|  |  |  |  |
| --- | --- | --- | --- |
| Appendix F: RESPONSE FORM | | | |
| Logo, company name  Description automatically generatedLogo  Description automatically generated  **DISCLOSURE OF INFORMATION TO THE INSURANCE INDUSTRY BY THE POLICE WHERE THERE IS EVIDENCE TO SUSPECT A FRAUDULENT INSURANCE CLAIM** | | | |
| **OFFICIAL – S E N S I T I V E** | | | |
|  | | | |
| **Details** | | | |
| **From:** | (Constabulary) | | |
| **To** | (Insurer/loss adjuster) | | |
| **Address:** |  | | |
| I am in possession of information which leads me to believe that this individual is intending to attempt commit fraud, contrary to Section 1 Fraud Act 2006. I am disclosing this information for you as the Insurer to assist with this investigation and any subsequent prosecution. I confirm that if this personal data is not disclosed I will be unlikely to conclude my investigation.  This is a criminal offence and disclosure of information for this purpose on a case-by-case basis to prevent or detect crime is permitted under the Data Protection Act 2018 & UK GDPR.  **The information attached hereto is:** | | | |
|  | | | |
| **THIS INFORMATION SHOULD BE HELD IN CONFIDENCE AND ONLY USED FOR THE GROUNDS SET OUT ABOVE IT SHOULD NOT BE DISCLOSED WITHOUT THE CONSENT OF THE CONSTABULARY.** | | | |
| **Signature** | | | |
| **Name:** (block capitals) |  | | |
| **Post:** |  | **Department:** |  |
| **\*Signed:** |  | **Date:** |  |
|  |  |  |  |
| **Countersigned** (Supervisory officer) | | | |
| **Name:** (block capitals) |  | | |
| **Post:** |  | | |
| **\*Signed:** |  | **Date:** |  |
|  |  |  |  |

Under the terms of the Information Sharing Agreement 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**