

# Combating Auto Insurance Fraud

**I**nurance 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:
  - à *The “T-bone” accident, where the crooks wait at an intersection to hit the target car from the side*
  - à *“Witnesses” are standing by to swear the victim ran a stop sign or red light.*
  - à *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  
**800-595-6053 (in KY); 502-564-3630 (out of state); TDD: 800-648-6056**  
<http://insurance.ky.gov/>

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**TEAM**  
**KENTUCKY**

# 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 # _____