

**Guidelines for the Reporting
Of Suspected Fraudulent
Insurance Claims
by**

INSURANCE ENTITIES

to

AN GARDA SÍOCHÁNA

Revised September 2018



An Garda Síochána

GUIDELINES FOR THE REPORTING OF SUSPECTED FRAUDULENT INSURANCE CLAIMS TO AN GARDA SÍOCHÁNA BY INSURANCE ENTITIES



The following procedures for the reporting and investigation of suspected insurance fraud by insurance entities have been drawn up and agreed between the Garda National Economic Crime Bureau (GNECB) and Insurance Ireland. Other relevant bodies such as the Self-Insured Taskforce and the State Claims Agency were consulted with during the formulation process and have also indicated that they intend to adhere to these guidelines. The implementation and effectiveness of these guidelines will be monitored by the GNECB through consultation with users of the guidelines.

HOW ARE FORMAL COMPLAINTS TO BE MADE?

- All formal complaints of insurance fraud should be reported in the first instance to the Garda Superintendent in whose District the offence is alleged to have been committed for assessment and/or investigation. The majority of complaints of this nature should fall into this category. Reports of suspected insurance fraud arising from a previously reported complaint such as a burglary or a traffic accident should also be reported in this manner.
- Serious allegations of insurance fraud should also be copied to the Detective Superintendent at the GNECB by emailing gnecb.districtoffice@garda.ie marked 'for consideration' as well as being reported locally.
- Other allegations of insurance fraud should be copied to the Detective Superintendent at the GNECB by emailing gnecb.districtoffice@garda.ie marked 'for intelligence purposes' only as well as being reported locally.
- The Garda Website (www.garda.ie) has details of all Garda Stations and Garda Districts in the country for reporting purposes. Each Garda District is under the control of a Garda Superintendent who is based at the District Headquarters station.
- When considering the location of an alleged offence, insurance entities should consider the facts of the case. For example, an offence of deception relating to an exaggerated claim takes place where the matter was reported by the claimant or where evidence was given in court rather than at the scene of the accident relating to the claim.

WHAT CONSTITUTES A SERIOUS CASE OF INSURANCE FRAUD?

- GNECB investigates the more serious types of economic crime and has a national brief. Serious instances of insurance fraud which reach a certain criterion will be investigated by GNECB or investigated locally with the assistance of GNECB.
- While it is difficult to lay down a precise definition of what amounts to a more serious case of insurance fraud, the following criteria should be considered when making a complaint:
 1. The monetary value of the fraud;
 2. The geographical spread of the allegations;
 3. The number of suspects;
 4. The complexity of the allegations; and
 5. The number of previous incidents or claims linked to the claimant.
- District Superintendents will liaise with Detective Superintendent, GNECB in respect of the assessment of more complex reports of insurance fraud.
- The decision on whether to investigate cases of this nature after assessment rests with the District Superintendents and the Detective Superintendent GNECB in cases that reach a certain criterion. In that context when making complaints, insurance entities should ensure that they provide the best evidence identifying criminality from the outset.

WHAT SHOULD BE INCLUDED IN THE FORMAL REPORT?

The formal report should be in writing and outline the events giving rise to the suspicion of fraud. The events should be laid out in chronological order and be reported as soon as possible after the event. The formal report should contain all relevant information surrounding the case. This should include the nature of the allegations being made, including the full name, address and date of birth of the claimant. The report should also include:

1. All available details of any other parties suspected of involvement in the alleged fraudulent claim(s), including the reasons for suspicion;
2. A brief summary of the allegations including the value of the claims with relevant dates;
3. A full description of the nature of the claim and the circumstances surrounding it. This should include full details of any investigation already taken by the insurance entity; loss adjusters or anyone acting on their behalf;
4. Copies of all relevant documents including copies of any available photographs and independent reports, each individually numbered and identified in the summary;
5. Names and addresses of all witnesses identified;
6. Details of any previous claims known to have been made to any insurance entity;
7. The name of the senior liaison person in the insurance entity who will liaise with the investigating Garda.

Delays in reporting a suspected fraud may result in the loss of evidence and assist the person who is alleged to have committed the offence. Therefore, a preliminary report should be made before the formal report if this situation exists.

WHO IS RESPONSIBLE FOR RECORDING AND ACKNOWLEDGING COMPLAINTS?

- The responsibility for recording formal complaints of insurance fraud on the Pulse system rests with the local Garda Superintendent where the complaint is lodged.
- Similarly, the responsibility for acknowledging such formal complaints of insurance fraud also rests with the local Garda Superintendent.

WHAT STEPS ARE TAKEN ON RECEIPT OF A COMPLAINT?

- Where a formal complaint has been made by an insurance entity the relevant Garda Superintendent will arrange to have the complaint assessed which may include investigators communicating with employees of the complainant entity to verify the facts.
- After completion of the assessment process, the relevant Superintendent will consider the matter and decide if a Garda investigation is warranted.
- This decision will be communicated to the insurance entity concerned as soon as possible.
- Should an investigation be undertaken, the investigating Garda will then contact the insurance entity concerned to arrange for a detailed statement of complaint.
- Where, following investigation, investigating Gardaí refer a case to the Office of the Director of Public Prosecutions (DPP), the final decision as to whether criminal charges are to be brought will be taken by the DPP.
- Prosecutions initiated by the Garda Síochána in less serious cases before the District Court are brought in the name of the DPP. The Garda Síochána must comply with directions given by the DPP in this regard and the DPP may take carriage of a prosecution initiated by the Garda Síochána at any time.

WHAT SHOULD THE INSURANCE ENTITY DO?

- The insurance entity should nominate a senior person responsible for the management of the case to whom the Gardaí can refer if necessary. It is envisaged that each entity will channel all such referrals through one individual who has the expertise required to handle them.
- Once the complaint has been reported to the Gardaí for investigation, the entity should provide full assistance to the Gardaí as required, and be prepared to follow the case through to prosecution. This may involve the giving of evidence in court by witnesses from the insurance entity.
- All original documents should be identified, handled with care and stored in a safe place.
- The insurer should be prepared to supply all original documents to the Gardaí on request.
- Wherever possible the gathering of evidence should be carried out by persons who are familiar with the rules of evidence in criminal cases and have expertise in criminal investigations.
- Where there is nobody within the organisation with this knowledge or expertise then the person dealing with the case should consult with the Gardaí at an early stage for advice and guidance. Insurance entities without a specific fraud investigation department may find that the evidential qualities of their reports can be improved by using nominated staff who have received training in this area.

EVIDENCE MUST BE HANDLED WITH CARE

It is vital that all evidence is properly preserved and made available to the investigating Gardaí. In recent years' great advances have been made in the field of forensic science and it is now possible to glean valuable evidence from an expert forensic examination of documents.

Forensic tests include:

- Fingerprint analysis
- Identifying alterations
- Identification of handwriting
- Identifying indentations
- Comparison of inks
- DNA analysis

IMPORTANT RULES TO ADOPT WHEN HANDLING EVIDENCE:

- ✓ Suspects should not be given access to documents or other evidence uncovered in the case.
- ✓ Preserve documents in the same state as you find them.
- ✓ Avoid unnecessary handling.
- ✓ Place each document in a clear plastic envelope.
- ✓ Ensure no unauthorised access to the document is permitted.
- ✓ No pencil or other marks should be made to the original document.
- ✓ The fewer people who have access to the document the better.
- ✓ Original documents will be required by the Gardaí wherever possible.
- ✓ A careful note should be maintained of the movements of all documents which may be required for production as evidence in court.
- ✓ Details of payments made on foot of fraudulent claims will be required including original cheques where available.
- ✓ Everything, no matter how insignificant it may appear should be documented. Details can be crucial – you can never take too many notes but you can often take too few.
- ✓ Notes made contemporaneously may be used as a “memory jogger” while giving evidence in the event that the case results in a prosecution. So it is important to make notes at every stage of the investigation.



Insurance Ireland, Insurance Centre,
5 Harbourmaster Place,
IFSC, Dublin 1, D01 E7E8

T: 01 676 1820
F: 01 676 1943
E: info@insuranceireland.eu
www.insuranceireland.eu
Insurance Confidential: 1890 333 333



Garda National Economic Crime
Bureau, Harcourt Street,
Dublin 2, D02 DH42

T: 01 666 3776
F: 01 666 3798
E: gnecb.districtoffice@garda.ie
www.garda.ie