

INDICATORS FOR RECOGNISING SUSPICIOUS TRANSACTIONS FOR INSURANCE COMPANIES

1. Payments of insurance premiums in large amounts on an annual basis or in a lump sum.
2. Large premiums are paid for several insurance policies, especially when the policies are concluded in a short period of time, or are paid for by “old savings” bonds
3. Suspicion that insurance policies have been concluded in false names, in other persons’ names, or with false addresses.
4. One person appears to be the holder of a large number of policies issued by different insurance companies, especially if the contracts are concluded in a short period of time.
5. Insurance contract is frequently modified by the holder requesting a larger premium, payments in a lump sum, or payments on an annual basis rather than on a monthly basis.
6. Cancellation of insurance policies shortly after the contract is concluded, especially when large premiums are involved.
7. Companies holding insurance policies for their employees pay unusually large insurance premiums, or cancel the policies immediately after the conditions for early redemption are met.
8. Companies purchase insurance policies for their employees, the number of employees being fewer than the number of policies purchased; policies are issued to persons who are not employed by the company.
9. Insurance contract is concluded by a person with a bad reputation for illegal activities in the past, or a person that may be associated with another person having a bad reputation.
10. Insurer or insurance holder insists that the transaction is held secret, i.e. not to report the amount of the premium or insurance sum to the Administration for the Prevention of Money Laundering, despite the legal obligation of the insurer to do so. Attempt to persuade the insurance agent through kind words or bribery to act in the client’s best interest contrary to the law.
11. Policy holder cites another person in the policy, to whom he/she is not related.