

# **HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE**

## **INSTRUCTIONS FOR FILING A CLAIM FOR LOSS/DAMAGE INCIDENTAL TO SHIPMENT (ARMY REGULATION, 27-20, CHAPTER 11)**

We are sorry you sustained damage and/or loss in your recent move. The mission of the Claims Office is to assist you in filing your claim and to settle your claim fairly and without undue delay. In order for us to do this, it is important that you **read and follow these instructions carefully**. Do not allow the limitation periods to expire.

If you have any questions on completing your claim, please call the claims office at **DSN 537-0664 or 0675 or CIV 0611-143-537-0664 or 0675**. **If you wish to submit a claim, please make an appointment.**

**PLEASE HAVE ALL DOCUMENTS COMPLETELY FILLED OUT  
PRIOR TO YOUR APPOINTMENT.**

**There are two different time limitations which affect your claim:**

1. Within **75 calendar days** from the date of delivery you **must** give written notice of **all** damaged and missing items by completing the pink **DD Form 1840/1840R** or by successfully having entered your notice via the **Defense Personal Property System (DPS)** located at **www.move.mil**. This allows us to comply with our contractual requirements and inform the carrier of damaged items and request tracer action for missing items.

**NOTE:** **Additional loss or damage** found after you turned in your DD Form 1840R (Pink Form) **must** be reported to the Transportation Service Provider (TSP) by submitting and updating your claim through DPS, or, if this does not work by bringing your original DD Form 1840/1840R and your pick-up inventory to the Claims Office within the required reporting period of **75 calendar days** from the date of delivery so that it may be transmitted to the carrier.

**NOTE: THIS NOTICE OF DAMAGE OR LOSS IS NOT A CLAIM AGAINST THE GOVERNMENT.**

2. To preserve your rights to Full Replacement Value you **must** file your claim with the TSP within **9 months** of the date of delivery. This can be done through DPS, or if DPS cannot be utilized, by filing your claim through this office.

**NOTE:** If you fail to file your claim within 9 months, you have **two years** from the date you received your goods to file your claim with this office, however, it will likely not be at Full Replacement Value. You **must** file your claim in writing (preferably by submitting a completed DD Form 1842). This two year requirement is established by law - **IT CANNOT BE WAIVED!**

**NOTE:** A claim may be transferred to this office after: 1) 30 days of filing the claim with the TSP and the claim is not completely resolved; or 2) the TSP has made a final offer on a portion of the claim, denied a portion of the claim, or denied the claim in full; or 3) you have received official notice from DPS that the TSP is in bankruptcy or 4) you have received official notice that the TSP has been placed in permanent, world-wide Non-Use status or the approval has been revoked, or contract terminated by SDDC.

## Who may present a claim?

A claim may be presented and signed (filed electronically, completed in ink or typed) by the **owner of the property shipped incident to his/her military service or employment (i.e., active Army, civilian employee of the DA or DOD)** or in his/her name by duly authorized agent or legal representative, who must present a valid **Power of Attorney** or written authorization.

## Private Insurance?

If your loss or damage is covered by private insurance, you **DO NOT HAVE TO FILE** with your private insurance company. You **must** still note on DD Form 1842 whether or not you have private insurance. If you elect not to file with your private insurance company you **must add at block 10, DD Form 1842 “I elect not to file with private insurance”**. Generally you do not have the right to file against your insurer **after** filing a claim against the Army under the Personnel Claims Act. If you elect to file with your private insurance company you must file and settle with your insurance company **before** filing a claim against the U.S. Government.

## **Do not dispose of any damaged/destroyed property and do not have the repairs performed.**

The Claims Office, the Transportation Office (Quality Control), and the carrier may need to inspect the damage. The carrier has a right to inspect the damage within 60 days from the date of delivery or within 60 days of the date damage was reported to the Claims Office on DD Form 1840R (pink form). The Claims Office or Transportation Office may need to inspect the damaged items at any time before your claim is settled.

If the depreciated value of a damaged item is allowed, ownership of that property passes to the Government. Accordingly, you may be required by the Claims Office to turn-in the damaged property to the Defense Reutilization & Marketing Office (DRMO). The necessary documents for turn-in will be furnished to you by the Claims Office before payment of your claim. If you choose to retain the items, the salvage value will be deducted from your claim. It is therefore required that you keep all the damaged items in the same condition as you received them until the carrier's right to inspect them has expired and your claim has been settled (whichever comes last). **Failure to comply may result in a reduction of your claim** (or recoupment) if your claim was settled and carrier recovery is lost because of disposal before the carrier had the opportunity to inspect).

**SEE NEXT PAGE FOR CHECKLIST OF NECESSARY  
PAPERS WHEN WORKING WITH CLAIMS  
PERSONNEL**

**CHECKLIST AND EXPLANATION OF DOCUMENTATION REQUIRED BEFORE YOUR CLAIM MAY BE PAID (if you are getting close to your 2 year statute of limitations to file your claim or you are deploying soon, submit DD Form 1842 or any other written demand for compensation to the claims office. All other documentation may be submitted later).**

\_\_\_ **DD Form 1840/1840R (1850/1851; Notice of Loss At/After Delivery):** Your copy signed and dated by the carrier at time of delivery and/or by the claims office for items reported to claims after the date of delivery.

\_\_\_ **DD Form 1842 - Claim for Personal Property against the United States** (see attached sample, which indicates the minimum information you must provide in the “Date”, “Place”, “Facts”, and “Circumstances” blocks).

**Under Penalty of Law:** Please ensure that you read and complete No. 11 through 16, DD Form 1842 before you, or your agent-in-fact, sign and date the form. If any information that you provide as part of your claim is false, you can be prosecuted.

\_\_\_ **DD Form 1844 - Schedule of Property and Claim Analysis Chart** (see attached sample and instructions below):

**Line Number:** number each item claimed in sequence (1,2,3, etc.).

**Quantity:** For example, if you claim that 6 dinner plates are missing or damaged enter 6. If the 6 dinner plates are part of a set, indicate this also, e.g. a set of 40.

**Damaged Or Lost Item:** Provide a **detailed description** of the item owned by you (for appliances, indicate name brand and model number). Indicate size of TV (20”), freezer (capacity), shrunk, sofa (linear footage), bed (queen), rug (9’x12’), picture frame (13”x 20”), type of wood for furniture (solid oak, particle board, etc). Provide a detailed description of the type, location, and size of the damages (3” tear on left arm of sofa). Be specific - **do not merely list “damaged or broken”**. If the item is missing in shipment, so indicate.

**Original Cost/MM/YY Purchased:** Enter the amount you paid for the item and the month and the year you purchased the item. If you purchased an item used or received it used as a gift, indicate this (i.e., purchased used/family heirloom and add the date you purchased or received the item used.

**Inventory Number:** Enter the corresponding inventory number from your pick-up inventory sheet. It should be the same number you reported on DD Form 1840/1840R (pink form).

**Amount Claimed/Repair Cost/Replacement Cost:** Enter the amount from the estimate of repair or the amount agreed upon with the Claims Office in the “Repair Cost” column (upper part of the column). If you have a German estimate and the amounts are in EUR, leave this column blank. We will help you convert the EUR amounts into dollars when you file your claim. If the item is missing or has a value of more than \$100, also enter the replacement cost (lower part of the column).

\_\_\_ **Estimate of Repair** is normally **required if more than \$100 is claimed for an item. You may agree on a cost of repair/loss of value with the Claims Examiner within \$100.00 for visible damage.** If you intend to claim an amount within **\$50.00** for visible external damage to an item, an **inspection** by the Claims Office is **not necessary**. However, an **inspection** by the Claims Office must be performed if you intend to claim between **\$51.00-\$100.00** without obtaining an estimate of repair. An estimate of repair may be obtained from AAFES repair outlets, or from local firms (see attached list of local repair firms). If the item is an electrical

appliance and has internal damage, the estimator must state the type of damage and the cause of the damage. To avoid problems, please take the electrical appliances to the AAFES Service Mart/Contractor, their electricians know how the estimate must be prepared for claims, and they should also be able to get the parts for repair. If the estimator did not find any damage that can be attributed to rough handling in shipment, no payment may be made for the damage. However, any estimate fee incurred is payable under most circumstances. Furniture estimates must: (1) be itemized; (2) must describe the damage in detail; and (3) should only reflect damages caused during shipment. Estimates from local firms may include the 19% value added tax (VAT). This tax will not be paid since you can avoid paying the VAT by processing the tax relief documentation through your Tax Relief Office. The tax relief fee in the amount of \$4.00, however, may be claimed. You may be required to pay an estimate fee. This fee is reimbursable under most circumstances and should be included in your claim, generally the last item on DD Form 1844. Estimates from local repair firms are generally in EUROS but your claim has to be in dollars. The claims office can help you converting the EUROS into dollars. **If you have to pay an estimate fee you must submit a bill or receipt for the fee.**

**Appraisal fees from professional appraisers are not payable.**

\_\_\_ **Replacement Costs: Required if more than \$100.00 is claimed for an item.** Obtain replacement cost for the item that is **identical or substantially similar** to the item that was lost or is damaged. The replacement cost can be obtained from your local AAFES if they carry similar items. If there is a market for used items (e.g., computers are obsolete as soon as a new model comes), the value of your computer can be determined through the internet for used or refurbished computers). If AAFES store does not carry items similar or comparable to your missing or destroyed item(s), replacement cost may be obtained from a local merchant, a mail order catalog, or the internet (a variety of catalogs is available at the Claims Office and the internet may also be used at the Claims Office if you do not have access). The replacement cost verification must give a detailed description of your missing or destroyed item (brand, model, size, features, quality, such as solid oak, crystal, etc.) and a statement by the sales person indicating that the replacement item is identical or substantially similar to the item you own (a pre-printed form for use at AAFES is attached). If a bill of sale, invoice, or appraisal (i.e. antiques) is used, the item and the value should be clearly identifiable on the document.

\_\_\_ **Purchase Receipt or Similar Evidence** (invoice, bill of sale, cancelled check, or prior appraisal) : **Normally required if more than \$100.00 is claimed for an item.** This is vital if a valuable item is missing in shipment and was not identified by brand name, model number, date of manufacture, (and if applicable, size and material) on the pick-up inventory sheet. If none of these are available, owner's manual, photographs, or video tapes may help to substantiate that you owned the item. If the item was not lost, but damaged, bring the damaged item (if possible) with you when filing your claim.

\_\_\_ **Please bring the following items to the Claims Office for visual inspection:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_ **Please provide photographs to the Claims Office for the following items:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_ **Appointment for the visual inspection at your residence is scheduled for:** \_\_\_\_\_

\_\_\_ **PCS Orders:** Include any amendments and dependent travel orders or quarters assignment (in case of a Local Move without PCS).

\_\_\_ **Pick-up Inventory Sheet:** The carbon copy furnished to you by the carrier when your goods were picked up. If the copy is illegible, you may obtain a legible copy from the origin Transportation Office.

\_\_\_ **DD Form 1299 - Application for Shipment:** If you have not been furnished a copy, please let the

Claims Office know, we will request a copy from the Transportation Office.

\_\_\_ **Government Bill of Lading:** You should have been furnished a copy. If your shipment came out of Non-Temporary Storage, or a copy was not furnished to you, please let the Claims Office know, we will request a copy from the Transportation Office.

\_\_\_ **DD Form 619-1 - Statement of Accessorial Services** (if available): One copy is normally given to you at the time of delivery from the local carrier who delivered your goods.

\_\_\_ **Insurance:** If you filed a claim against your private insurance company furnish a copy of your claim against the insurer and the insurance settlement. If you **elect not to file** with your private insurance write “**I elect not to file with private insurance in block 10, DD Form 1842**”

\_\_\_ **Electronic Transfer Account Information** (form attached). The local Finance Office will only make Electronic Fund Transfer (EFT) Payments directly to your account.

\_\_\_ **Copies of all communication that has previously taken place between you and the transportation provider or their representative handling your claim through DPS.**

\_\_\_ **All printouts from DPS**

#### **Reconsideration:**

If you provide us with the necessary documentation as described above, we will fairly and promptly adjudicate your claim. However, if you disagree with the adjudication of your claim, or if you wish to make a **supplemental claim** for any loss, damage, or incidental expenses (for example, estimate fees, cost to transport items for repair, or sales tax, etc.) that were not previously claimed, you may request reconsideration. Under the provisions of Army Regulation 27-20, paragraph 11-20, you have **60 days from the date of settlement or disapproval of your claim to request reconsideration**. Your request for reconsideration must be in **writing and addressed to the Claims Office**. Make sure you clearly state your factual or legal basis for relief, and attach any additional evidence you want considered. To avoid delays in processing, please notify the Claims Office within **ten (10) days** if you intend to request reconsideration. If you do not inform us of your intent to request reconsideration within **10 days**, your claim will be forwarded for record retirement and it will take us some time to retrieve the file.

## **GUIDE FOR REPAIR/REPLACEMENT**

A vendor's inclusion in the list constitutes neither an endorsement of the firm nor a guarantee as to the quality of the repairs performed.

These names are provided to assist you, the claimant, in obtaining estimates of repair. Most of the firms listed below do not speak fluent English; however, they do speak adequate English. Please be patient with them.

**Euros may be necessary to pay for the estimates. The estimate fee is normally reimbursable if the vendor does not apply it to the actual repair bill. Please submit your receipts to the Claims Office.**

### **REPAIRS**

#### **ELECTRICAL/ELECTRONIC ITEMS:**

**Stereo/TV/HIFI: HiFi Profis** in Wiesbaden, Rheinstrasse 29, 65185 Wiesbaden, Tel: (0611) 3083478 or Mainz branch, Fort Malakoff Park, Rheinstrasse 4 A-N, 55166 Mainz, Tel: (06131) 2756090. Estimate fee is €45. If item is too large to transport safely, they can come to your residence. Please clearly state that you need the estimate to list the cause of damage or malfunction. Hours are M-F 1000-1900 and Saturdays 1000-1800 hrs.

**IT/computers: IT for you:** Boelkestrasse 20, 55252 Mainz-Kastel, Tel: (06134) 18550. Diagnostic fee is €39.50. Please clearly state that you need the estimate to list the cause of damage or malfunction. Hours are M-F 1000-1830 and Saturdays 1000-1400 hrs.

#### **FURNITURE/ UPHOLSTERY/RESTORATION OF ANTIQUE FURNITURE:**

**Holzwerkstaette Wolfgang Vogler GmbH:** Fischbacherstrasse 14, 65197 Wiesbaden, Tel: (0611) 420201. Estimate fee is €80-100. Best to email for appointment at [mail@wvogler.de](mailto:mail@wvogler.de)

#### **FURNITURE of any Material/ CLOCKS /PICTURE FRAMES/GLASS/METAL UPHOLSTERY/RUG REPAIR and CLEANING:**

**Servomatic:** Neuisenburg, Tel: 06103831710 or cell phone 01605520927. EUR 80.00 estimate fee for up to 8 items, plus EUR 7 each for additional items.

#### **WOODEN FURNITURE/PICTURE FRAMES:**

**Magpie Furniture** at Arts Center, Wiesbaden Army Air Field, Tel: DSN 337-5722, CIV 0611 -705-5722

#### **EXPENSIVE FIGURINES/PORCELAIN/CAPODIMONTE:**

**Arios Atelier:** Rheinstr. 85, 65185 Wiesbaden, Tel: (0611) 52 9300. By appointment only or per mail by sending photographs of damaged item with request for estimate.

#### **GLASS REPAIR:**

**Glass Jungels:** Walramstr. 25, 65183 Wiesbaden, Tel: (0611) 40 77 78. Flat and stained glass only. Estimate part of cost if repair work is done there.

### **MUSICAL INSTRUMENTS:**

**Piano Schultz:** Muehlgasse 11-13, 65183 Wiesbaden, Tel: (0611) 99 22 40.

**Musik Spezial Shop:** Moritzstrasse 72, 65185 Wiesbaden, Tel: (0611) 30 00 02 (guitars, keyboards, etc.).

### **BICYCLES/EXERCISE MACHINES:**

**AAFES, Real Sports:** Mainz-Kastel, Tel.: (06134) 69 25 0, Hours, Mon-Sat: 1000 hrs – 20:00 hrs, Sun: 1000 hrs – 1900 hrs.

**Outdoor Recreation Center:** (Free Estimate), WAAF, Bldg 1043 (Next to Tony Bass Gym)

### **MOTORCYCLES:**

**Harley Davidson GmbH:** Kasteler Str. 42, 65185 Wiesbaden, Tel.: (0) 69 40 89 99 0.

**Yamaha:** Suzuki Klose GmbH, Karlstr. 42, 65185 Wiesbaden, Tel.: (0611) 30 39 58.

**Honda R+V Krapp OHG:** Robert-Kochstr. 31, 55129 Mainz, Tel.: (06131) 59 5 93.





SAMPLE

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

## PART I - TO BE COMPLETED BY CLAIMANT *(See reverse side for Privacy Act Statement and Instructions)*

|  |  |  |                                      |  |                                 |
|--|--|--|--------------------------------------|--|---------------------------------|
| <b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial)<br>CLAIMANT, LARRY D.   |  | <b>2. BRANCH OF SERVICE</b><br>ARMY  | <b>3. RANK OR GRADE</b><br>E-7 (SFC) | <b>4. SOCIAL SECURITY NUMBER</b><br>555-55-5555  |                                 |
| <b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)<br>1313 MOCKINGBIRD LANE, ANYTOWN, TX 00000  |  | <b>6. CURRENT MILITARY DUTY ADDRESS</b> (if applicable)(Street, City, State and Zip Code)<br>HSC, V CORPS<br>CMR 467, Box 5555<br>APO, AE 09096  |                                      |  |                                 |
| <b>7. HOME TELEPHONE NO.</b> (Include area code)<br>SELF EXPLANATORY   |  | <b>8. DUTY TELEPHONE NO.</b> (Include area code)<br>SELF EXPLANATORY   |                                      | <b>9. AMOUNT CLAIMED</b><br>\$FILL IN TOTAL  |                                 |
| <b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.)<br>My household goods were picked up from <u>That Place, There</u> on <u>This Date, 20</u> and delivered to <u>This Place, Here</u> on <u>This Date, 20</u> . I (did) (did not) annotate loss/damage on DD Form 1840/1840R. <b>PUT ANY INFORMATION YOU WANT CONSIDERED.</b>   |  |  |                                      |  |                                 |
| <b>BLOCKS 11 THROUGH 15 MUST BE CHECKED AS APPROPRIATE. IF THEY ARE NOT, YOUR CLAIM WILL NOT BE CONSIDERED. READ NO. 16 BEFORE SIGNING!</b>  |  |  |                                      |  |                                 |
|  |  |  |                                      | <b>YES</b>   | <b>NO</b>                       |
| <b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (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.)   |  |  |                                      |  |                                 |
| <b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (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.)  |  |  |                                      |  |                                 |
| <b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.)  |  |  |                                      |  |                                 |
| <b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)   |  |  |                                      |  |                                 |
| <b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)   |  |  |                                      |  |                                 |
| <b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b><br>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.<br>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.<br>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. |  |  |                                      |  |                                 |
| <b>MUST BE SIGNED!</b>   |  |  |                                      | <b>18. DATE SIGNED (YYYYMMDD)</b><br><b>Date when submitting form to claims office</b> |                                 |
| <b>LEAVE PART II BELOW BLANK</b>   |  |  |                                      |  |                                 |
| <b>PART II - CLAIMS APPROVAL (To be completed by Claims Office)</b>  |  |  |                                      |  |                                 |
| <b>19. PROCEDURE</b> (X one)   |  | <b>20. AMOUNT AWARDED.</b> 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: |                                      |  | <b>AMOUNT AWARDED</b><br><br>\$ |
| a. SMALL CLAIMS  |  |  |                                      |  |                                 |
| b. REGULAR CLAIMS  |  |  |                                      |  |                                 |
| <b>21. SIGNATURES</b> (Signatures at a and c not required if small claims procedure is utilized.)  |  |  |                                      |  |                                 |
| a. CLAIMS EXAMINER   |  | b. DATE SIGNED (YYYYMMDD)  |                                      | c. REVIEWING AUTHORITY   |                                 |
| e. TYPED NAME AND GRADE OF APPROVING AUTHORITY   |  | f. SIGNATURE OF APPROVING AUTHORITY  |                                      | g. DATE SIGNED (YYYYMMDD)  |                                 |

| <b>CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE</b>  |   |   |                                      |
|--|---|---|--------------------------------------|
| <b>PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions)</b>  |   |   |                                      |
| <b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial)   | <b>2. BRANCH OF SERVICE</b>   | <b>3. RANK OR GRADE</b>   | <b>4. SOCIAL SECURITY NUMBER</b>     |
| <b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)  |   | <b>6. CURRENT MILITARY DUTY ADDRESS</b> (if applicable)(Street, City, State and Zip Code)<br>CMR                      BOX<br>APO AE |                                      |
| <b>7. HOME TELEPHONE NO.</b> (Include area code)   | <b>8. DUTY TELEPHONE NO.</b> (Include area code)  | <b>9. AMOUNT CLAIMED</b><br>\$  |                                      |
| <b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.)   |   |   |                                      |
| I DO/DO NOT ELECT TO FILE WITH MY PRIVATE INSURANCE  |   |   |                                      |
|  |   |   | <b>YES</b>                           |
|  |   |   | <b>NO</b>                            |
| <b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (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.)   |   |   |                                      |
| <b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (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.)  |   |   |                                      |
| <b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.)  |   |   |                                      |
| <b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)   |   |   |                                      |
| <b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)   |   |   |                                      |
| <b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b><br>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.<br>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.<br>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. |   |   |                                      |
| <b>17. SIGNATURE OF CLAIMANT</b> (or designated agent)   |   |   | <b>18. DATE SIGNED</b><br>(YYYYMMDD) |
| <b>PART II - CLAIMS APPROVAL (To be completed by Claims Office)</b>  |   |   |                                      |
| <b>19. PROCEDURE</b> (X one)   | <b>20. AMOUNT AWARDED.</b> 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 |   | <b>AMOUNT AWARDED</b><br>\$          |
| a. SMALL CLAIMS  |   |   |                                      |
| b. REGULAR CLAIMS  |   |   |                                      |
| <b>21. SIGNATURES</b> (Signatures at a and c not required if small claims procedure is utilized.)  |   |   |                                      |
| a. CLAIMS EXAMINER   | b. DATE SIGNED<br>(YYYYMMDD)  | c. REVIEWING AUTHORITY  | d. DATE SIGNED<br>(YYYYMMDD)         |
| e. TYPED NAME AND GRADE OF APPROVING AUTHORITY   |   | f. SIGNATURE OF APPROVING AUTHORITY   | g. DATE SIGNED<br>(YYYYMMDD)         |

ELECTRONIC FUNDS TRANSFER  
ACCOUNT INFORMATION

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Unit: \_\_\_\_\_

Phone: \_\_\_\_\_(duty) \_\_\_\_\_(other)

**BANK ACCOUNT INFORMATION**

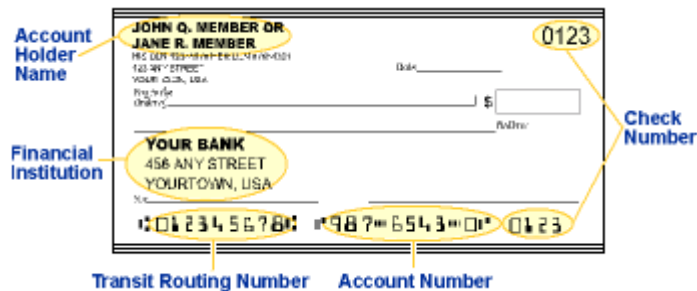
Bank or Financial Institution: \_\_\_\_\_

Type of Account:   Checking   ☐   Savings   ☐

Routing Number: \_\_\_\_\_

(This is the 9-digit number between the | : symbols at the bottom of your check.)

Account Number: \_\_\_\_\_



I understand that I am responsible for the accuracy of the information that I have provided to the Wiesbaden Claims Office in order to allow payments to the account that I have specified.

\_\_\_\_\_  
(Signature)