

Potential Fraud Submittal Form



Please submit this form to the following email: CALiberty_Investigations@libertymutual.com

Data Protection Guidance for Completing this Form:

The Company does not wish to collect sensitive personal data about you or others through this form. If your disclosure mentions an individual, please **do not include any sensitive personal data about you or another person**: this means information about (a) racial or ethnic origin, (b) political opinions, (c) religious or similar beliefs, (d) trade union membership or local equivalent, (e) physical or mental health or condition, (f) sexual life, (g) criminal offences (actual or alleged) or (h) proceedings or sentences relating to any criminal offences.

The customer's personal data elements should be limited to what is requested below, which will be used for investigation purposes.

Date:	
Reporting Agency:	
Reporting Agent:	
Customer's information: (Name, address & phone #)	
Policy number:	
Policy type:	
Claim number: (If applicable)	
Details of the concern:	
Attachments:	(Please attach to the email any pertinent and relevant information)