

CLAIMS PACKET

PROPERTY CLAIMS FOR LOSS DUE TO FIRE, FLOOD, THEFT, VANDALISM AND OTHER PERSONAL PROPERTY LOSSES

FILING INSTRUCTIONS

ONE DEADLINE YOU CANNOT AFFORD TO MISS

TWO YEARS FROM DATE OF INCIDENT: Federal law requires that you deliver your claim within two years after it accrues. This is the date the incident occurred that gave rise to your claim. This requirement is statutory.

ADDITIONAL INFORMATION

1. Taking the time to correctly complete the attached claims package and provide the required documentation will ensure a quick response to your claim.
2. If you need copies of forms referred to in this package, please make them yourself before you file your claim. The claims office does not have a copy machine available for public use.

IT'S YOUR CLAIM

1. GENERAL.

These instructions are designed to answer your questions regarding who can file, where to file and how to file a claim with the government for damage or loss sustained to your personal property incident to service and caused by fire, flood, theft, vandalism, natural disaster or other unusual occurrence. **Reading these instructions carefully and answering all questions will ensure the most expeditious processing of your claim.** Not completing the forms properly or not providing all required documents and substantiation will result in delay or even denial of your claim. **Keep copies of all documents submitted.**

Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for a successful claim.

2. WHO MAY FILE A CLAIM?

a. Proper Claimant. The Military Personnel and Civilian Employees' Act (PCA) covers all active duty members and reservists on active duty for training under federal law whether commissioned, enrolled, appointed, or enlisted. The PCA also applies to Department of the Navy (DON) Federal employees. Reservists or retired members may only claim for damages under the PCA if loss or damage to their personal property occurred while they were on active duty.

b. Power of Attorney. A legal representative who has been designated as such by a power of attorney may file a PCA claim on behalf of the claimant. All claims related forms must be filled out in the proper claimant's name. The agent signs the forms: "John Claimant, by Jane Agent, attorney-in-fact." Payment will be made to the claimant's account, not to his or her agent unless the POA specifically authorizes the agent to both file the claim and receive payment. If an agent is filing a claim on your behalf, the agent must include a copy of his or her power of attorney in the claim package. The designation of an agent to release and/or take delivery of a shipment is not a valid power of attorney for claims purposes. The agent must have either a General Power of Attorney, granting the agent the power to do whatever the claimant could do, or a Specific Power of Attorney, granting the agent the authority to file and settle the claim. Many Navy Legal Service Offices (NLSOs) provide power of attorney assistance on a walk-in basis. The prospective claimant must be present to grant a power of attorney. Remember, the power of attorney must be effective on the date the claim is submitted.

3. WHAT FORMS WILL I NEED TO FILE?

The two forms for use in filing your PCA claim are the **DD Form 1842, *Claim for Loss of or Damage to Personal Property Incident to Service***, and the **DD Form 1844, *List of Property and Claims Analysis Chart***. Copies of the forms are attached to this packet. You may also get claims packages from any Personal Property Office (PPO), NLSO or Staff Judge Advocate's Office. If you are assigned to another service's installation, you can get forms from their claims office but use only this Navy claim package for information and guidance on completing your claim. Forms, and this package, can be found on-line through the Navy's Office of the Judge Advocate General website, www.jag.navy.mil (by selecting "Claims" on the screen) or the Navy Knowledge Online website, www.nko.navy.mil (by going into your "Personal Development" page in NKO and selecting the claims page in your "Personal Legal Affairs" portal). When preparing your claim, please read and follow the attached "Filling out the DD Form 1842 (Other)," "Filling out the DD Form 1844 (Other)" instruction sheets and the check-off list. Make sure that you completely fill in the information required on each form and on the check-off list and attach all supporting documentation listed on the check-off list before you file your claim.

4. WHAT ARE MY TIME LIMITS?

The claim must be filed no later than **two years** from the date you know about or should have known about your loss. That means that a claims office must **receive** your claims package by that date. **This is a strict, statutory requirement that cannot be waived.**

5. WHERE DO I FILE ?

a. With the Navy. Claims should be filed with the appropriate office listed below:

1. Except as noted below, file your claim with:

Personnel Claims Unit Norfolk
9053 First Street Suite 102
Norfolk, VA 23511-3605
Toll Free (888) 897-8217
Commercial (757) 440-6315/DSN 564-3310
FAX (866) 782-7297/DSN FAX 564-3337
Email: norfolkclaims@navy.mil

2. Antarctica, Arctic, Australia, Guam, Hawaii, Japan, Indian Ocean east of 60°E longitude, Pacific Ocean, file with:

Personnel Claims Branch Office Pearl Harbor
850 Willamette Street
Pearl Harbor, HI 96860-5109
(808) 473-4701
DSN 473-4701
FAX (808) 473-3493/DSN FAX 473-3493
Email: pearlclaims@navy.mil

Be sure that your claim is completed, as described in this package, and signed before filing your claim. If you are e-mailing the claim, remember to sign the DD Form 1842 before scanning your documents. Please make sure that if you are e-mailing your claim that all scanned documents are legible and in one of the following formats: ADOBE PDF, JPG File, TIFF Document, GIF File, or Bitmap Image. Claims examiners will then adjudicate your completed claim. They determine the amount of compensation you are entitled to receive based on the information you provide. You will be provided a written response explaining the adjudication of your claim.

6. INSURANCE COMPANY

You must file with your insurance company if you have a private insurance policy that may cover all or part of your loss before the government can pay any part of your claim. Include a copy of any correspondence you have had with your insurance company.

7. HOW DO I GET PAID?

If an award is authorized, a pay voucher will be sent to the Defense Finance and Accounting Service (DFAS). DFAS will electronically deposit the amount awarded directly into your account. If you do not have a DFAS pay account (i.e., you are no longer in the military or work for any Department of Defense agency), you will need to fill out the attached Electronic Funds Transfer (EFT) Data sheet. If you are a nonappropriated fund (NAF) employee, your claim will be submitted to your activity for payment from NAF funds.

8. DAMAGE INSPECTION

Normally, incident reports such as the ones from police or fire departments will contain sufficient information upon which to process your claim. It is possible, however, that the claims examiner may make arrangements to conduct an inspection of any damaged or destroyed items. The claims examiner will notify you if an inspection will be necessary. You should keep any items for which you are making a claim until settlement of your claim. You may dispose of items that cannot be repaired or are uneconomical to repair if they are a safety or health risk, such as broken glass or spoiled foodstuffs.

9. ADDITIONAL INFORMATION

Your claim will be processed quickly if it is completed in accordance with these instructions. We suggest that you prepare your claim as soon as possible after you discover the loss, while the information is fresh in your mind. **A checklist is provided in this package to assist you in completing your claim. Compliance with this checklist will help to expedite your claim, and noncompliance will delay processing.**

CHECKLIST FOR INCIDENT TO SERVICE LOSS OF OR DAMAGE TO PERSONAL PROPERTY

I understand that my claim must contain the following information and documentation. I have included one copy of each document and I have kept a copy of each document for my own records. My initials on each line mean I have included a copy of the requested document in this file. **I MUST BE SURE THE CLAIMS OFFICE RECEIVES MY CLAIM WITHIN TWO YEARS FROM THE DATE OF THE INCIDENT FOR WHICH I AM MAKING THIS CLAIM. I UNDERSTAND THAT SIMPLY MAILING THE CLAIM WITHIN THE TWO YEARS IS INSUFFICIENT; THE CLAIMS OFFICE MUST RECEIVE THE CLAIM WITHIN TWO YEARS.**

1. _____ This checklist.

2. _____ DD Form 1842 (Claim for Loss of or Damage to Personal Property Incident to Service). I have completed every section of the DD Form 1842, **including Block 9, Amount Claimed, and Block 10, Circumstance of Loss or Damage, and Block 17, Signature.**

3. _____ I have private homeowner's insurance, renter's insurance, or vehicle insurance. I understand I must submit a demand against the insurer for payment at the same time I submit my claim with the government, and I understand that I will not be paid by the government until my claim is adjudicated by my private insurer. For claims for damage to POV's, the declarations page from my policy, showing types and limits on coverage, is attached. I have included a copy of any correspondence from my insurance company.

4. _____ If I have authorized someone else to file my claim or to receive payment, I have included a **POWER OF ATTORNEY. (A SIGNED STATEMENT IS NOT SUFFICIENT).**

5. _____ DD Form 1844, (List of Property and Claims Analysis Chart). I have completed each section of the DD Form 1844 including all applicable information in Blocks 1 and 2. I have provided detailed descriptions of damage to each item claimed, original cost, month and year of purchase (date of manufacture if I acquired the item used), and repair cost or replacement cost (Blocks 5-11).

6. _____ One repair estimate or if the item is missing or destroyed, a replacement cost estimate for any and all articles over \$100.00. **If the cost of the estimate will be over \$75, I will contact the PCU before I obligate myself to pay that estimate fee.**

a. _____ **REPLACEMENT COST.** I have verified a claimed replacement cost of \$100.00 or more by clippings from catalogs, newspaper advertisements, etc., which show pictures and prices of identical or comparable items or written quotes from a firm which sells identical or comparable items.

b. _____ **REPAIR COST.** If I am claiming the cost to repair an item exceeds \$100.00, I have provided an estimate from a firm that is in the business of repairing such items (e.g., washer/dryer from an appliance repair firm, furniture from a furniture repair or re-upholstery shop). If the item is damaged beyond economical repair, the estimate must state this and I have submitted evidence to prove the replacement price of the item as described above. **The estimate must clearly state the specific area on the item and damages to the item that are being repaired. An estimate that simply shows "repair" or "refinish" is not acceptable.**

c. _____ **ELECTRICAL/ELECTRONIC ITEMS.** For each electrical/ electronic item (such as TV's, stereos, computers, refrigerators, etc.) with a value over \$100 that I am claiming a repair cost over \$100.00, I submitted one of the attached electrical/electronic repair forms completed by a person in the business of repairing such items. (You can copy the form.)

d. _____ **Re-upholstery.** The estimate must state that:

- 1) the materials used are of comparable quality to the original material;
- 2) patching, reweaving, using material from a different part of the item or any less expensive method of repair is not possible; and
- 3) must list cost of material and labor separately.

e. _____ **PHOTOGRAPHS.** If I have pictures of visible damages to the items being claimed, I have included them with my claim. I placed the item's line number, from the DD Form 1844, on the picture. I understand I will not be reimbursed for the cost of the pictures.

ALL ESTIMATES MUST BE IN ENGLISH OR HAVE AN ENGLISH TRANSLATION ATTACHED.

7. _____ I understand the claims examiner may require further information or additional repair estimates or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating the claim or if the repair or replacement cost submitted is excessive for average repairs or replacement of like items in the area. For instance, I may be asked to provide proof that I owned the type and quality of item I have claimed.

8. _____ Military or civilian police or fire report (if available) is attached.

9. _____ For POV claims, copy of current registration for vehicle.

10. _____ I have completed the Electronic Fund Transfer (EFT) Data sheet. (Only necessary if you do not have a current pay account through the Defense Finance and Accounting Service [DFAS], such as personnel who have left military service without retiring).

(CLAIMANT SIGNATURE) (Date)

(EMAIL ADDRESS)

ELECTRICAL/ELECTRONIC REPAIR FORM

Date _____

To the Estimator:

We must determine if damage to this item is as a result of some other cause rather than a manufacturer's defect or the result of normal wear and tear by age. Please complete this form to document your evaluation, or attach your firm/company documentation as appropriate, as long as the same type of information is provided.

Firm Name & Address: _____

Firm Telephone Number: _____

Firm Contact Representative: _____

ITEM ESTIMATED: _____

(Include Make/Model/Description) Estimated Age: _____

1. There (was) (was not) external damage to the item.

2. I (was) (was not) able to determine the cause of the damage. To the best of my knowledge, I have determined the nature and extent of damage as follows:

3. I summarize the cost of repairs as follows:

(parts) _____	\$ _____
(labor) _____	\$ _____

Totals: Parts/Labor: \$ _____ Overall Total: _____

Tax: \$ _____

4. I (have) (have not) determined that the item damaged as described above (is) (is not) beyond economical repair. I estimate a similar or comparable replacement item to be valued at \$ _____

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (Enter "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a claim against the insurer before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED IN YOUR LOSS REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier, they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		\$	
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

FILLING OUT THE DD FORM 1842 (HHG and UB)

- BLOCK 1: Must have the name of the military member or U.S. Government civilian employee.
- BLOCK 2: Self-explanatory.
- BLOCK 3: Enter military rank or civilian pay grade.
- BLOCK 4: Self-explanatory.
- BLOCK 5: Current place of residence.
- BLOCK 6: Current military mailing address. If overseas, **include complete command name**, PSC and Box numbers and FPO/APO Zip Code.
- BLOCK 7: Local home telephone number (if applicable).
- BLOCK 8: Duty telephone number; **DSN and Commercial**.
- BLOCK 9: **Total amount claimed**; including all repair estimates and/or replacement costs entered on the DD Form 1844. This amount should match the amount entered in Block 13 of the DD Form 1844.
- BLOCK 10: Provide a detailed description of your move. Include locations, dates for pick-up and delivery, and any special circumstances. Use additional sheets if necessary.
- BLOCKS 11-15: Check appropriate boxes.
- BLOCK 17: **Must be signed by claimant**. If signed by a designated agent, a copy of the valid power of attorney must be attached.
- BLOCK 18: Self-explanatory.

SAMPLE

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME		b. POLICY NO.													
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER		
					10. MM/YYYY PURCHASED			16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
<h1>SAMPLE</h1>															
BLOCKS 14-31: Do not write in these spaces. NOTE: If more than one page is used, indicate the page number in the space provided in the lower right corner of the form (i.e., Page 2 of 5 Pages).															
12. REMARKS				13. TOTAL \$				30. TOTAL AMOUNT ALLOWED \$				31. THIRD PARTY LIABILITY \$			

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

Page of Pages

FILLING OUT THE DD FORM 1844 (HHG and UB)

BLOCK 1: Must be the same name entered in Block 1 of DD Form 1842.

BLOCK 2: Self explanatory.

BLOCK 3: Enter the date your household goods were picked up.

BLOCK 4: Enter the date your household goods were delivered.

BLOCK 5: Assign a line number, beginning with 1, for each lost/damaged item. Continue the number sequence on subsequent DD Forms 1844 if needed.

BLOCK 6: Quantity of items claimed on that line. (i.e., 1 Table, 4 Chairs, etc.)

BLOCK 7: Fully describe the item being claimed and provide specific descriptions of the damages, to include exact location and type of damage. Be very specific and do not use general terms such as "damaged."

BLOCK 8: Enter the inventory number of the item from your household goods shipment inventory.

BLOCK 9: Enter the amount you paid for the item. If a gift, state "gift."

BLOCK 10: Enter the month and year the item was purchased or acquired. If you got the item used, provide the manufactured date, such as a 1998 Sony Stereo purchased in August 2001.

BLOCK 11: Enter either the repair cost or the replacement cost. Enter both if it would cost more to repair than to replace the item.

BLOCK 12: Enter any remarks that are pertinent to this form, such as abbreviations used (i.e., DM = German Marks).

BLOCK 13: Enter the total (on the last page only) of the amount claimed. This is the total of your repair estimates and/or replacement costs. **Enter this amount in Block 9 of your DD Form 1842 as the amount claimed.**

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>	18. DATE SIGNED <i>(YYYYMMDD)</i>
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PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS		
<input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
		d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED <i>(YYYYMMDD)</i>

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

<p>23. DENIAL (<i>X if applicable</i>) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.</p>	<p>24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>
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25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)

25. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)													
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME			b. POLICY NO.															
5.	6.	7. LOST OR DAMAGED ITEMS			8.	9.	11.		15.	18.		23.		24.				
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")			INV NO.	ORIGINAL COST	AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		INVENTORY DATE (YYYYMMDD)	EXCEPTION SHEET DATE (YYYYMMDD)		GBL NUMBER		LOT NUMBER				
						10. MM/YYYY PURCHASED			16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY		
12. REMARKS					13. TOTAL		\$					30. TOTAL AMOUNT ALLOWED		\$	31. THIRD PARTY LIABILITY		\$	\$