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## Insurance crime in Poland. Characterization and evolution of the phenomenon

*The development of the Polish insurance market is accompanied by the phenomenon of obtaining insurance compensation under false pretences. Initially, it concerned mainly motor insurance. Over time, perpetrators of insurance fraud have targeted other types of property insurance and life insurance. Their methods have become more sophisticated due to a change in the model of insurance crime, which presently manifests the characteristics of organised crime. The Polish Insurance Association and individual insurance companies have managed to develop a range of preventive methods and systemic solutions to prevent insurance fraud. This article presents the current state of knowledge and research results concerning the phenomenon of insurance crime, an overview of typical insurance fraud methods, as well as a summary of the preventive methods used by insurers.*

**Keywords:** insurance crime, insurance fraud, claim fraud, insurance market, Polish Insurance Association (PIU).

### Introduction

Insurance fraud has been known for nearly as long as the idea of insurance has been existing in the Polish free market economy. Initially, the phenomenon was the most evident in motor insurance, the major part of the country's insurance market at the time. The problem escalated with the rapid development of mass automotive industry, which began in the 1990s on an unprecedented scale in Poland. It became a nuisance for property insurance companies, which even now generate most of their premium from motor insurance sales. Indemnity payments made under motor insurance policies constitute a major part of insurance companies' costs, and each fraudulent claim worsens the profitability of this product line. The problem has also become noticeable outside the motor insurance industry, and has begun affecting life insurers.

The perception of a car in the Polish society has evolved in the last 20 years. Poland's motorisation level, expressed in the number of passenger cars per 1000 residents, does not diverge from that of other highly developed EU countries, and amounted to 486 in 2012.<sup>1</sup> The perpetrators who had mastered their skills in the 1990s, have learnt to use well-proven fraud methods also in other types of insurance. The perpetrators' *modus operandi* and motives have changed, and so have insurance fraud prevention methods.

The problem of crime affecting motor insurance is still significant. A fundamental cause for this is the above-mentioned popularity of cars and a huge number of claims involving motor vehicles. Official Police records of reported traffic accidents for 2012 show 37,000 traffic accidents resulting in 3,500 fatalities and 46,000 injured, and nearly 340,000 minor collisions.<sup>2</sup> The above data proves that a traffic incident which results in damage to a vehicle or a bodily injury is a highly probable event, so the mere fact of its occurrence does not automatically raise the insurer's suspicions concerning its circumstances. Only a fraction of the discussed incidents were misrepresented to the insurer or intentionally fabricated in order to obtain illegitimate compensation. On the other hand, perpetrators take advantage of the fact that insurers have to review hundreds of thousands of claims which need to be processed within the statutory term of 30 days.

Over the years, the Polish insurance market has developed tremendously. The changes have affected not only the volume of sales, but – most of all – their structure, where life insurance and non-vehicle property insurance play an increasingly more important role. The perpetrators of insurance fraud gradually adjust to those changes and target new lines of insurance.

This article presents the definition and characteristics of insurance crime, and pay special attention to the major changes it underwent in recent years. Moreover, the author provides data obtained from research on the phenomenon and outlines possible scenarios for the development of insurance crime in the nearest future.

## 1. Definition and determinants of insurance crime

The Polish legal system has failed to develop a uniform and coherent definition of insurance crime. The act of fraudulently obtaining insurance compensation is made a criminal offence under articles 286 and 298 of the Penal Code (PC). In principle, these provisions apply to the following situations: a misrepresentation made in relation to circumstances in which the loss was caused and an intentional causation of the loss. In reality, the perpetrators *modus operandi* often does not fit within these categories, and the number of offences contrary to art. 298 is statistically negligible.<sup>3</sup>

There are multiple definitions of insurance crime.<sup>4</sup> A coherent definition of insurance crime has been developed for the needs of the insurance industry. According to Insurance Europe, insurance fraud providing untruthful or incomplete information in applications for insurance or answers on an insurance proposal form; submitting a claim for a loss based on misleading or untruthful circumstances, including exaggerating a genuine claim; and otherwise being misleading or untruthful in dealings with

1. Główny Urząd Statystyczny, *Mały Rocznik Statystyczny Polski 2013* (Warszawa: Główny Urząd Statystyczny, 2013), 389.
2. Komenda Główna Policji (National Police Headquarters), *Biuro Ruchu Drogowego, Zespół Profilaktyki i Analiz, Wypadki drogowe w Polsce w 2012 roku* (Warszawa: Instytut Transportu Samochodowego, 2013), 8.
3. "Przestępstwa przeciwko obrotowi gospodarczemu [296–309]," Komenda Główna Policji (National Police Headquarters), Accessed 13, October, 2013, <http://statystyka.policja.pl/portal/st/1119/>.
4. R. Derring, "Insurance Fraud," *The Journal of Risk and Insurance* 69, 3 [2002]: 271–287.

an insurer with the intention of gaining a benefit under the insurance contract.<sup>5</sup> Insurance fraud brings about many negative consequences for insurers: direct financial losses, less cost- and time-effective claim management, as well as the loss of clients' trust. Detected and undetected fraud is estimated to represent up to 10 per cent of all claims expenditure in Europe.<sup>6</sup> In 2012, insurance fraud generated losses in excess of PLN 100 million to property insurers in Poland. Over the same period, the Polish life insurance sector lost about PLN 6.5 million. The above definitions and figures relate exclusively to fraud committed to obtain indemnity payments. Therefore, it does not concern, for example, cases of embezzlement of insurance premiums by insurance agents or other types of fraud affecting insurers.

The volumes of life insurance and property insurance sales are increasing every year. In the recent years, the value of gross premium written exceeded PLN 36 and PLN 26 billion for life and property insurance, respectively. Motor third party liability insurance (OC) and motor hull insurance (AC) constituted approx. 55 per cent of the latter amount.<sup>7</sup> It should be noted that insurance fraud perpetrators and their methods have originally originated from this product group.

Perpetrators of insurance fraud have been classified into three basic groups:<sup>8</sup>

- Situational perpetrators – they were inclined to commit a crime by a difficult financial situation.
- Opportunity perpetrators – they commit an insurance crime on the spur of the moment, often during the adjustment of a legitimate claim.
- Professional perpetrators – members of organised crime rings who use insurance fraud as a regular source of income.

Over the years, the proportions between these categories of insurance fraud perpetrators have changed radically. At the initial stage of the development of insurance crime, a great majority of the perpetrators were the members of the first two nonprofessional groups. As insurers improved their prevention and detection methods they became more efficient in exposing these perpetrators. Currently, the most dangerous and largest group of perpetrators are professionals who have the knowledge and capital that allow them to conduct fraud on a mass scale.

## 2. The insurance market and insurance crime in numbers

In the last 10 years, the Polish insurance market has changed significantly, in respect of both the size and share of the market for individual product groups. The tables presented below show the changes in sales over last 11 years.

Driven by double-digit upgrade ratios, the sale dynamics in Segment I<sup>9</sup> resulted in equalling of the sales in Segments I and II in 2005. Since 2006 the sales in Segment I have exceeded these of Segment II by several dozen per cent.

5. Insurance Europe, *The impact of insurance fraud* (Brussels: Insurance Europe, 2013) accessed 13 October, 2013, <http://www.insuranceeurope.eu/uploads/Modules/Publications/fraud-booklet.pdf>.

6. Ibidem.

7. "Opracowania," Komisja Nadzoru Finansowego (Polish Financial Supervision Authority), accessed 13 October, 2013, <http://www.knf.gov.pl/opracowania/rynekubezpieczen/index.html>.

8. R. Dąbrowski, "Praktyka ujawniania przestępczych roszczeń w szkodach majątkowych," in *Przestępczość Ubezpieczeniowa, Materiały Konferencyjne*, (Szczecin: Szczecin-Expo, 2004), 85.

9. In Poland, the Insurance Activity Act has divided the entire insurance market into two Segments: I – life insurance, and II – other personal insurance and property insurance.

**Table 1. Gross premium written between 2001–2012 (in thousand PLN)**

Year	2001	2002	2003	2004	2005	2006
Life in.	9 259 700	9 901 564	11 167 288	12 735 454	15 323 524	21 108 626
Non life in.	13 122 670	13 254 052	13 602 665	14 895 001	15 658 429	16 424 730
Year	2007	2008	2008	2010	2011	2012
Life in.	25 509 425	38 985 975	30 283 456	31 420 426	31 848 619	36 377 402
Non life in.	18 222 963	20 305 967	21 060 285	22 738 997	25 301 030	26 265 215

Source: the author's own assessment made on the basis of data from the KNF [Polish Financial Supervision Authority].

The Polish Insurance Association<sup>10</sup> is the only institution which has conducted longterm, periodic research concerning the scale and tendencies of insurance crime. The research, conducted since 2001,<sup>11</sup> is based on reports provided by all insurers operating in Poland, who annually submit relevant qualitative and quantitative data, and the recorded cases of insurance claim fraud (actually committed and attempted) in particular types of insurance. It is necessary to distinguish cases of committed and attempted fraud because in some instances of attempted fraud insurers decide against taking legal action and consider a refusal to pay an indemnity a sufficient remedy. In such cases, their priority is to protect their financial interests, especially since the identification of the actual perpetrator may be hindered by, for example, the presence of figureheads posing as insureds.

For many years, life insurance companies have been disregarding the problem of insurance crime. An opinion persisted according to which life insurance, unlike motor insurance, was an area unattractive for insurance fraud perpetrators. Life insurers did not monitor the risk related to crime, cases of fraud were rather incidental and treated as exceptions to the rule of “fraud-free” life products. For example, in 2001–2002 Segment I insurance companies reported the fraudulent claims with a total value of approx. PLN 50,000. Only few companies submitted data anyway. The turning point was 2008, when life insurers recorded claim fraud worth approx. PLN 3.6 million. The same year marked a spectacular fraud case perpetrated by a female insurance agent who tried to appropriate PLN 10 million. Since 2008 Segment I insurers began to closely scrutinise the circumstances surrounding contingent payments, which resulted in a rapid increase in the value of disclosed abnormalities. This shift in the focus of fraud perpetrators has been foreseen by foreign insurers, who had already been forced to deal with the very serious problem of insurance crime in life insurance area. It turned out that the staging of an insured event was much easier than expected. The table below presents results of relevant research conducted in the recent years.

The majority of detected insurance crimes were cases of the insured's faked death.

As regards the property insurance segment, since 2006 there has been a strong upward trend in the value of detected claim fraud cases. The share (expressed by both the number and value of claims) of detected motor insurance fraud cases in the general volume of insurance fraud considerably exceeds the share of motor insurance sales in the total sales of property insurance segment.

10. The Polish Insurance Association is a self-regulatory body which represents all the insurance companies operating in Poland.

11. The author's own research, conducted since 2006.

Table 2. Value of insurance crime in the life insurance sector in 2007–2012 (PLN)

Risk	2007	2008	2009	2010	2011	2012
Death of the insured	268 700	2 915 000	1 791 654	2 004 397	3 240 505	4 583 751
Accidental death of the insured	0	0	142 500	143 500	580 000	141 284
Residuals from an accident	11 000	11 000	18 481	63 270	70 080	648 489
Serious illness	39 500	62 000	773 885	625 113	728 238	426 536
Hospitalisation	782 000	8 000	27 138	22 290	32 525	230 287
Permanent inability to work	0	2 000	4 265	2 600	344 670	362 454
Permanent disability, partial or total	22 000	60 000	146 254	43 739	3 139	2 640
Surgical procedures	0	67 000	53 520	92 400	11 550	15 000
Other	141 000	133 000	2 336 980	104 770	1 423 105	0
<b>Total</b>	<b>1 264 200</b>	<b>3 258 000</b>	<b>5 294 678</b>	<b>3 102 079</b>	<b>6 433 812</b>	<b>6 410 441</b>

Source: "Przestępczość ubezpieczeniowa w latach 2001–2011," a report by the Polish Insurance Association, Warszawa, 2012.

Table 3. Value of insurance crimes in the property insurance sector between 2008–2012 (PLN)

Type of cover	2008	2009	2010	2011	2012
Motor Third Party Liability	13 036 000	19 868 923	35 660 347	37 492 759	45 602 921
Motor Hull	22 492 000	23 662 336	16 681 287	32 586 015	36 098 425
Farmers' Liability	845 100	381 675	640 752	56 655	1 050 465
Break-in and theft (business)	2 063 000	900 200	1 315 870	2 333 576	5 986 298
Fire and other perils (business)	2 554 000	6 330 583	4 650 632	9 050 696	4 530 312
Home insurance	693 000	1 618 880	4 012 514	937 429	1 931 755
Travel and Assistance	7 900	197 460	76 110	23 227	32 491
Accident insurance	73 950	901 392	2 290 846	606 880	2 793 837
General Liability	2 394 000	4 311 296	7 243 041	2 895 078	3 028 981
Credit, Financial, D&O	200 000	0	1 796 877	49 812	95 000
Surety cover	0	53 077	0	0	290 089
Other	3 472 500	674 007	662 222	2 043 977	1 875 574
<b>Total insurance</b>	<b>47 831 450</b>	<b>58 899 829</b>	<b>75 030 498</b>	<b>88 076 103</b>	<b>103 316 149</b>

Source: "Przestępczość ubezpieczeniowa w latach 2001–2011," a report by the Polish Insurance Association, Warszawa, 2012.

The above-mentioned values represent about one per cent of total indemnity payments in the property insurance business. In the case of life insurance, the relevant figure is much lower. It must be noted that a significant number of fraud cases remain undetected. Theories explaining the so-called "dark number" of crimes in general suggest that the value of underreported economic crimes can be multiple times higher than the value of the known and detected crimes combined.<sup>12</sup>

12. J. Wójcik, "Główne problemy przestępczości w Polsce z początkiem XXI wieku," *Zeszyty Naukowe Wyższej Szkoły Informatyki Zarządzania i Administracji* 2011, 3(16) [2011]: 1.

### 3. Methods of committing property insurance fraud

Numerous methods used by insurance fraud perpetrators have long history. In a great majority of cases insurers who employ developed prevention measures are capable of identifying fraud already during the preparation of an insurance agreement. Some longknown fraud methods, previously used by individual perpetrators, have been reinvented by organised crime rings that apply them through a group of figureheads seemingly not related to each other. The general purpose of classic fraud methods used in motor insurance is to obtain compensation in excess of the actual value of the vehicle or the repair cost. They include the following:<sup>13</sup> intentionally causing a traffic collision, staging a traffic collision which involves vehicles damaged during a previous incident, making multiple reports of the same loss to several insurers, misrepresenting circumstances of an event in order to receive indemnity that normally would not be awarded under an insurance policy, predating a policy, and reporting a vehicle stolen after it was sold.

Apart from using the long-used insurance claim fraud methods, perpetrators have invented new measures or significantly modified the existing ones. The major issues that currently contribute to the existence of insurance claim fraud are outlined below.

The abuse-prone national system of vehicle registration is one of the major drivers of insurance crime. Legal regulations currently in force can be abused to register vehicles which do not exist in reality, or to create duplicate vehicle identities (VINS). One of the reasons for this state of affairs is the abuse-prone system of national vehicle inspection built around vehicle inspection stations (*stacje kontroli pojazdów*, SKP), as well as SKPs failure to properly use and update the online databases of the Central Register for Vehicles and Drivers (*Centralna Ewidencja Pojazdów i Kierowców*, CEPiK). Sometimes, fraud perpetrators use documents of a foreign vehicle – usually a totalled vehicle or even a salvage vehicle scrapped abroad – to register it in Poland. Such a vehicle identity is then used to obtain a motor hull cover, which is usually done with the help of a corrupt or inexperienced employee of an insurance company.

Apart from extorting money for fictional vehicle repairs, insurance fraudsters have developed a new dangerous method of exploiting coverage guaranteed under third party liability insurance.<sup>14</sup> Here, the most frequent type of fraud are personal injury scams, which involve claims related to the bodily injury allegedly suffered by passengers of a vehicle. Recent changes in social awareness related to the highly-publicised subject of aviation accidents and compensation awarded to victims of such accidents have significantly influenced the popularity of fraudulent claims of that type. Personal injury scams usually relate to conditions difficult to prove and diagnose, for example postaccident depression and trauma, headaches or backaches. Frequently, perpetrators deliberately stage minor traffic collisions which involve a vehicle packed with passengers who report similar claims supported by detailed medical documentation. There are also instances of fraudulent claims for substitute vehicles and the loss of income caused by damages caused to a vehicle participating in an accident.

Apart from fraud cases involving third party liability and motor hull insurance, a significant number of fraudulent theft and fire claims have been observed. These events constitute a signifi-

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13. Polska Izba Ubezpieczeń, *Przestępczość ubezpieczeniowa w latach 2001–2011, Analiza danych sporządzona dla Polskiej Izby Ubezpieczeń*, (Warszawa: Polska Izba Ubezpieczeń, 2012).

14. Art. 34 of the Compulsory Insurance Act (Journal of Laws of 2003, No. 124, item 1152, as amended).

cant share of the cases of insurance claim fraud detected in research. Here, the perpetrators are businesses who deliberately stage accidents in order to obtain financial gains. The scam is usually accompanied by collateral circumstances such as deterioration of the company's financial situation which directly precedes the extortion attempt. In the mind of perpetrators, a faked fire or burglary is a way of improving the financial condition of the business. Regretfully, it is organised crime groups who increasingly more frequently attempt to claim compensation by causing large fires or otherwise damaging business property. Such scams involve a network of shell companies engaged in fictional, "paper", transactions faking physical flows of goods. Having obtained a favourable insurance policy, the perpetrators generate a loss and advance a claim supported by fabricated documentation.

Insurance fraud perpetrators also target business insurance products. This type of fraud is exceptionally difficult to detect, which minimizes the risk for perpetrators. The mechanism of extortion involves the founding of a shell company or the forging of accounting documents of an existing enterprise for the purpose of declaring inflated turnover and profit. After a while, the company is driven to bankruptcy, and the insurer is often forced to pay a very high compensation.

#### 4. Methods of committing life insurance fraud

Available data shows that "traditional" life insurance products are still a popular target of insurance fraud perpetrators.<sup>15</sup> Administrative procedures used for the registration of deaths at Registry Offices can be easily exploited by a fraudulent client to fake the death of an insured in order to report a fictional claim to an insurance company. Many insurers automatically pay death benefits without checking additional circumstances that usually accompany a demise of an insured person. Furthermore, perpetrators can take advantage of the defunct death registration procedures to obtain death certificates based on forged or fabricated documents. Insurers must address these popular methods of life insurance fraud by reinforcing standard claim review procedures until the gaps in the state-operated civil registry system are closed.

Similar procedural loopholes make it possible to fraudulently claim benefits under hospital, permanent disability or serious illness policies. The low quality of medical records kept by public healthcare providers is a factor which prevents the effective verification of the insured person's actual health condition and medical history. As shown above, a great majority of life insurance claims are based on simple methods which exploit procedural imperfections and the inefficiency of the state-operated administrative and healthcare systems. Efficient prevention of fraud will only be possible if the civil registry and medical databases are improved.

Other typical but less frequently occurring cases of life insurance fraud reported by insurers include self-inflicted injuries, mainly intentional finger amputations and burns.

Over the last 10 years the problem of internal crime has also been noticeable. Cases involving the embezzlement of insurance premiums have become especially puzzling in the era of the commonly used IT solutions. It is very difficult to prevent insurance agent impersonation. On the other hand, the efficacy of preventing fraud committed by employees of insurance companies depends exclusively on the organisational efficiency of a given organisation.

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15. Polska Izba Ubezpieczeń, *Przestępczość ubezpieczeniowa w latach 2001–2011*, 15.

Life insurance is a new area of interest for organised crime groups. The analysis of selected cases reported by employees of insurance companies reveals that the perpetrators often act in an organised manner and use a number of different persons in scams, which substantially lowers the effectiveness of the classical methods of detecting cases of misappropriation. Perpetrators have extensive knowledge of insurers' procedures and frequently resort to corrupting employees of insurance companies, personnel of healthcare providers and other professionals involved in a claim adjustment process.

It needs to be remembered that many of the claim fraud prevention methods applied to Segment II are perfectly usable in Segment I. A lot of information may be obtained from the comparison of data about fraud perpetrators. Currently, Polish insurers take extensive measures to ensure that the anti-fraud systems used in both Segments are equally effective.

## 5. Modern methods of insurance crime prevention

As it was emphasized above, insurance crime is a long-known phenomenon that has been changing rapidly over the years. Even if perpetrators' *modus operandi* has been identified and addressed by the implementation of appropriate preventive measures, this may prove to be only a short-term solution because the once detected methods tend to be immediately replaced with new, more sophisticated ones. This poses a challenge for insurance companies and the entire industry and entails the necessity of taking long-term, systemic action to tackle the problem.

Insurers have significantly changed their approach to fighting insurance crime. A few years ago, the detection of a fraud attempt depended mainly on the skills of employees with the claims department who reviewed claims for fraud using their knowledge and professional experience. Procedures used to assess the risk of fraud for a given claim were highly imprecise and quite difficult to be uniformly reproduced. Loss adjusters could not in any way verify whether or not a reviewed vehicle had already been insured, or if a similar loss had been reported earlier, for example, in a different city. A study conducted among employees of insurance companies by the author of this article in 2006 revealed that for virtually all respondents a fundamental problem in fighting insurance claim fraud was the inability to exchange information about claimed losses.<sup>16</sup>

Both the perpetrators' methods and means of preventing insurance fraud have significantly evolved. Nevertheless, thanks to the continuous development of anti-fraud measures perpetrators no longer go unpunished.

The discussed participation of organised crime rings is another important problem. It is much more difficult for insurers to combat fraud schemes which involve large numbers of individuals, seemingly unrelated to each other, who play roles written by the ring leaders. At first glance, fraudulent claims made by members of the scheme do not display common features of fraud. Only a careful search of databases and the use of advanced IT tools enable insurers to prove otherwise. Another problem is the increasing impertinence and professionalism of perpetrators, who have enough means to employ experts or professional agents in their attempts to claim compensation. In extreme cases, crime rings resort to corrupting employees of insurance companies and law enforcement officials.

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16. P. Majewski, "Przestępczość ubezpieczeniowa w ubezpieczeniach komunikacyjnych – wyniki badań," in *Przestępczość Ubezpieczeniowa, Materiały Konferencyjne*, (Szczecin: Szczecin-Expo, 2008): 147.

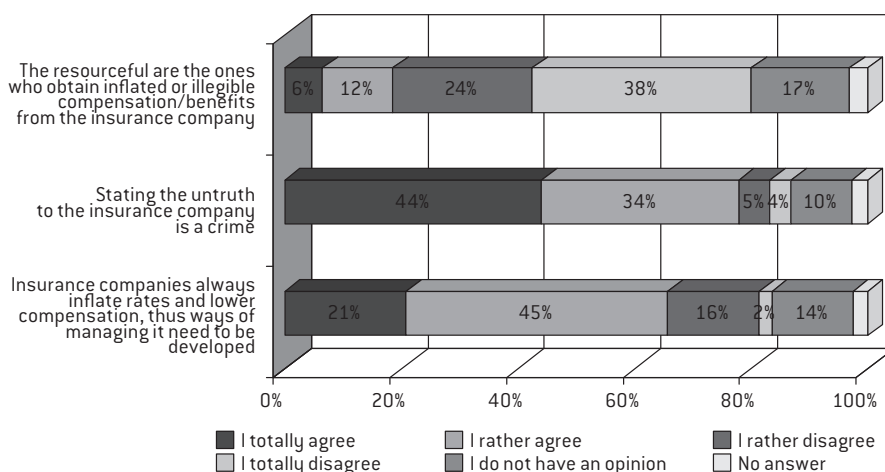


The Commission for the Prevention of Insurance Crime (*Komisja ds. Przeciwdziałania Przystępczości Ubezpieczeniowej*, KPPU) of the Polish Insurance Association (*Polska Izba Ubezpieczeń*, PIU) has developed a range of systemic solutions to tackle insurance crime, including draft pieces of legislation and principles of data exchange systems. The PIU has also commissioned periodic studies of the phenomenon, which verified the assumptions and drew a picture of the present trends. An opportunity to access the data collected by the Information Centre of the Insurance Guarantee Fund – which stores information on third party liability and motor hull policies and the indemnity payments made under these policies – has proven to be of an invaluable significance for these works. The long-term cooperation within the insurance community has led to achieve good recognition of the problem. Currently, the information on and the knowledge of insurance fraud mechanisms are the basic tools used to reviews claims' legitimacy. Motor insurers have been very successful in detecting and fighting compensation fraud. Insurance claim fraud can be fought more effectively also because of the centralisation and computerisation of claim adjustment processes, which now can be monitored in much greater detail than it was possible several years ago.

## 6. Social reception of the phenomenon of insurance crime

The knowledge of insurance fraud prevention methods is promoted among employees across all levels of insurance organisations. Thematic conferences are being held to that end, for example the International Conference on Insurance Crime which took place in Szczecin in 2013 for the sixteenth time. They are directed not only at employees of claims departments, but also at the sales staff. The knowledge of fraud symptoms allows insurance personnel to eliminate from a group of prospects those who conclude insurance agreements motivated by a quick profit.

Chart 1. Perception of insurance crime



Source: the author's own research.<sup>17</sup>

17. A survey of secondary school students from Gdańsk, Toruń, Poznań and Warsaw, carried out between April and May 2013 (n = 1043 persons) by students of the University of Gdańsk, the Nicolaus Copernicus University in Toruń, the WSB School of Banking in Toruń, the Poznań University of Economics and the Warsaw School of Economics, led by Marcin Kawiński, Marek Kurowski, Krzysztof Łyskawa, Piotr Majewski, Damian Walczak.

What needs to be emphasised is the importance of constant research and promotion of knowledge of fraud not only among insurance employees, but also among people who work with them (law enforcement authorities, experts, workshops), as well as insurance companies' clients themselves.<sup>18</sup>

It is especially the latter group that plays an important role by passively taking part in the process of giving the "social consent" for insurance crime, which is still a notion widely accepted by the public.<sup>19</sup> Unfortunately, a person who commits fraud to the financial detriment of an insurance company is not explicitly stigmatised by the society.<sup>20</sup>

However, the results of periodically conducted research indicate that the situation slowly improves. It appears that a major factor driving this change is the raising of the awareness of insurance crime and its social consequences, which indirectly affect all honest citizens who have to pay the cost of insurance fraud.

**Table 4. Consent to insurance crime**

Expressing indifference to insurance crime	2011	2013
IT DOES NOT CONCERN ME AT ALL that someone fraudulently claims compensation under a policy	19.8%	19.2%
IT CONCERNS ME JUST A LITTLE that someone fraudulently claims compensation under a policy	23.8%	23.5%

Source: *Diagnoza Społeczna* (Social Diagnosis), 2013, <http://www.diagnoza.com>

Many insurance companies conduct extensive social and educational campaigns directed at improving the social perception of the insurance industry. Such activities are capable of bringing visible effects in the foreseeable future, and – though they are only indirectly related to the issue at hand – they are among the most effective tools available in the fight against insurance crime.

## Conclusions

Polish insurance companies have been struggling with insurance crime for over 20 years. This phenomenon has been relatively well-recognised, and in the last few years the industry has developed efficient tools and methods for detecting, combating and preventing insurance fraud. The said process, initiated years ago and continued ever since, must be based on research and constantly adjusted to the dynamically changing determinants and trends. What cannot be underestimated is the discussed tendency for the professionalization of insurance crime. Solutions developed in the motor insurance sector provide a perfect foundation for measures to tackle fraud in other

18. J. Handschke, "Kompleksowe, ujednoczone i konsekwentne podejście zakładu ubezpieczeń do przestępczości ubezpieczeniowej jako warunek skutecznego przeciwdziałania temu zjawisku," in *Przestępczość Ubezpieczeniowa* (Szczecin Szczecin-Expo, 2010): 299.

19. T. Szumlicz, "Problem przyzwolenia społecznego na przestępstwa ubezpieczeniowe," in *Przestępczość Ubezpieczeniowa* (Szczecin Szczecin-Expo, 2010): 316.

20. P. Majewski, "Przyzwolenie społeczne na przestępczość ubezpieczeniową – wyniki badań," in *Przestępczość Ubezpieczeniowa, Materiały Konferencyjne* (Szczecin Szczecin-Expo, 2012): 320.

areas of the insurance industry. Currently, they are being successfully implemented in the sector of life insurance.

To sum up, it is worth re-iterating that over the last few years enormous progress has been made in fighting insurance crime on the Polish insurance market.

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## Przestępczość ubezpieczeniowa w Polsce. Charakterystyka i ewolucja zjawiska

*Rozwojowi polskiego rynku ubezpieczeń towarzyszy zjawisko wyłudzenia odszkodowań. Początkowo dotyczyło ono głównie ubezpieczeń komunikacyjnych. Wraz z upływem czasu sprawcy takich przestępstw zainteresowali się innymi rodzajami ubezpieczeń majątkowych i ubezpieczeniami na życie. Metody wyłudzenia stały się bardziej wyrafinowane ze względu na zmianę działalności przestępczej, która obecnie wykazuje cechy przestępczości zorganizowanej. Polska Izba Ubezpieczeń oraz same zakłady ubezpieczeń zdołały opracować szereg metod zapobiegawczych oraz rozwiązań systemowych, które przeciwdziałają wyłudzeniom. W artykule przedstawiono aktualny stan wiedzy i wyniki badań dotyczących zjawiska przestępczości ubezpieczeniowej, przegląd typowych metod wyłudzeń oraz wykorzystywanych metod zapobiegawczych.*

**Słowa kluczowe:** przestępczość ubezpieczeniowa, wyłudzenie odszkodowań, rynek ubezpieczeniowy, PIU.

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