

We lead the collective fight against insurance fraud and serve as the industry's data hub for comprehensive fraud intelligence and analytics. We'll help you protect your customers, reduce fraud-related costs and strengthen public trust in the insurance sector.

Contact us

To find out more about the IFB please contact:
info@insurancefraudbureau.org



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Enabling you to make informed decisions

With our unique breadth of industry data, analytics and intelligence sharing, we help our members, and the wider insurance industry, better understand their exposure to insurance fraud. This enables you to make effective and efficient decisions on suspected fraud cases.

Helping you understand your exposure to insurance fraud

You want full knowledge of your relative exposure to insurance fraud so you can take the necessary action.

Our analysis and alerts keep you informed of emerging fraud threats, allowing you to put proactive measures in place to stay one step ahead of fraudsters.

And our annual Strategic Threat Assessment integrates your insights, intelligence and operational activity into a single industry view, enabling you to plan effectively and take any necessary action.

Enhancing your detection ability

Having access to fraud data from across the insurance industry will help you manage more fraud impacting your business.

The IFB aggregates fraud data from across the insurance industry using multiple databases alongside insurer intelligence. With our unique, consolidated data, you can search for and find connections to insurance fraud, which you can add to your own systems.

We also triage potential risks raised by the public and pass this information on to you.

Helping you make decisions

Our data, analytics and intelligence products equip members make informed decisions along the lifecycle of policy and claim investigations.

We enable you to identify organised fraud patterns not visible to individual insurers, aiding decisions on cases as they progress.

And through our singular industry-wide view, tailored fraud insights, facilitated forums and unparalleled intelligence sharing between members, we help you manage specific fraud threats, and contribute to tackling crime in a regulated and compliant way.



How our technology tools deliver real-world results

In the rapidly evolving landscape of insurance fraud, staying ahead is crucial. Our advanced technology suite equips our members with unique, actionable insights, enabling informed decisions at every stage of detection and prevention.

Every year, our members perform nearly 200,000 searches and over 1,500 downloads from our databases, which contain over a quarter of a million suspect entities and details of more than 21,000 confirmed fraudsters. Together, these tools provide a powerful advantage in fighting fraud.

In one of our biggest investigations involving identity theft, we used our comprehensive intelligence and analytics to build a picture of a coordinated criminal fraud scheme. The scammers had stolen hundreds of identities to take out fraudulent insurance policies, with no regard for the victims, in an elaborate bid to steal brand new cars through finance deals. By identifying linked fraudulent insurance policies and providing critical evidence to the police, 16 people were sentenced for their roles in the £2 million fraud conspiracy.

Creating a positive impact for society

As a not-for-profit organisation, every action we take is solely aimed at reducing insurance fraud, protecting the public and keeping costs down to help your customers.

Changing hearts and minds

Our public awareness *Prevention* campaigns use a variety of targeted content and channels to educate people about the latest insurance fraud scams and how to avoid becoming victims.

We also highlight the consequences of committing insurance fraud, including being added to the Insurance Fraud Register, which we maintain, to help people realise it's not worth the risk.

We work with the industry to coordinate these campaigns, which are underpinned by operational and marketing insights provided by our members and partners, including the Association of British Insurers (ABI) and City of London Police's Insurance Fraud Enforcement Department (IFED).

And by relying on the IFB to raise awareness of emerging insurance fraud threats, you can draw attention to fraud-related issues potentially affecting your customers.

A safer insurance landscape

Working with our members and law enforcement, the IFB actively targets and disrupts fraud schemes that harm the public, whether it's staged incidents by criminal gangs or individual fraudsters preying on vulnerable people.

We also act as a safe gateway for sharing insurance industry data and intelligence with law enforcement agencies, regulators and government, ensuring the industry participates in wider action against fraud and other crime.

This helps to inspire confidence from government and regulators that the insurance industry is committed to tackling fraud.

Instilling public trust

The IFB has been tackling insurance fraud and protecting society since 2006, helping to reinforce public trust and confidence in the insurance industry – all thanks to our members' investment.

Playing a vital role in this, our CheatLine service gives people a safe and anonymous way to report insurance fraud concerns.

We share the information people provide via CheatLine securely with our members, the police and industry watchdogs, helping victims avoid serious consequences and keeping costs down.



How raising awareness of Ghost Broking is creating impact

We launched a Ghost Broking awareness campaign to protect the public after we identified it as a serious concern. A YouGov survey highlighted the urgency, revealing that one in five 18–24-year-olds use social media to search for car insurance deals – prime targets for Ghost Brokers.

The campaign began with a press release featuring the IFB, IFED, the ABI and six member insurers. It focused on the story of a 20-year-old student who fell victim to a Ghost Broker on TikTok, losing £2,000. The student contacted our CheatLine service, and with our team's support, shared their experience to warn others. Their story gained widespread media coverage, including a feature on BBC Radio 1, and sparked discussions with TikTok about tackling the issue on their platform.

Every year, CheatLine receives over 5,000 reports from the public, with nearly 70% resulting in actionable intelligence. This particular report, combined with member intelligence, led to police enforcement action that successfully stopped the Ghost Broker from luring more young victims.

Delivering through trusted partnerships

Our joined-up approach, connecting our members to each other and regulatory and law enforcement agencies, provides you with a thorough understanding of your exposure to emerging threats, helping you protect your honest customers.

Enhancing fraud prevention through partnership

Our experienced team is here to support you with the consolidated insight and access you need to help fight insurance fraud.

We safely gather and organise industry and fraud data and member intelligence within a governance framework.

And, as a Specified Anti-Fraud Organisation, we have strategic partnerships with government agencies and regulatory bodies ensuring we can help the wider insurance industry tackle fraud in a joined-up way.

Joining forces to safely share data

We are a trusted guardian of sensitive data, facilitating data and intelligence sharing between the industry and public bodies. And we are ready to adapt as data sharing agreements evolve.

We enable the industry to share data directly with law enforcement agencies, providing them with critical insights into fraud trends and an enhanced understanding of the scale of fraud issues. This supports their efforts to combat fraud effectively.

This coordinated way of working assures regulators and government that the insurance sector is actively tackling the fraud risks it faces.

You can also rely on our rigorous rules, due diligence and robust processes to ensure the handling of data and intelligence is protected against misuse.

Leading the collective fight against insurance fraud

As a member of the IFB, you benefit from cooperation with other members. Our give-and-take approach fosters trust and collaboration, helping you to stay ahead of evolving threats and respond more effectively to protect your customers.

In addition to this, we facilitate operational working and intelligence groups to identify fraud threats, orchestrate industry-wide investigations and enable coordinated member and enforcement action.

Our unique position in the industry allows us to bring our members together and coordinate action to disrupt and deter insurance fraud.

In short, we make the biggest difference together.



How our partnership with IFED turns intelligence into action

Our central role in the fight against insurance fraud enables us to quickly gather evidence and share insights with IFED, City of London Police's specialised anti-fraud unit. This partnership is critical in disrupting fraudulent activity and securing criminal convictions, while bringing together our members and law enforcement to tackle fraud cases.

Our coordinating role in collating intelligence is particularly vital in cases where centralised industry data is lacking, making collaboration between individual insurers challenging. In one such case, we worked with IFED on a pet insurance fraud scheme that led to justice being served. A finance officer at a veterinary practice made over £37,000 in fraudulent claims by altering invoices obtained from their employer. Acting as the conduit between IFED and our affected member insurers, we shared the necessary evidence for enforcement action. The fraudster received a 20-month suspended sentence and was ordered to repay nearly £15,000.

IFED also regularly contributes expertise to our member workshops and intelligence forums. Our partnership extends to public awareness campaigns too, such as our joint moped scam campaign, which gained national media attention and led to 25 CheatLine reports in just two weeks.