CONFIDENTIAL

FOR REPORTING BY INSURANCE COMPANIES ONLY

INVESTIGATION REQUEST PER NRS 686A
INSURANCE FRAUD UNIT
Bureau of Criminal Justice
555 E. Washington Avenue, #3900
Las Vegas, NV 89101
(702) 486-3420

Date: _____

Referring Person	**Name of Insurance Co.**
Signature of Referring Person	**Address**
Telephone No.	**City/State Zip**

CLAIM NO._____ POLICY NO._____

WHERE WAS CLAIM FILED?_____

TYPE OF COVERAGE: ___AUTO ___HEALTH ___RENTAL
___BUSINESS ___HOME OWNER ___SELF-INSURED
___DISABILITY ___LIFE ___OTHER_____

DATE OF LOSS_____ LOCATION OF LOSS_____
CLAIM AMOUNT_____ AMOUNT PAID_____ AMOUNT DENIED_____

REASON FOR REFERRAL

PLEASE BE SPECIFIC: (Print or Type)

POSSIBLE RING/
ORGANIZED ACTIVITY ☐ YES ☐ NO

CHECK HERE IF FOR INFORMATION ONLY ☐

LAW ENFORCEMENT AGENCY:	*REPORTING OFFICER :*
DATE OF REPORT:	**REPORT NO.:**

CLAIMANT INFORMATION	*CLAIM HISTORY* ☐ *YES* ☐ *NO*
Name of **INSURED**	Social Security No.
Address	Date of Birth
City/State	Occupation
Telephone No.	
Name of **CLAIMANT**	Social Security No.
Address	Date of Birth
City/State	Occupation
Telephone No.	
OTHER PARTIES INVOLVED:	**OTHER PARTIES INVOLVED:**
Name	Name
Address	Address
City/State	City/State
Telephone No. SS#	Telephone No. SS#

USE BACK OF FORM IF ADDITIONAL SPACE IF NEEDED

PLEASE INCLUDE ANY ADDITIONAL INFORMATION OR DOCUMENTS THAT MAY SUPPORT THIS REQUEST.

FOR DIVISION USE ONLY

Investigator_____

Case Number_____

Case Type_____