

## Appendix E

### REQUEST FOR INFORMATION HELD BY THE POLICE WHERE THERE IS EVIDENCE TO SUSPECT A FRAUDULENT INSURANCE CLAIM

#### Details of Insurer/Loss adjuster to who response should be sent

Name:

Address:

If request is from a Loss adjuster details of insurer on whose behalf the Loss adjuster is working

Name:

Address:

#### Constabulary

To:

I am making enquiries, which are concerned with the investigation of a fraudulent insurance claim, which is a criminal offence. Disclosure of information for this purpose is permitted under Section 29(3) of the Data Protection Act 1998 on a case-by-case basis where failure to disclose would lead to a crime being committed.

Ref No:

Nature of enquiry and information requested

Summary of existing evidence to suspect a fraudulent insurance claim has been made.  
(To be supplemented by copies of documentation)

#### Declaration

I confirm that the personal data requested is required for this purpose and failure to provide the information will, in my view, be likely to prejudice my investigation.

Name:

(block capitals)

Post:

Department:

\*Signed:

Date:

#### Supervisory signature

Name:

(block capitals)

Post:

\*Signed:

Date:

Under the terms of the Information Sharing Memorandum of Understanding between the Police Service and the Insurance Industry, any further evidence of criminal conduct obtained by the Insurance Industry as a result of the disclosure requested, must be notified to the appropriate Police Force to enable that Force to consider criminal proceedings.

**COPY TO BE KEPT ON FILE**