

THEFT, VANDALISM, UNUSUAL OCCURRENCE OR LOSSES IN QUARTERS/BARRACKS CLAIM PACKET

HOURS OF OPERATION TO ACCEPT FINAL CLAIM PACKETS:

MONDAY, TUESDAY, THURSDAY, & FRIDAY

0900-1630 hrs

WEDNESDAY

1300-1630 hrs

FILING INSTRUCTIONS

TWO-YEAR RULE: *You should file your claim by completing this claims packet within two years after the date of the incident that gave rise to your claim. If, however, you cannot complete this claims packet within that amount of time, you must, at a minimum, submit a written demand for payment within the two-year limitation period. If you fail to do so, your claim will be denied entirely.*

INSURANCE: If you have insurance that covers this incident, you must file with your insurance company first. Failure to do so could result in denial of your claim.

REPAIR/REPLACEMENT ESTIMATES: You must obtain written repair estimates for all damaged items. If the item is damaged beyond repair, the estimate should say so. The cost of these estimates is reimbursable, and should be included in your claim.

PROOF OF OWNERSHIP/VALUE: You must prove ownership of high dollar value items. You may use purchase receipts, owner's manuals, photographs, sales/service contracts, inventory listings from moving, high dollar value item listings, or statements from your chain of command.

YOU MUST TAKE THE FOLLOWING STEPS TO SUBMIT A CLAIM:

- a. Go <https://www.jagnet4.army.mil/pclaims> and log in with your AKO user name and password
- b. Select Create/Update Profile
- c. Please fill in ALL boxes. Once you are finished select Save Profile
- d. Next you will select Submit a Claim or Notice of Loss or Damage
- e. This claim is an Incident to Service Claim. This is not a shipping claim.

YOU MUST SCAN AND ATTACH THE FOLLOWING DOCUMENTS:

You can also mail, email, fax or drop the documents off to us.

- a. DD Form 1842 – Claim for Loss of or Damage to Personal Property Incident to Service. Complete blocks 1-18. NOTE: This form will be completed online and **DOES NOT** have to be scanned into PCLAIMS.
- b. DD Form 1844 – List of Property and Claims Analysis Chart. Complete blocks 1-13. NOTE: This form will be completed online and **DOES NOT** have to be scanned into PCLAIMS.
- c. A copy of the MP/CID Report, DPWE report, statement from the Commander, or other document to establish the cause of the claim.
- d. A copy of your vehicle registration, if applicable.
- e. A copy of your vehicle insurance policy, if applicable.
- f. A copy of any correspondence with your insurance company, to include an insurance settlement or check (if you filed with your insurance company).

- g. **Replacement estimates and proof of ownership:** Value of property is VERY IMPORTANT. IF YOU GET REPLACEMENT ESTIMATES FROM A REPAIR SHOP, MAKE SURE THEY PUT THE VALUE OF THE PROPERTY ON THE ESTIMATE. THIS OFFICE **WILL NOT** TAKE A CLAIM WITHOUT THIS INFORMATION.
- h. Repair estimate(s).
- i. Statement(s) from witness(es).
- j. Manual CEFT Input Information.

POWER OF ATTORNEY IS REQUIRED if someone other than the soldier or government employee will be signing the form.

FOR ANY QUESTIONS PLEASE CONTACT US AT (910) 396-7505, BY FAX (910) 643-3977, OR BY EMAIL AT:

usarmy.bragg.xviiiith-abn-corps.mbx.xviii-abc-claims-mail@mail.mil

OUR MAILING ADDRESS IS:

**OFFICE OF THE STAFF JUDGE ADVOCATE
ATTN: AFZA-JA (CLAIMS DIVISION)
2175 REILLY ROAD, STOP A
FORT BRAGG, NC 28310-5000**

JUL12

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.)*

E-mail Address:

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>)</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>
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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)

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

1. NAME OF CLAIMANT (Last, First, Middle Initial)		3. PICK-UP DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR (YYYYMMDD)		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR		
Gone, I. M.												
2. CLAIMANT'S INSURANCE COMPANY (if applicable)		4. DELIVERY DATE (YYYYMMDD)		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER		
a. NAME		b. POLICY NO.		16. EXCEPTIONS		19. INV NO.		25. AMOUNT ALLOWED		26. ADJUDICATOR'S REMARKS		
5. LINE QTY	6. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST M/M/YYYY PURCHASED	10. M/M/YYYY	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost (or)	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1 Panasonic VCR, serial # 12345, broken		270.00	2/2000	150.00							
2	1 Sony boombox, serial # 2846, radio doesn't work		108.00	3/1999								
3	2 sets of BDU's are missing		315.00	5/2002	108.00							
4	1 25" Magnavox television, serial # 2389, missing		299.00	5/2002								
5	1 Estimate fee from stereo repair shop		10.00									
6	1 Estimate fee from VCR repair shop		20.00									
12. REMARKS		13. TOTAL \$		30. TOTAL AMOUNT ALLOWED \$		31. THIRD PARTY LIABILITY \$						
		687.00										

DRAFT

1. NAME OF CLAIMANT (Last, First, Middle Initial)
Fill in Your Name

2. CLAIMANT'S INSURANCE COMPANY (if applicable)
a. NAME _____ **b. POLICY NO.** _____

3. PICK-UP DATE (YYYYMMDD) _____

4. DELIVERY DATE (YYYYMMDD) _____

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

5. LINE#	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. Repair Cost b. Replacement Cost	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	13. TOTAL		30. TOTAL AMOUNT ALLOWED	31. THIRD PARTY LIABILITY			
																	\$	\$					
1	2002 Dodge Ram Pick up. Dent in door.			05/02	532.00																		
2	Body Labor				237.00																		
3	Paint Labor				140.00																		
4	Paint Supplies				12.69																		
5	Sales Tax for Repairs				450.00																		
6	Kenwood CD Player SN 65432 Stolen			07/02	450.00																		
7	Alpine Amplifier SN 65432 Stolen			07/02	200.00																		
12. REMARKS																							
																	\$	\$					
																	\$	\$	1750.99				

MANUAL CEFT INPUT INFORMATION

Payee Name _____

SSN _____ EIN _____

Corporate Status Code (see attached list) _____ 2J _____

Payee **MAILING** Address _____

Payee Phone: _____

Payee Email Address _____

EFT Format: CTX

FINANCIAL INSTITUTION INFORMATION

ACH Bank Name _____

ACH Bank Address _____

ACH Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor Account Number _____

Type of Account (checking or savings) _____

Account Holder's Name _____

Account Holder's Signature _____