



PLEASE READ ALL INFORMATION CONTAINED IN THIS CLAIMS PACKET. REVIEW THE CHECKLIST TO MAKE SURE YOU HAVE PROVIDED ALL NECESSARY INFORMATION.

AFTER YOU COMPLETE YOUR CLAIM FORMS, PLEASE CALL LEGAL ASSISTANCE AT 751-4287 TO SCHEDULE AN APPOINTMENT TO SUBMIT YOUR CLAIM .

YOUR CLAIM MUST BE FILED NO LATER THAN

Soldiers will receive payment via Electronic Funds Transfer. Other claimants will receive a check in the mail.

Note: If you purchased Full Replacement Protection, file a claim with your carrier immediately.

**U.S. ARMY TRAINING CENTER AND FORT JACKSON
OFFICE OF THE STAFF JUDGE ADVOCATE
9475 KERSHAW ROAD
ATTN: CLAIMS DIVISION
FORT JACKSON, SC 29207**

**TELEPHONE: (803) 751-7504
FACSIMILE (803) 751-6848**

**DSN: 734-7504
DSN: 734-6848**

**WELCOME TO FORT JACKSON
COMMUNITY !!!!!**



We are here to assist you in the preparation and filing of your claim for damaged/missing household goods and/or hold baggage.

LOCATION: 9475 Kershaw Road at the corner of Kemper, Kershaw, and Pickens Streets, next to Tank Hill Chapel.

**PHONE NUMBER: COMMERCIAL (803) 751-7504
DSN 734-7504**

HOURS: 0900-1600

This packet is designed to assist you in the preparation and filing of your claim for damaged/missing household goods and/or hold baggage. The following guidance outlines some of the rights and obligations of carriers and service members in the claims process.

DO NOT dispose of damaged property until you claim has been settled with satisfaction and/or you have been authorized to do so by claims office personnel. Improper disposal of any property may result in the deduction of salvage value of that property from the amount otherwise payable. The carrier has 90 calendar days from delivery of shipment for loss an/or transit damage.

REMEMBER: For a successful claim, you must substantiate *ownership* and *value*. For expensive items, such as Hummels, Lladros, jewelry, or original paintings, or crystal—proof of purchase/ownership is essential. Photos, purchase receipts, canceled checks, owner's manuals or other similar proof will be required.

FRAUDULENT CLAIMS: A claim may be completely denied if determined to be substantially tainted by fraud. Fraud includes the following: inflated replacement costs, improper dates of purchase, claiming items never owned, failure to disclose insurance for pre-existing damage. Fraudulent claims constitute a false official statement and are subject to prosecution under the Uniform Code of Military Justice.

INFORMATION ABOUT FILING YOUR CLAIM

NOTICE: Claimants must notify the local claims office with a DD Form 1840/1840R within 70 calendar days of delivery. The DD Form 1840/1840R is the pink form that the carrier provides when delivering your shipment. If you discover additional damage or loss after turning in this form to the claims office, call the claims office to find out if there is time to provide notice to the carrier. Failure to provide prompt notice to the claims office may result in total loss of compensation for those items.

WHEN TO FILE: Your claim must be filed within two years of the date you received delivery of your household goods or hold baggage. Your deadline to file should appear on the cover page of this packet.

WHO MAY FILE: A household goods/hold baggage claim may be presented only by a member of the Active Army, a civilian employee of the DA, or a DOD dependent school teacher, or his or her authorized agent or legal representative. The claimant may authorize another (including a spouse) to file a claim on his or her behalf with a power of Attorney. The document must specifically grant permission to file a claim. Payment is made in the claimant's and sent to the address indicated. If an individual other than the proper claimant is filing the claim, the DD Form 1842 should be signed Claimant- by Claimant, Attorney-in-fact.

RECONSIDERATION: A claimant has 60 calendar days from the settlement date of the claim to request reconsideration. Requests that do not provide any factual/legal basis, new information, or clearly state a basis for additional payment is normally denied.

REQUIRED DOCUMENTATION: (Original Documents-No Photocopies) here are some of the documents you may be required to provide.

- DD Form 1840/1840R (Pink Form)
- DD Form 1842 "Claim for Loss or Damage to Personal Property"
- DD Form 1844 "List of Property and Claims Analysis Chart"
- Inventory
- PCS/Separation/Retirement Orders with Amendments
- DD Form 1299 (Obtain from transportation)
- Government Bill of Lading (Obtain from transportation)
- Insurance Settlement (if you have received an insurance payment)
- DD Form 1164 (Storage Only-Obtain from transportation)
- Estimates of Repair/Replacement Costs and Proof of Ownership
- Electronic Repair Form (if electronic items need repair)
- Missing Item Statement (if you have missing items)
- Power of Attorney (if you are signing the claim forms for another person) *
- Certification of Non-availability of Insurance

Place a check in front of the document you are submitting with your claim. Submit this checklist with your claims documents. Do not dispose of property until you are told to do so. NOTE: If you purchased Full Replacement Protection, file a claim with your carrier immediately.

DD Form 1840/R (pink form provided by your carrier).

DD Form 1842 (Claim for Loss or Damage to Personal Property).

DD Form 1844 (List of Property and Claims Analysis Chart).

Inventory of your household goods.

PCS or Separation or Retirement Orders with amendments.

____ DD Form 1299 (Application for Shipment). Get this form from your Transportation Office. The Fort Jackson telephone number is 751-7694.

Government Bill of Lading. Get this form from your Transportation Office.

____ DD Form 1164 (Provide if your items were delivered from storage. Get this form from your Transportation Office).

Declaration of Claimant.

____ Proof of Purchase Price. You must substantiate ownership and value for each claimed item. Provide purchase receipts, canceled checks, photos and owner's manuals for the items on your claim.

____ Insurance settlement (if your items are insured, file with your insurer and submit all documents concerning insurance payment for each item).

Estimates for Repair (if you are claiming that your items need repair).

Electronic Repair Form (if you are claiming that your electronic items need repair-e.g washer, dryer, toaster, computer, VCR, TV, freezer).

Missing Item Statement (if you are claiming that items are missing)

Power of Attorney (if someone other than the soldier has signed the DD Form 1842).

Affidavit (if you wish to provide a statement concerning any issue relevant to your claim).

Date signed

Signature of claimant

Printed name of claimant

WELCOME TO THE FORT JACKSON COMMUNITY!!!

Declaration of Claimant

LIST OF BUSINESSES

2.

Below is a list of businesses that may provide estimates of repair on various items. You are not limited to these businesses. This list is provided as a service to you.

DISCLAIMER: The Claims Office neither recommends nor warrants the workmanship of listed businesses.

ESTIMATE FEES: Some businesses credit the cost of the estimate to the repair costs. AR 27-20, paragraph 11-15a, requires that the amount credited to repair be deducted from the amount you are awarded regardless of whether the item is actually repaired.

ELECTRONIC/ELECTRICAL ITEMS

Noah's Attic
3408 Hard Scrabble Rd.
788-2964

Fairmont Television Service, Inc.
7014 Fairmont Drive
783-0481

Eau Claire TV Service, Inc.
4912 Fairfield Road
786-5668

Forrest Lake TV & VCR Sales/Service
4231 Bethel Church Road
787-3555

Audiovisual
4422 Devine Street
782-3070

FURNITURE AND UPHOLSTERY REPAIR

Decorative Upholstery
1729 Crestview Avenue
787-5678

Ace Blind and Shade
638 Sunset Blvd.
796-5594

Palmetto Custom Services
1827-B Two Notch Road
931-0025

Atlas Road Upholstery
2301 Atlas Road
735-9322

Auston's Restoration
620 Sunset Blvd.
739-6542

Colonial Woodworks
1709 Laurel Street
254-7519

CARPET AND UPHOLSTERY CLEANING

Aardvark Carpet Cleaning
781-1977

Chem.-Dry
Columbia
787-5700

Better Homes Carpet
& Upholstery Cleaning
(803) 781-1980

First Response
750-5538

Mayhem & Mishaps
419-9118 or 877-245-9911

ServiceMaster
735-8181

GLASS

ACE Glass
5506 Two Notch Road
754-2872

Grite Glass
2355 Two Notch Road
771-0273

Glass Shop Inc.
6713 Two Notch Rd
736-0655

CLOCKS

Clock Doctor
7304 Two Notch Road
736-2872

Furniture Market
9661 Garners Ferry Road
783-5992

Walker Clock
4453 Devine Street
252-5625

CHINA/FLATWARE

Replacements, Ltd.
P.O. Box 26029
Greensboro, NC 27420
(910) 697-3000

Patterns Unlimited
Box 15238, Dept. FM
Seattle, WA 98115
(205) 523-9710
(800) 222-1613

Worldwide Collectibles
Box 158
2 Lakeside Ave.
Berwyn, PA 19312-0158

Noritake Svc. Center
Box 2340, Dept. F
Chicago, IL 60651
(800) 562-1991
(800) 525-9291

Walter Drake
Silver and China Exchange
Drake Building
Colorado Springs, CO 80940

INCIDENTAL EXPENSES: The Personnel Claims Act authorizes a payment for loss or damage to personal property only. Inconvenience or loss of use, such as interest charges, telephone calls, lodging or food costs while awaiting arrival of shipment, vehicle rental, photo development charges, cost of insurance premiums, or similar expenses are not payable.

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> DOE, JOHN OR JANE	2. BRANCH OF SERVICE ARMY	3. RANK OR GRADE E-7	4. SOCIAL SECURITY NUMBER 555-23-5500
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i> 2211 MAPLE STREET COLUMBIA, SC 29222		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i> VICTORY BDE HQ FORT JACKSON	
7. HOME TELEPHONE NO. <i>(Include area code)</i> (803)555-2739	8. DUTY TELEPHONE NO. <i>(Include area code)</i> (803)555-0411	9. AMOUNT CLAIMED \$777.36	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i> On _____ my household goods/holdbaggage was picked up from _____. (date) On _____ my house/holdbaggage was delivered to _____ at delivery I noticed my rug was stained and a box of clothes were missing and sofa was torn. All other damage/missing items were noticed after movers left.			

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
		X
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>		X
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>		X
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>		X
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>		X

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> <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	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:	\$
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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>

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 *(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>) 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	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	SGT. JANE OR JOHN DOE	
2. CLAIMANT'S INSURANCE COMPANY (if applicable)		
a. NAME	b. POLICY NO.	
3. PICK-UP DATE (YYYYMMDD)	2001 AUG 10	
4. DELIVERY DATE (YYYYMMDD)	2002 MAR 6	
NAME OF INSURANCE		

5.	6.	7. LOST OR DAMAGED ITEMS	8.	9. ORIGINAL	10. PURCHASED	11. AMOUNT CLAIMED (or) a. Repair Cost b. Replace-ment Cost
LINE NO.		(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	INV NO	MMYYYY	MMYYYY	
1	1	5X8 RECTANGLE RUG-STAINED	47	11/94		25.00
2	4	BOX OF CLOTHES-MISSING (MENS POLO SHIRTS(OLD NAVY)	91	07/02		67.96
	6	JEANS-LADIES JEANS (GAP)	91	95/96		210.00
3	1	SOFA- RIPPED AND MILDREWE	1	8/02		325.00
4	1	SCRUNK-CORNER UNIT CRUSHED	11	7/96		1325.00
5	1	SONY DVD PLAYER- MODEL SR22 WILL NOT PLAY	3	1/02		199.00
6	1	FURNITURE ESTIMATE FOR ITEMS 3 & 4	11			50.00
7	1	ELECTRONIC ESTIMATE FOR ITEM 5	3			10.00
12. REMARKS			13. TOTAL			
			777.96			

DD FORM 1844, MAY 2000

PREVIOUS E

INV NO- INVENTORY NUMBER FROM YOUR INVENTORY
 IF THE ENTIRE BOX IS MISSING, STATE INVENTORY
 DESCRIPTION OF BOX, AND THEN ITEMIZE ITEMS.
 USE AVERAGE PRICE IF YOU CANNOT RECALL EXACT
 PRICE.

FOR DAMAGED FURNITURE, REPAIR ESTIMATE MUST BE
 PROVIDED STATING IF ITEM IS REPAIRABLE/NON-
 REPAIRABLE. FOR SOILED ITEMS PLEASE PROVIDE
 ESTIMATE FOR CLEANING

ALL ELECTRICAL/ELECTRONIC ITEMS MUST ALSO
 HAVE ESTIMATE, ALONG WITH REPAIR FORM THAT
 IS INCLUDED IN PACKET

ELECTRONIC/ELECTRICAL REPAIR FORM

The claims office must determine whether internal damage to an item was caused by its being dropped or mishandled in shipment, or whether the damage was due to age, normal wear and tear, manufacturer's defects or other factors. Please complete this form and attach receipts, if applicable.

CLAIMANT'S NAME:

2. REPAIR FIRM'S NAME AND ADDRESS:

3. REPAIR FIRM'S TELEPHONE NUMBER:

4. ITEM EXAMINED:

5. There was/was not external damage to this item. Description and location of new external damage:

6. I was/was not able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by:

7. There was/was not any internal damage to this item. Description and location of new internal damage.

8. I was/was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

9. The internal damage was Definitely/Probably/Not/Can't tell caused by shipment.

10. The specific reasons for my conclusions regarding the internal damages are:

11. I estimate the cost of repairing the internal damage to be the following:

(Parts) _____	\$ _____
(Cleaning, adjustments, or other services) _____	\$ _____
(Tax) _____	\$ _____
(Labor) _____	\$ _____
TOTAL	\$ _____

12. Please list any charges which are not necessary to repair this item so that it properly functions. (For example, list charges for cleaning, adjustment, or other services which would not be required except as periodic maintenance.)

Service charges not necessary \$ _____

13. If there is new internal damage to this item that your firm can repair, what are those charges?

Exact Nature of Repairs: _____

Total cost of external repairs:	\$ _____
Tax:	\$ _____
Labor:	\$ _____
Total:	\$ _____

14. If your repair firm repairs this item, an Estimate fee is/is not charged.

15. The cost of this Estimate is \$ _____. The Estimate fee will/will not be deducted from the total bill.

Technician's Signature Print Name Date

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.
OFFICE OF THE STAFF JUDGE ADVOCATE
CLAIMS DIVISION
(803) 751-4287

CLAIMS DIVISION
(803) 751-4287
DECLARATION OF CLAIMANT
(TO BE SUBMITTED WITH CLAIM FORMS)

I, _____, understand that by filing a claim against the Government, I have assigned my rights to recover from any carrier or private insurer to the Government.

I understand that if I have private insurance covering lost or damaged property that I am required to file my claim with the insurer.

I CERTIFY THAT I **DO** **DO NOT** HAVE PRIVATE INSURANCE.
check one

I agree to notify the office processing my claim in the event that I receive payment from any carrier or insurer and I understand that once I settle my claim against the Government, any payment received by me, for which I was reimbursed by the Government, is property of the United States.

I understand that an inspector for the carrier or the Government may need to inspect my damaged property. I agree not to dispose of my damaged property until 60 days after settlement of my claim.

I understand that if I accept full replacement cost or depreciated value for an item, it becomes the property of the carrier of the Government.

I understand that if I accept a direct settlement from a carrier, no additional amount will be paid to me by the Government.

Failure to note loss or damage on the DD Form 1840 at the time of delivery, failure to note later discovered loss or damage on the DD Form 1840R and failure to provide that form to the Claims Office within 70 days from the date of delivery will result in a 100% deduction of any lost carrier liability.

I make this claim with full knowledge of the penalties involved for willfully making a false, fictitious, or fraudulent claim. United States Code, Title 18, Section 287 provides a maximum fine of \$10,000.00 or imprisonment for five years or both.

I have read and understand the above.



Comments



WE USE YOUR COMMENTS TO EVALUATE OUR SERVICE. PLEASE TAKE TIME TO HELP US SERVE YOU BETTER. YOUR COMMENTS AND TIME ARE APPRECIATED.

VICTORY STARTS HERE !!

**EVERETT MAYNARD, Jr.
COL, SJA**

PLEASE CHECK THE FOLLOWING:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
ATMOSPHERE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONALISM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

IF YOU RECEIVED EXCEPTIONAL SERVICE FROM SOMEONE, PLEASE TELL US THEIR NAME SO THAT WE MAY SHOW OUR APPRECIATION:

OPTIONAL INFORMATION:

NAME: _____ ADDRESS: _____

PHONE: _____