

Insurance Fraud Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Insurance Fraud Claim

Dear Claims Department,

I am writing to formally submit a claim regarding suspected insurance fraud associated with policy number [Insert Policy Number].

Details of the suspected fraud include:

- Nature of the fraudulent activity: [Description]
- Date of incident: [Insert Date]
- Individuals involved: [Names or descriptions]
- Location of incident: [Insert Location]

I have enclosed copies of any relevant documents, including [list documents such as police reports, invoices, photographs, etc.].

I urge you to investigate this matter thoroughly and take appropriate action. Please keep me informed of any developments regarding this claim.

Thank you for your immediate attention to this serious issue.

Sincerely,

[Your Name]