

LOSS/DAMAGE TO PERSONAL PROPERTY IN QUARTERS OR OTHER AUTHORIZED PLACES, INSTRUCTIONS FOR FILING A CLAIM FOR (AR 27-20, CHAPTER 11)

To ensure adequate compensation for property lost or damaged while in quarters or other authorized places, it is essential that you comply with the following requirements. **Do not allow the two year statute of limitations period to file your claim expire.** If you have any questions on completing your claim, please feel free to 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.**

Who may present a claim?

A claim must be presented and signed (completed in ink and signed) by the owner of the property that was lost or damaged at an authorized place incident to his/her military service or employment, or presented in his/her name by a duly authorized agent or legal representative in the owner's name signed and completed in ink by the authorized agent or legal representative, who must present a valid Power of Attorney.

When must your claim be filed?

Your claim must be filed in writing (preferably by submitting DD Form 1842 and DD Form 1844) within two years of the date of the incident causing the loss or damage. This two year requirement is established by law. **IT CANNOT BE WAIVED!**

Private Insurance

If your loss or damage is covered by private insurance, you **must file and settle your claim against the insurance before your claim against the Government may be paid.** Check your policy for the time prescribed for filing. A copy of: (1) your insurance policy; (2) your demand against your insurer, and (3) the insurance settlement must be submitted with your claim. Failure to do so may result in a reduction of the amount otherwise allowable or in a denial of your claim. As a general rule, the Army does not merely pay the deductible amount. Rather, the Army must determine how much the Army would pay for the same items, and deduct the amount paid by private insurance. If the insurance payment is less than what the Army would have paid, then the Army will pay the difference. Differences between what insurance pays and what the Army pays may be due to use of different depreciation rates, or different estimates.

Do not dispose of any destroyed/damaged property until your claim is settled

The Claims Office may have to inspect the damaged property. Obtain estimates of repair as explained in this guide, but do not have the actual repair done without consulting the Claims Office. If you are paid for the replacement cost of property, less any applicable depreciation, 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 and Marketing Office (DRMO) in Mainz-Kastel before payment of your claim. The necessary documents for turn-in will be furnished to you by the Claims Office. If you choose to retain the item, salvage value will be deducted from the amount allowable.

CHECKLIST AND EXPLANATION OF DOCUMENTS REQUIRED BEFORE YOUR CLAIM MAY BE PAID (If you are getting close to your 2 year statute of limitations or are deploying, make sure you submit DD Form 1842 or other written demand, all other documentation may be submitted later):

___ **DD Form 1842 - Claim for Personal Property against the United States.** Read the instructions on the form carefully. State the date, place, facts and circumstances in your own words. Statements such as “MP Report attached” are not acceptable.

NOTE: If you have private insurance covering your claim, answer #3.a and #3.b accordingly. Ensure that you, or your agent-in-fact, have signed and dated the claim.

___ **DD Form 1844 - Schedule of Property and Claim Analyses Chart:** If you have more than one item enter #1, 2, 3, etc.

Quantity: e.g. 2 (tires).

Damaged or Lost Item: Describe the item in detail (for appliances, indicate brand name, model number, size, etc.) If the damaged item is a POV, list make, model, year, and describe the parts damaged or lost.

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

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 the item was stolen or is damaged beyond economic repair or the item is missing, enter the replacement cost (lower part of the column).

___ **Estimate of Repair (Not needed if a Cost of Repair or Loss of Value was agreed upon with the Claims Office):** An estimate of repair may be obtained from AAFES Service Mart, or from local repair firms, (a list of local repair firms may be obtained from the Claims Office). For nominal repairs which do not warrant a written estimate, you may agree on a cost of repair within \$100.00, provided it is for visible external damage. However, the Claims Office must inspect the item if more than \$50.00 is claimed. Estimates from local firms will include 19% value added tax (VAT). This tax will usually not be paid, since you can avoid paying the VAT

by processing the tax relief documentation through the Tax Relief Office. The tax relief fee in the amount of \$4.00, however, may be claimed. You may also be required to pay an estimate fee, which is reimbursable under most circumstances (i.e., provided your claim is payable, if the firm does not subtract that fee from the repair bill, and the estimate fee is not inflated, etc.), and should be included in your claim as the last item on DD Form 1844. **EXPERT OPINION FEES ("GUTACHTEN") ARE GENERALLY NOT COMPENSABLE!!!**

___ **An estimate is required for the following items:** _____

___ **Replacement Cost:** You must determine the replacement cost for a new item which is identical or substantially similar to the item which was lost or destroyed beyond economic repair. In most cases replacement costs for these items can be obtained from your local AAFES/PX Outlet. If AAFES does not carry an item that is substantially similar to yours, replacement costs may also be obtained from a local merchant or a mail order catalog, or you can use the Internet. A written statement reflecting that the replacement item is similar/comparable to the one you owned is required (a preprinted form for use of AAFES/PX may be obtained from the Claims Office). **The Claims Office has a master listing from AAFES/PX containing the replacement costs for most electronic equipment.** You may use this list at our office. If a catalog is used to substantiate replacement cost, make a copy of the page used, provide the name of the company, the catalog edition, and the page number, or bring the catalog with you when you file your claim. If a bill of sale or an invoice is used, ensure the description of the item and the price are clearly reflected on the document. If the Internet was used, bring a printed copy of web page or provide the web page address to the Claims Office.

___ **Replacement cost verification is required for the following items:** _____

___ **Proof of Ownership:** You must substantiate ownership of the lost, damaged or destroyed item. For a POV, normally your vehicle registration suffices. For other items purchase receipts or similar evidence such as invoices, bills of sale, canceled checks, credit card statements, etc. are required if more than \$100.00 is claimed for an item. If you are not in possession of such evidence, owner's manuals, prior appraisals, photographs, etc. may help substantiate that you owned the item.

___ **Inspection:** Bring the POV or other items that you can carry, to the Claims Office for visual inspection.

The following items need to be inspected by claims personnel: _____

___ **Copy of the MP Blotter:** (or at least the MP Report number) for items that were damaged on the installation or your government residence.

___ **Private Insurance:** Copy of Insurance Policy, your demand to the insurance company, and the insurance settlement are required if your loss/damage is covered by private insurance. If you did not have private insurance, read, sign, and date the attached insurance statement.

___ **Verification of Loss/Damage** from DPW/Unit (signed by an E-6 or above): If, for example, you suffer loss or damage from water damage, power surge, etc.

___ **Copy of Housing Rental Contract/Quarters Assignment:** If the loss or damage occurred at your off-post residence or assigned quarters.

___ **Completed Direct Deposit Form** (sample attached) for the Finance Office (Electronic Fund Transfer Payment only!).

Additional information may be required by the Claims Office depending on the circumstances of the incident giving rise to your claim.

Reconsideration:

If you provide us with the necessary documentation 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 (e.g. as estimate fees, drayage, or sales tax, etc.) which 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:

Electrotech: Mainz-Kastel, In der Witz 14-18, Bldg 4001, Tel.: (06134) 560956. Hours: Mon: CLOSED, Tue-Fri: 10:00 – 19:00, Sat-Sun: 10:00-18:00. Please mention that you need the

estimate for claims purposes. AAFES Form 6650-794 should read “for claim estimate only.”

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

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 item

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.

ELECTRONIC FUNDS TRANSFER

PERSONAL INFORMATION

Name: _____

Full SSN: _____

Unit: _____

Phone: _____(duty) _____(other)

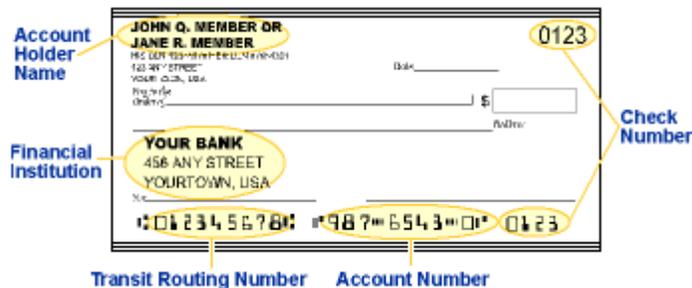
BANK ACCOUNT INFORMATION

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)

1. NAME OF CLAIMANT (Last, First, Middle Initial)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

3. PICK-UP DATE (YYYYMMDD)

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

4. DELIVERY DATE (YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

a. NAME

b. POLICY NO.

15. INVENTORY DATE (YYYYMMDD)

21. CLAIM NUMBER

22. NET WT/MAX CAR

5. LINE QTY

6. LOST OR DAMAGED ITEMS

8. INV NO.

9. ORIGINAL COST

10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED (or) a. Repair Cost

b. Replacement Cost

16. EXCEPTIONS

18. EXCEPTION SHEET DATE (YYYYMMDD)

19. INV NO.

20. EXCEPTIONS

23. GBL NUMBER

24. LOT NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY

29. CARRIER LIABILITY

12. REMARKS

13. TOTAL \$

0.00

30. TOTAL AMOUNT ALLOWED \$

0.00

31. THIRD PARTY LIABILITY

\$

0.00

\$

0.00

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 *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

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>
---	---

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 *(Signatures at a and c not required if small claims procedure is utilized)*

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>)</p> <p>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>)</p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>		
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

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)*

1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, LARRY D.	2. BRANCH OF SERVICE ARMY	3. RANK OR GRADE E-7 (SFC)	4. SOCIAL SECURITY NUMBER 555-55-5555
5. HOME ADDRESS (Street, City, State and Zip Code) 1313 MOCKINGBIRD LANE, ANYTOWN, TX 00000		6. CURRENT MILITARY DUTY ADDRESS (if applicable)(Street, City, State and Zip Code) HSC, V Corps, CMR 467, Box 5555 APO, AE 09096	
7. HOME TELEPHONE NO. (Include area code) SELF EXPLANATORY	8. DUTY TELEPHONE NO. (Include area code) SELF EXPLANATORY	9. AMOUNT CLAIMED \$FILL IN TOTAL	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.)

THIS BLOCK MUST INCLUDE ALL THE DETAILS OF THE EVENT TO INCLUDE THE 5W'S. IT SHOULD ALSO INCLUDE EXACTLY HOW THE ITEM(S) WERE DAMAGED, STOLEN, OR ARE NOW MISSING.

BLOCKS 11 THROUGH 15 MUST BE CHECKED AS APPROPRIATE. IF THEY ARE NOT, YOUR CLAIM WILL NOT BE CONSIDERED. READ NO. 16 BEFORE SIGNING!

	YES	NO
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (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.)	<input type="checkbox"/>	<input type="checkbox"/>
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 demand before you submit a claim against the Government.)	<input type="checkbox"/>	<input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

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 (or designated agent)	18. DATE SIGNED (MMYYDD) Date when submitting form to claims office
MUST BE SIGNED!	
LEAVE PART II BELOW BLANK	

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	AMOUNT AWARDED
a. SMALL CLAIMS	proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable	\$
b. REGULAR CLAIMS	procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	

21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)

a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (MMDDYY)