

CHECKLIST FOR HOUSEHOLD GOODS CLAIMS

- DD FORM 1842** (1 ORIGINAL) NOTE: Please print or type completed information
- DD FORM 1844** (1 ORIGINAL) NOTE: Please print or type completed information
- DD FORM 1840R/1850 FORM OR DPS MUST BE TURNED IN TO THE CLAIMS OFFICE WITHIN 70 DAYS FROM THE DATE OF THE DELIVERY OF YOUR HOUSEHOLD GOODS/HOLD BAGGAGE**
- GOVERNMENT BILL OF LADING (GBL)**

- ORDERS** – PCS, ETC, RETIREMENT OR OTHER ORDERS AUTHORIZING SHIPMENT OF HOUSEHOLD GOODS/HOLD BAGGAGE
- PROOF OF ASSIGNMENT OF QUARTERS** – REQUIRED FOR LOCAL MOVES, i.e. FROM OFF-POST TO ON-POST. YOU CAN OBTAIN A COPY FROM THE HOUSING OFFICE THAT ASSIGNED YOU YOUR QUARTERS
- INVENTORY** –(ORIGINAL COPY). THIS IS THE COPY THE CARRIER GIVES YOU. YOU **MUST** TURN THIS IN WITH YOUR CLAIM.
- POWER OF ATTORNEY** – (IF APPLICABLE)
- ELECTRONIC REPAIR FORM** – IF YOU HAVE DAMAGED ELECTRONIC ITEMS, i.e. TV, STEREO, CD PLAYERS, ETC., THEN AN ELECTRONIC REPAIR FIRM MUST FILL OUT THIS FORM.
- INTERNAL DAMAGE STATEMENT** – THE CLAIMANT MUST ALSO PROVIDE A STATEMENT THAT THE ELECTRONIC ITEM WAS IN GOOD WORKING ORDER. WE **MUST** HAVE THIS STATEMENT TO COMPENSATE FOR THE ITEM.
- FURNITURE REPAIR FORM** – THE REPAIR FIRM MUST COMPLETE THIS FORM WHEN YOU HAVE FURNITURE THAT WAS DAMAGED DURING SHIPMENT.
- APPLIANCE REPAIR FORM** – THE REPAIR FIRM MUST COMPLETE THIS FORM WHEN YOU HAVE APPLIANCES THAT WERE DAMAGED DURING SHIPMENT.
- COMPUTER REPAIR FORM** – A COMPUTER REPAIR FIRM MUST COMPLETE THIS FORM TO SUBSTANTIATE COMPUTER DAMAGE.
- MISSING ITEM QUESTIONNAIRE** – THE CLAIMANT MUST FILL OUT THIS FORM WHEN ITEMS ARE MISSING AND THEY ARE NOT SPECIFICALLY LISTED IN THE INVENTORY.
- ESTIMATE OF REPAIRS**
- REPLACEMENT COSTS**
- CEFT FORM**
- COPY OF DPS SHEET WHICH SHOWS YOU MOVED ITEMS FROM DPS TO MCO**

ANY ITEM OVER \$100.00 REQUIRES WRITTEN SUBSTANTIATION

NOTE: ANY REPAIRS OR REPLACEMENT ACTIONS PRIOR TO COMPLETIONS OF YOUR CLAIM IS DONE AT YOUR OWN RISK.

YOU MUST MAKE YOUR OWN COPIES, WE DO NOT MAKE COPIES OF YOUR CLAIM.

- REMEMBER, DO NOT THROW AWAY ITEMS THAT ARE BROKEN OR DAMAGED UNTIL 90 DAYS AFTER YOUR CLAIM HAS BEEN SETTLED. YOU MAY THROW AWAY CHEAP BROKEN GLASS, BUT DO NOT DISPOSE OF EXPENSIVE CHINA OR CRYSTAL ITEMS. THE CARRIER HAS SALVAGE RIGHTS TO THESE ITEMS IF YOU ARE PAID REPLACEMENT COST.
- NOTE: THE CARRIER HAS THE RIGHT TO INSPECT YOUR ITEMS THAT ARE REPORTED DAMAGED. IF YOU RECEIVE NOTIFICATION FROM THE CARRIER, IT IS YOUR DUTY TO CONTACT THEM, **EVEN IF YOU HAVE ALREADY BEEN PAID.**
- UNLESS OTHERWISE NOTED, ALL FORMS MAY BE OBTAINED FROM THE CLAIMS OFFICE LOCATED AT BLDG 113, FIRST FLOOR, PERSHING RD. 9a.m.-4:20p.m. HOURS, MONDAY, TUESDAY, WEDNESDAY, AND FRIDAY. THURSDAY 1:00p.m.-4:20p.m. HOURS. CLOSED FOR LUNCH 11:45a.m.-1:00p.m. TELEPHONE NUMBERS: (915) 568-4369/5846 FAX: (915) 568-4263/4821
- **YOU HAVE 75 DAYS FROM DATE OF DELIVERY TO NOTIFY THE CARRIER IN DPS OF YOUR LOST OR DAMAGED ITEMS, THEN YOU HAVE NINE MONTHS FROM DATE OF DELIVER TO FILE YOUR CLAIM IN DPS TO QUALIFY FOR FULL REPLACEMENT VALUE.**
- **YOU HAVE TWO YEARS FROM THE DATE OF DELIVERY TO FILE A CLAIM FOR NORMAL DEPRECIATION (THE 75 DAYS NOTICE STILL APPLY).**

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> local address:		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i> UNIT:	
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> Pursuant to Official Orders transferring me from _____ to Fort Bliss, Texas City and State or Country my household goods were picked up on _____ by _____ Date Name of Carrier (TSP) and delivered to my residence at _____ by _____ Address Name of Carrier (TSP) on _____ Date of Delivery My e-mail address is: _____			

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> <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:	\$
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
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		d. DATE SIGNED <i>(YYYYMMDD)</i>
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 <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
26. APPROVING/SETTLEMENT AUTHORITY <i>(Settlement Authority is required for denial.)</i>			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

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

EXAMPLE - DD FORM 1844

1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT NAME		3. PICK-UP DATE (YYYYMMDD) DATE		LIST OF PROPERTY AND CI (Items 14 through 21 to be 1)				
2. CLAIMANT'S INSURANCE COMPANY (If Applicable)		4. DELIVERY DATE (YYYYMMDD) DATE		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		
5. NAME		6. POLICY NO.		16. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		
9. LINE NO.	8. QTY	7. 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>	10. INV. NO.	10. ORIGINAL COST 10. MAYYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost & b. Replacement Cost	14. EXCEPTIONS	18. INV. NO.	20. EXCEPTIONS
1	1	WALL MIRROR, CHIPPED ON THE UPPER CORNER FRAME.	161	225.00 12/04	40.00			
2	1	ARMOIRE (OAK), GOUGED ON THE FRONT DRAWER AND LEFT CORNER	241	500.00 3/98	60.00			
3	1	LLADRO PORCELAIN FIGURINE, BROKEN INTO SMALL PIECES	215	400.00 5/00	400.00			
4	10	TEN CDs MISSING. SEE ATTACHED LIST FOR BREAKDOWN.	50	150.00 98-00	150.00			
12. REMARKS			19. TOTAL		650.00	25. TOTAL AMOUNT ALLOWED		

#5. Consecutive Numbering

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

#7. Describe your item and the damage. Be VERY specific as to what the damage is and EXACTLY where the damage is located.
Example: If your dresser is scratched, be very specific as to where the scratch is located.

MANUAL CEFT INPUT INFORMATION

PLEASE PRINT CLEARLY

PAYEE NAME: _____

SSN: _____

PAYEE MAILING ADDRESS: _____

PAYEE PHONE: _____

PAYEE EMAIL ADDRESS: _____

EFT FORMAT: CTX

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

BANK ADDRESS: _____

BANK TELEPHONE NUMBER: _____

NINE-DIGIT ROUTING TRANSIT NUMBER: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT (CHECKING OR SAVINGS): _____

ACCOUNT HOLDER'S NAME: _____

ACCOUNT HOLDER'S SIGNATURE: _____