

Insurance Fraud Coordination Office
Garda National Economic Crime Bureau,
Harcourt Square,
Harcourt Street,
Dublin 2.
D02 DH42.
Office Use: Garda reference No: _____



Garda Motor Insurance Fraud Report
Form IFCO 1

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			

Details of Collision

Date			
Time			
Location			
Number of vehicles involved			
Personal Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	No of claims	
Gardaí attended scene (tick as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Garda Name	Station		
Garda Pulse incident number (if known)			
<p>Brief description of how the collision occurred. Include number of passengers in each vehicle. Outline why Fraud is suspected and the evidence to support the suspicion.</p>			

Personal Injury Assessment Board

Claim processed via PIAB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date claim submitted to PIAB (if known)		
PIAB reference number (if known)		
Compensation paid as recommended by PIAB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach report claimant made to PIAB if available.		

Insurance Company

Collision reported to Insurance Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Insurance Company (if different to Reporting Organisation above)		
Date Reported		
By whom reported?		
Attached copy of report or narrative of oral/telephone reports to the Insurance Company		
Any other information:		

Compensation

Compensation paid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, confirm amounts in the relevant Person Details section		

Court Proceedings

Has this case been heard in Court	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Court Date		
If case heard, attach report on the result as an appendix or judgement if available		
If case not heard, have proceedings been initiated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach affidavit/s and statement of claim/s if available as an appendix		
Affidavits attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Vehicle Section

(Complete extra form if more than 2 vehicles involved).

Vehicle 1

Vehicle Registration number			
Make		Model	
Colour			
Value (as on Insurance policy)			
Insured by:			
Policy Number			
Policy commencement date			
Policy end date			
Describe Damage to vehicle			
Is there an Engineers report on damage to vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Report available on the scene of the collision?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver name			
Passenger name - front seat*			
Passenger name - rear seat – (left if known)*			
Passenger name - rear seat - (middle if known)*			
Passenger name - rear seat – (right if known)*			

Vehicle 2

Vehicle Registration number			
Make		Model	
Colour			
Value (as on Insurance policy)			
Insured by:			
Policy Number			
Policy commencement date			
Policy end date			
Describe Damage to vehicle			
Is there an Engineers report on damage to vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Report available on the scene of the collision?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver name			
Passenger name - front seat*			
Passenger name - rear seat – (left if known)*			
Passenger name - rear seat - (middle if known)*			
Passenger name - rear seat – (right if known)*			

Person Details

Person 1

Name		
Gender		
Address		
Date of birth		
Nationality (if known)		
Identity docs available, Yes / No?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile Phone		
Email		
Vehicle associated: Reg No.		
Role in vehicle (i.e. driver, passenger)		
Pedestrian		
Cyclist		
Personal Injury claim submitted, Yes / No?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nature of injuries		
Medical Report, Yes / No?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Doctor		
Doctors address (if known)		
Solicitor		
Solicitor address, phone, email		
Relationship if any of this person with other claimants or persons involved		
Previous claims, Yes / No*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If yes, provide details in separate document		

**Outline version of the collision as given by this person to Garda, Insurance investigator or attached copies of claim form made to PIAB, Insurance, affidavit or statement.
Attach additional report is necessary.**

Person 2

Name	
Gender	
Address	
Date of birth	
Nationality (if known)	
Identity docs available, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	
Email	
Vehicle associated: Reg No.	
Role in vehicle (i.e. driver, passenger)	
Pedestrian	
Cyclist	
Personal Injury claim submitted, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of injuries	
Medical Report, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctor	
Doctors address (if known)	
Solicitor	
Solicitor address, phone, email	
Relationship if any of this person with other claimants or persons involved	
Previous claims, Yes / No*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, provide details in separate document	

**Outline version of the collision as given by this person to Garda, Insurance investigator or attached copies of claim form made to PIAB, Insurance, affidavit or statement.
Attach additional report is necessary.**

Person 3

Name	
Gender	
Address	
Date of birth	
Nationality (if known)	
Identity docs available, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	
Email	
Vehicle associated: Reg No.	
Role in vehicle (i.e. driver, passenger)	
Pedestrian	
Cyclist	
Personal Injury claim submitted, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of injuries	
Medical Report, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctor	
Doctors address (if known)	
Solicitor	
Solicitor address, phone, email	
Relationship if any of this person with other claimants or persons involved	
Previous claims, Yes / No*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, provide details in separate document	

**Outline version of the collision as given by this person to Garda, Insurance investigator or attached copies of claim form made to PIAB, Insurance, affidavit or statement.
Attach additional report is necessary.**

Person 4

Name	
Gender	
Address	
Date of birth	
Nationality (if known)	
Identity docs available, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	
Email	
Vehicle associated: Reg No.	
Role in vehicle (i.e. driver, passenger)	
Pedestrian	
Cyclist	
Personal Injury claim submitted, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of injuries	
Medical Report, Yes / No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctor	
Doctors address (if known)	
Solicitor	
Solicitor address, phone, email	
Relationship if any of this person with other claimants or persons involved	
Previous claims, Yes / No*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, provide details in separate document	

**Outline version of the collision as given by this person to Garda, Insurance investigator or attached copies of claim form made to PIAB, Insurance, affidavit or statement.
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Documentary Evidence

Check list of documents

No	Description of document	Yes / No
1	Copy of Insurance Personal Injury claim form	
2	Copy of PIAB claim form	
3	Medical Report	
4	Statements – (if yes, list in Other documentary / relevant evidence below)	
5	Affidavits – (list in, Other documentary / relevant evidence below)	
6	Engineers report on damage to vehicles	
7	CCTV	

Other Documentary / Relevant Evidence

Additional Information

