

# Combating Auto Insurance Fraud

Insurance fraud, simply put, is lying to an insurance company to get money. There are several types of auto insurance fraud:

- “Padding” a claim, faking an injury or giving other false information following a “real” accident.
- Filing multiple claims on a single accident.
- Filing a claim on an auto accident that never happened – sometimes called a “ghost hit and run” or “paper accident.”
- Falsely claiming to be a passenger in a car during an accident and filing an injury claim. This is called a “jump-in” accident.
- Staging an accident with an accomplice or accomplices.
- Deliberately causing an accident involving an innocent driver. Some variations are:
  - The “T-bone” accident, where the crooks wait at an intersection to hit the target car from the side. “Witnesses” are standing by to swear the victim ran a stop sign or red light.
  - The “swoop and squat” or “stop and squat” where the perpetrators deliberately cause a rear-end collision.



You can help combat auto fraud by taking these actions:

- Avoid being a target — don’t tailgate and keep your vehicle from drifting into another lane, especially when there are two left-turning lanes.
- Stay alert at intersections.
- Don’t signal you have insurance by putting an insurance company decal or sticker on your car.
- Contact the police if you are involved in an accident even if it’s minor.
- Write down detailed information including names and addresses of those involved, license numbers, insurance company information, and the *number* of passengers in the other cars.
- Call your insurance company immediately if you are involved in an accident.
- Report any attempts to involve you in a scam.
- Contact the police if you witness an accident.



Kentucky Public Protection Cabinet  
Department of Insurance  
P.O. Box 517, Frankfort, KY 40602-0517  
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# Information you should gather after an accident

Date/time of the accident \_\_\_\_\_ Location \_\_\_\_\_

Police dept. responding \_\_\_\_\_ Officer's name and phone # \_\_\_\_\_

Case number \_\_\_\_\_ Tickets issued \_\_\_\_\_

## Owner and Driver of Other Vehicle

Owner of vehicle \_\_\_\_\_ Driver of vehicle \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance company \_\_\_\_\_ Driver's license # \_\_\_\_\_

Policy # \_\_\_\_\_ Injuries \_\_\_\_\_

Agent's name \_\_\_\_\_ Insurance company \_\_\_\_\_

Vehicle year, make & model \_\_\_\_\_ Policy # \_\_\_\_\_

Vehicle ID \_\_\_\_\_ Agent's name \_\_\_\_\_

License plate # \_\_\_\_\_

## Passengers

### Number of passengers in other vehicle

Passenger (other vehicle) \_\_\_\_\_ Passenger (your vehicle) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Injuries \_\_\_\_\_ Injuries \_\_\_\_\_

Passenger (other vehicle) \_\_\_\_\_ Passenger (your vehicle) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Injuries \_\_\_\_\_ Injuries \_\_\_\_\_

Passenger (other vehicle) \_\_\_\_\_ Passenger (your vehicle) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Injuries \_\_\_\_\_ Injuries \_\_\_\_\_

## Independent Witnesses

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_