Insurance Fraud Coordination Office
Garda National Economic Crime Bureau
Clyde House
IDA Blanchardstown Business & Technology Park
Snugborough Road
Dublin 15 | D15 Y6NT

Office Use Only: Garda reference No: _____

Complete by email only to GNECB.IFCO@Garda.ie

Garda General Insurance Fraud Report
Form IFCO 3

Reporting Organisation

Organisation Name			
Reference number			
Office Address			
Phone		**Mobile**	
E-mail			
Reporting Person			
Office address			
Phone		**Mobile**	
E-mail			
Liaison Person			
Office address			
Phone		**Mobile**	
E-mail			

Location of Incident

Registered Name of business/shop/ factory/office/etc.	
Full Address Incl. Post Code	
Type of place (E.g. street, road, shop, factory, office, activity centre, school, shopping centre, car park, etc.)	

Details of incident

Date		
Time		
Nature of claim for compensation		
CCTV available	Yes ☐	No ☐
Was incident witnessed	Yes ☐	No ☐

Brief summary of how the incident occurred. Outline why fraud is suspected and the evidence to support the suspicion.

(Keep this section short and attach a full report outlining all details of what has occurred, the subsequent investigation, your allegations and the evidence available to support them)

Insurance Company

Incident reported to Insurance Company	Yes ☐	No ☐
Name of Insurance Company *(if different to Reporting Organisation above)*		
Date Reported		
By whom reported?		
**Attach copy of report or narrative of oral/telephone reports to the Insurance Company*		
Any other information:		

Compensation

Has compensation been paid to any party?	Yes ☐	No ☐
**If yes, confirm amounts in the relevant Person Details section*		

Court Proceedings

Has this case been finalised in Court?		Yes ☐	No ☐
Court Name & Date			
**If case heard, attach report on the result as an appendix or judgement if available*			
If case not finalised, have proceedings been initiated?		Yes ☐	No ☐
**Attach affidavits and statement of claims if available as an appendix*			
Court Name & Date			
Any other information:			

Person Section

Please provide details of <u>all</u> claimants involved. ***(Complete extra form if more than 1 person involved)*.**

Person 1

Name		
Gender		
Address		
Date of birth		
Nationality (if known)		
Identity docs available	Yes ☐	No ☐
Mobile Phone		
Email		
Loss Assessor		
Loss Assessor Address, Phone, Email		
Solicitor		
Solicitor Address, Phone, Email		
Relationship, if any, with other claimants or persons involved		
Has compensation been paid? Outline how much & when paid		
History of Previous claims?	Yes ☐	No ☐
**If yes, provide claims history in separate document*		

Documentary Evidence

Please include all relevant documents as attachments when emailing this form. Number, reference and name them appropriately

(Example: 'Appendix A. Medical Report of Joe Bloggs' 'Appendix B. IRB Application of Joe Bloggs' 'Appendix C. Personal Injury Summons' etc. etc.)

Check list of documents:

No	Description of document	Yes / No
1	Report of Insurance investigator	
2	Copy of Insurance claim form	
3	Statements – (if yes, list in **Other documentary / relevant evidence** below)	
4	Affidavits – (if yes, list in **Other documentary / relevant evidence** below)	
5	Engineers/expert report on the scene	
6	CCTV	
7	Surveillance evidence/report	

Other Documentary / Relevant Evidence:

Additional Information: