple N PARTY D. Name: Las Address: DOB/Age: DL #: DBAs/Multiple N PARTY E. Name: Las	State: Lice Jumbers/AKA's: [(Enter party code in box) Name	City: SSN: ense Plate #: First Name City: SSN: ense Plate #: First Name City: City:	State:	State: Tax ID #: VIN #: Party Claiming Phone #: Tax ID #: VIN #: Party Claiming Phone #: Tax ID #:	Zip: Yes		

FD-1 (Rev. 6/2015)

SFC)	CDI USE ONLY				
Case #:	County Code:	SFC #:			
URBAN A	UTO FRAUD PROGRAM	OTHER HEALTHCARI			
Policy #:	Policy #: Date of Loss/Injury:				
II. OTHER PARTIES TO TH	E LOSS/INJURY (Additional Par	rties)			
x)					
	Pho	one #:			
		te: Zip:			
		y Claiming Injury: ☐ Yes ☐ No			
x)					
	Pho	one #:			
First Name	MI Stat	te: Zip:			
		x ID #:			
<u></u>					
	Party	Claiming Injury: Yes No			
	Party	y Claiming Injury: Tes No			
x)		Claiming injury.			
x)		one #:			
X) First Name	Pho MI	one #:			
x) First Name City:	Pho MI Stat	one #: te: Zip:			
First Name City: SSN:	Pho MI Stat Tax	one #: te: Zip: x ID #:			
First Name City: SSN: License Plate #:	Pho Stat State: VIN	one #: te: Zip: x ID #:			
First Name City: SSN:	Pho Stat State: VIN	one #: te: Zip: x ID #:			
First Name City: SSN: License Plate #:	Pho Stat State: VIN	one #: te: Zip: x ID #:			
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