

Insurance Fraud Liaison Office
Garda National Economic Crime Bureau,
Harcourt Square,
Harcourt Street,
Dublin 2.
D02 DH42.



Office Use: Garda reference No: _____

Garda General Insurance Fraud Report
Other than Personal Injury claims
Form IFCO 3

Reporting Organisation

Organisation Name	
Organisation reference No	
Office Address + Post Code	
Phone	
Email	

Reporting Person

Reporting Person	
Office Address + Post Code	
Phone	
Mobile	
Email	

Insurance Company

Name	
Office Address + Post Code	
Phone / Mobile	
Email	
Insurance Co Reference No	

Location of Incident

Name if a business / shop / factory / office / etc	
Address + Post Code	
Type of place (e.g. street, road, shop, factory, office, activity centre, school, shopping centre, car park, private house/home other (if other describe)	

Details of incident

Date	
Time	
Compensation claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of claim for compensation	
CCTV available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was incident witnessed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of Claimant

Name	
Address + Post Code	
Phone	
Mobile	
Email	
Describe the claim as set out by the claimant including amount of compensation claimed	

Description of Incident

Describe how incident occurred, as per claimant, as per witnesses (state if witness is associated with the injured person), as per expert/s, as per CCTV footage (if any).

Outline why it is suspected to be insurance fraud and evidence to support the suspicion (Attach more detailed report as appendix if necessary)

Documentary Evidence

No	Description of document	Yes / No
1	Statements – (if yes, list in Other documentary /available relevant evidence below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Affidavits – (list in, Other documentary /available relevant evidence below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Engineers/export report on the scene	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Photographs	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Report of Insurance Investigator	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other documentary /available relevant evidence

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Any other relevant information

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