

**PRIVATELY OWNED VEHICLE (POV)**  
**INSTRUCTIONS FOR FILING A CLAIM FOR LOSS/DAMAGE**  
**INCIDENTAL TO SHIPMENT OF (AR 27-20, CHAPTER 11)**

To ensure adequate compensation for loss or damage incidental to the shipment of your POV, it is essential that you comply with the following requirements. Do not allow the **two year** limitation period to expire. If you have any questions on completing your claim, please call the claims office at **DSN 537-0664 or 0675, 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 may be presented and signed (completed in ink or typed) by the owner of a POV, shipped incident to his/her military service or employment, or in his/her name by a duly 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** from the date you picked up your vehicle from the Vehicle Processing Center. 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 do not have to file with your insurer** (see attached information paper on private insurance). 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 you must **add at block 10 or block 12, 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 against your private insurance company you **must** file and settle with your insurance company **before** filing your claim against the U.S. Government under the Personnel Claims Act.

**NOTE: Do not dispose of any damaged/destroyed items/parts before your claim is settled.** The Claims Office needs to inspect your vehicle. If replacement cost is awarded for an item/part, less any applicable depreciation, ownership of the property replaced passes to the Government. Accordingly, you may be required by the Claims Office to turn in the damaged item to the Defense Reutilization & 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, the salvage value of that item will be deducted from your claim. Obtain estimates of repair as explained below. **Do not have the actual repair performed without consulting the Claims Office.**

## CHECKLIST AND EXPLANATION OF DOCUMENTS REQUIRED BEFORE YOUR CLAIM MAY BE PAID:

\_\_\_ **DD Form 1842 - Claim for Personal Property against the U.S. Government:** (see attached sample which indicates the minimum information you must provide in the “Date”, “Place”, “Facts”, and “Circumstances” blocks). 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 (i.e., the date of claim is actually submitted to the Claims Office).

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

**Line Number:** Enter #1, 2, 3, for each part (or quarter panel).

**Quantity:** If you claim, e.g., 2 tires or 4 hub caps are damaged/missing enter 2 or 4.

**Damaged or lost item:** First list the year, make, model of your POV and then describe the nature of the damage, breaking it down by quarter panel. Provide a detailed description of the type, location, and extent of the damage. Be specific, do not merely state “damaged or broken”. Damage claimed should conform to the damage verified on DD Form 788.

**Original Cost/MM/YY purchased:** Enter the amount you paid for the vehicle and the month and year you purchased the vehicle. For the break down, only enter purchase price and date if the item was not included in the purchase of the vehicle, e.g., tires, stereo, etc., purchased separately.

**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. If the estimate is in EUROS please leave the amount claimed blank, the Claims Examiner will help you to convert the EUR amount into U.S. Dollars. If the item is missing or the repair cost exceeds the depreciated value of the item, enter the replacement cost (see instructions below for estimates and replacement costs).

\_\_\_ **American Auto Logistics Vehicle Inspection Form - VISF:** The original copy furnished to you at the time you picked up your vehicle, bearing verification of damages found at the time you picked up your vehicle. **(The Claims Office will provide you with a photocopy of the VISF, please keep it, you may be required to submit this copy when you ship your car again to your next duty station).**

\_\_\_ **Vehicle Inspection:** Bring your vehicle to the Claims Office for visual inspection of the extent of the damage before obtaining an estimate of repair. Ensure that your car is clean.

\_\_\_ **Orders:** PCS Orders authorizing the POV Shipment.

\_\_\_ **Insurance:** If you filed a claim against your insurer furnish a copy of your claim against your insurer and the insurance settlement. If you do not wish to file with your insurer state **“I elect not to file with my private insurer”** on DD Form 1842. Please still submit a copy of your auto insurance policy/card that currently covers the vehicle, and, if different, the insurance policy that covered your vehicle while in transit.

\_\_\_ **Estimate of Repair:** (Not necessary if you agreed on a cost of repair/loss of value within \$100.00 with the Claims Examiner upon visual inspection of your POV). A list of local repair shops is attached. **Please use the pre-printed Estimate Form attached when you go to the Repair Shop.** Estimates must list the damages (breakdown by part or quarter panel) and should reflect only the damage caused during shipment. Estimates for internal or mechanical damage **must reflect** the type and nature of damage, the cause of the damage (i.e.,

rough handling, wear and tear, mechanical or structural failure, manufacturer's defect, etc.). Costs for replacement of parts on American made cars should be obtained from AAFES Garage. You may be required to pay an estimate fee. The estimate is reimbursable under most circumstances if the repair firm does not deduct it from the bill upon repair. This should be included in your claim, generally the last item on DD Form 1844. Bring the receipt for the estimate fee when filing your claim (the estimate may be your receipt if it states the amount and date you paid it).

Estimates from local repair shops will include the 19% Value Added Tax (VAT). This tax will not be paid since you can avoid paying the VAT by processing the bill through the Tax Relief Office. The Tax Relief Fee in the amount of \$4.00, however, may be claimed. Please see list of potential, but not exclusively used, repair firms below.

**NOTE: Expert Appraisal ("Gutachten") Fees are not compensable.**

\_\_\_ **USAREUR Registration:** Please submit a copy of your vehicle registration for proof of ownership. For missing car stereo, tires, new mufflers etc., a purchase receipt or similar evidence, such as invoice, bill of sale, canceled check, etc., that must list the item purchased and date, are normally required if more than \$100.00 is claimed for the item. If none of this evidence is available, provide an owner's manual, photographs, or similar evidence of what was lost. If the item was not lost but damaged, bring the damaged item to the Claims Office for inspection when you file your claim.

\_\_\_ **Replacement Cost:** In addition to proof of ownership of missing items, you must also determine the replacement cost for a new item which is identical or substantially similar to the item which was lost or damaged beyond economic repair. In most cases replacement cost for these items can be obtained from your local AAFES/PX outlet. You must submit a written statement indicating that the replacement item is identical or similar to the item you owned (a pre-printed form for the use of AAFES/PX may be obtained at the Claims Office).

\_\_\_ **Electronic Transfer Account Information (Form attached).** The Finance Office will only make electronic fund transfer (EFT) payments directly into your account.

### **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 such as estimate fees, drayage, or sales tax, etc., 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 this Claims Office**. Please make sure you clearly state the 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 **thirty (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.

## REPAIR FIRMS

This list is not exhaustive and not to be construed as an endorsement or recommendation by the U.S. Government. However, please consult this office before using an unlisted firm. Estimates from a firm that cannot repair your car or is known for inadequate work, exorbitant estimate fees, or unusually high repair charges, cannot be used.

**NOTE: Do not obtain an expert opinion (“Gutachten”). These experts (“gutachter”) do not perform repairs, and expert opinion fees are very high and may not be paid under the provisions of Army Regulation 27-20.**

## WIESBADEN AREA

**Autowerkstatt Walter Puzzo GmbH**, Jacob-Schick-Str. 17, 55252 Mainz-Kastel, Tel (06134) 62928 (Body work/paint/mechanical). Specializes in Smart Repair. Email: [autowerkstattpuzzo@gmx.de](mailto:autowerkstattpuzzo@gmx.de)

**Der Lackdoktor**, Wiesbadener Str 30, 55252 Mainz-Kastel, Tel (06134) 2918170/ cell 0179-4725075 (Body work and paint) Specializes in Smart Repair

**Autolackiererei Haas GmbH**, Schwarzenbergstr. 7c, 65189 Wiesbaden, Tel.(0611) 76 1015 (Body work/paint jobs). Estimate is 50 euro max and credited if repair done there.

**Autohaus Zimmermann**, Rheintalstr. 28, 65199 Wiesbaden, Rheintalstr. 28, Tel 0611/974 9225 (Body work/ auto repair/ paint jobs)

**Rueck & Glimm GbR**, Berlinerstr. 249, 65205 Wiesbaden, Tel.: (0611) 790 07 37 (No Body work/paint job. Strictly mechanical work)

**Car Care Center**, Bldg. 4005, Mainz Kastel, Tel.: (06134) 40 11. (No Body work/paint job. Strictly mechanical work)

**Reasonable estimate fees are payable as part of your claim, unless the repair shop credits the fee towards the repair bill.**

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 WTM/AX CAR

5. LINE QTY NO.	6. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED (a/)		15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY		
				a. Repair Cost	b. Replacement Cost													
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 reverse side for Privacy Act Statement and Instructions)

<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) CMR            BOX 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> \$	

**10. CIRCUMSTANCES OF LOSS OR DAMAGE** (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>
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**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.)

**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.)

**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.)

**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 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.

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

<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>
a. SMALL CLAIMS		\$
b. REGULAR CLAIMS	:	

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

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

ELECTRONIC FUNDS TRANSFER  
ACCOUNT INFORMATION

**PERSONAL INFORMATION**

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

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

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

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

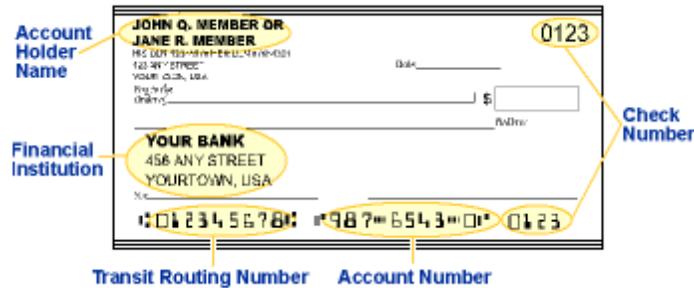
**BANK ACCOUNT INFORMATION**

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)