

More Than Just Insurance.



PRC Fraud Reporting Form

Please submit your report by faxing to **732-378-4550**. We appreciate your assistance.

Your Name (optional): _____

Your Daytime Telephone (optional): _____

Your Email Address (optional): _____

Your County or Zip Code (optional): _____

Name of Person or Organization Committing
Insurance Fraud: _____

Their Date of Birth: _____

Their Address: _____

Their Employer: _____

Employer's Address: _____

Location of Fraudulent Activity: _____

Date(s) of Fraud: _____

Time(s) of Fraud: _____

Insurance Company: _____

Policy Number: _____

Claim Number: _____

Vehicle Registration Number: _____

Vehicle Type: _____

In your own words, describe in as much detail as possible, what a person or business did to commit insurance fraud: _____

