

## Fraud Policy

LMIS Global (Europe) B.V. endeavours to represent your interests as best as possible, but unfortunately this trust is sometimes damaged by a small group of customers. An investigation into insurance fraud showed that one in three people indicate that they have committed insurance fraud. This has major consequences, not only for us, but also for you as a customer.

### What do we mean by fraud?

By fraud we mean: 'deliberately harming an insurer in order to benefit (or have someone else) benefit financially'.

Examples of fraud are:

- Claiming for more than was stolen.
- Specifying a higher amount than the damage suffered.
- After a rejected damage report, submitting the same damage report again with a different story.
- Forging an invoice.
- Staging a burglary.

We carefully record every damage report to avoid misunderstandings. If we think something is not right, we are obliged to investigate this or have it investigated.

### Measures

If fraud is involved, we can take a number of measures, for example:

- Not to compensate a damage.
- Have a paid claim reimbursed.
- Charge additional costs incurred.
- Cancel an insurance policy.
- Terminate our relationship with the fraudster by cancelling all the insurance policies.
- Reporting fraud on the Warning List (registration of the Central Information System Foundation). This is used to warn other insurers which makes it more difficult for the fraudster to insure themselves at the normal premium.
- Report it to the police.

## Active Fraud Prevention

Research shows that almost everyone believes that they should not be the victims of insurance fraud.

If we suspect insurance fraud, we will immediately inform the customer and ask for additional information to rule out this suspicion.



