

**HOUSEHOLD GOODS
& UNACCOMPANIED BAGGAGE
MILITARY CLAIMS PACKET**

**NORTHERN LAW CENTER
CLAIMS OFFICE
Bldg 318 Room 208
SHAPE BELGIUM**

**Telephone Number: DSN 423-4195
Commercial: 065-44-4195
FAX: 065-44-3862**

IMPORTANT DEADLINES

SUBMIT YOUR DD FORM 1840R TO THE CLAIMS OFFICE
NO LATER THAN

70 DAYS AFTER DELIVERY

SUBMIT YOUR CLAIM PACKET TO THE CLAIMS OFFICE
WITHIN TWO (2) YEARS
FROM THE DATE OF DELIVERY

*THIS IS THE STATUTE OF LIMITATIONS.
IT CANNOT BE WAIVED!*

GENERAL INSTRUCTIONS AND PROCEDURES FOR FILING MILITARY CLAIMS FOR DAMAGES TO OR LOSS OF HOUSEHOLD GOODS OR HOLD BAGGAGE

These instructions have been designed to help you in filing a household goods or hold baggage claim against the US Government. Please follow the instructions carefully, initial the checklist, complete the forms as shown in the attached samples and provide all required documents and substantiation. Doing so, you will allow the claims office to provide a faster and fairer adjudication and payment.

GENERAL INFORMATION:

1. You must file separate claims for each shipment. Do not mix up hold baggage and household goods.
2. Fill out your DD Form 1840/1840R and deliver them to your claims office within 70 calendar days for moves from CONUS and Germany. Normally, you cannot be paid for items not timely reported on that form.

REMEMBER: TURNING IN DD FORM 1840/1840R IS NOT THE SAME AS FILING YOUR CLAIM.

3. You have two (2) years from the date of delivery of your goods to file your claim. This time limit is set by statute. Information regarding the "Statute of Limitations" is available at the website:
<http://www.80asg.army.mil/Staff/factsheets.htm>
4. **Minimum Requirements for filing a claim for purposes of meeting the two-year deadline:** You need to submit a written demand for payment to a military claims office in order to meet the two-year deadline. You must fill out the forms listed below and substantiate your claim before the claims office can pay it.
5. By statute, only service members or Government employees can file these types of claims. As an exception, a representative may file on your behalf with a power of attorney or a specific written authorization such as follows:

"I, SPC John Doe, SSN, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for the loss/damage to my hold baggage/household goods." (Signature)(Date)

DOCUMENTS YOU NEED IN ORDER TO BE PAID:

1. **DD Form 1842**, Claim for Personal Property Against the United States. (See enclosed pre-printed form – you need only to fill in the blanks.) You need to answer the questions at blocks 11-15. If you have private insurance covering items, you have the **OPTION** to file with your insurance company or not. If you file your claim with your insurance company and later file with the Claims Office, you need to provide a copy of your settlement letter from the insurance company.
2. **DD Form 1844**, Schedule of Property
3. **DD Form 1840/1840R**, Notice of Loss or Damage
4. **PCS Orders** authorizing shipment and all amendments
OR Quarters Assignment or Housing letter for local moves
5. ***Government Bill of Lading (GBL)** or other shipping document
6. ***DD Form 1299**, Application for Shipment/Storage of Property

7. **Original Household Goods Descriptive Inventory**
8. **DD Form 619-1, Statement of Accessorial Services Performed**
9. **Direct Deposit Form**
10. **Estimates of Repair or Replacement Costs (See following HOW TO SUBSTANTIATE YOUR CLAIM)**
11. **Missing item(s) /Electronic item(s) / Tender Statement(s) (If applicable)**
12. **Power of attorney or specific written authorization (If applicable)**

*If you do not have these documents, let us know right away. We will get them through transportation channels.

HOW TO SUBSTANTIATE YOUR CLAIM

You must substantiate three (3) things:

- 1) **The ownership of the item.**
- 2) **That the movers lost/damaged the item.**
- 3) **The dollar value of the damaged item/lost item.**

1. **Proof of Ownership:** First, determine if the item is on the shipping inventory; indicate the correct inventory number on all claim forms. You should keep a list of all major items with their purchase prices and purchase dates, and the receipts to prove it. If an expensive item is not individually listed on the inventory, provide the purchase receipt and any pictures of the item in your home. Keep any inventory and any pictures separate from your property. Do not ship these with your household goods. Please submit a "Missing Items Statement" for any items that were not delivered by the carrier at the time of delivery (see enclosed example).

2. **Cost of Repair:** It cannot exceed the current value of the item.
You will need a repair estimate on furniture and electronic equipment, unless the damage is either very minor, or so bad that it is obvious to the claims office that the item is not repairable.

Furniture: The estimate should describe the damaged areas and the repairs necessary to restore the item to its pre-move condition. It should only cover the new damage which is listed on the DD Form 1840/1840R. It must be itemized, descriptive and should be signed and dated. We can provide translation of the estimate. If your estimate is in Euros, we will use the exchange rate in effect on the date you file your claim. If repairs were completed prior to filing your claim, the exchange rate used will be that which was in effect on the date the repairs were made. Be sure you then fill in the total dollar amount of your claim on DD Form 1842.

Electronic Items: When there is possible internal damage to these types of items, you must submit a repair estimate sufficiently detailed to show the claims office that the item was damaged in shipment.

- (1) Have the damaged electronic items first inspected by claims personnel.
- (2) Have the items inspected by a qualified electronic repairman to have a determination on the cause of damage (rough handling, manufacturer's defect, normal wear and tear, etc.), the extent of the damage and the repair cost

Please note that the damage resulting from a manufacturer's defect or from normal wear and tear is not compensable. In the absence of clear evidence indicating another cause (the burden of proof is on you), internal damage to electronic items is presumed to be the result of mechanical defect or normal wear and tear.

You need evidence that the damage was due to rough handling in shipment. Please submit a statement that you tendered the item to the carrier in good condition (see enclosed sample).

Repair firms will charge you for an estimate. If the estimate fee is not included in the total cost of repairs, or is not deductible when the work is accomplished, then you may claim the fee as a separate line item on your claim.

3. **Replacement Cost:** This is a factor in determining an item's fair market value when an item is lost or damaged beyond repair. You can obtain replacement costs from mail order catalogs, from AAFES (www.aafes.com), or through the web. If using a catalog, make a copy of the catalog page. If using the web, print a copy of the page. AAFES will usually issue a written statement of replacement costs. You need to submit substantiation when the replacement cost is over \$100.

ADDITIONAL INFORMATION

1. **Do not throw away any damaged items until your claim is settled**, unless you have the prior approval of the claims office.

The carrier who delivered your property and the claims office has the right to inspect your household goods/hold baggage for shipment damage. The carrier has the right to inspect within sixty (60) days after delivery of the shipment or dispatch of the DD Form 1840R, whichever is later. If you prevent the carrier from inspecting, your claim may be reduced. If the carrier schedules an inspection, please contact the claims office. The carrier's repair estimate may be used to adjudicate your claim, but only if the claims office determines that it is a reasonably valid estimate.

2. Questions should be addressed first to the claims examiner Ms. Christine Stacey at DSN 423-4195, COM 32-65-444195 or by email to Christine.Stacey@eur.army.mil

DEPRECIATION

1. **There are many misconceptions about depreciation.** Many claimants think that depreciation is unfair and that they should be paid replacement cost instead.
2. **Under the claims statute you are paid the actual value of an item at the time of its loss.** The Army cannot pay more than an item was worth when it was lost or destroyed beyond repair. That would put you in a better position than you were in before the incident. By statute, the Army simply cannot do that. If your 10-year-old TV is lost or destroyed during shipment, you will be reimbursed for the value of a 10-year-old TV – not a brand new one. Although your TV may have been working, it was still a used TV. Perhaps it is easier to illustrate this point by use of role reversal. Assume a new TV costs \$1000. Assume further, that someone offers to sell you a comparable 10-year-old television for \$1000. Would you consider \$1000 to be a fair price for a 10-year-old TV when a brand new one costs the same amount?

The Army is only permitted to pay you for the actual value of your used item. You can then use the money to buy a similar used item, or, you can apply the money toward the cost of a newer item if you choose.
3. **How is actual value determined?** The actual value of an item is the current replacement cost minus depreciation, if any. Current replacement cost takes inflation and local unavailability into account. Only then is depreciation computed.
4. **How is depreciation determined?** The military services have developed a joint “Depreciation Guide” which lists standard depreciation rates for virtually all categories of personal property.
5. **Not all items are depreciated.** Items that do not decrease in value over time are not depreciated. For example, true antiques (over 100 years old) do not depreciate. Expensive solid wood furniture such as that made of oak or walnut does not depreciate. Fine china does not depreciate.
6. **As you can see, depreciation is not unfair.** The reality is that “actual value” is a fair measure of what a claimant should be paid. And the “actual value” rule in effect does pay you “replacement cost” – it’s just that you have to realize that means the replacement cost of a used item.
7. **File your claim directly with your Transportation Service Provider (TSP)** within 9 months from the delivery date to receive Full Replacement Value (FRV) if you want to avoid depreciation or **get insurance** if you want full replacement cost coverage.

NEW ARMY CLAIMS POLICY ON PRIVATE INSURANCE

1. If you have a private insurance policy that may cover all or part of your loss, you do NOT have to file with your private insurance company before you can be paid by the Army, IF your claim is for a loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. The change is LIMITED to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.

2. On all types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you MUST file with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid.

3. **You may not be paid by both the Army and your private insurance company for the same item.** This would be unjust enrichment and possibly fraud.

a. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.

b. If you are paid for an item by the Army and then file with the insurance company, the insurance company may pay you, but the Army will learn about this second payment. Insurance companies, after paying claims for goods lost during government shipments or storage, report to the Army what they have paid so that the Army can recover that amount from the responsible carrier or warehouse on their behalf.

4. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.

5. **Why would you file with your private insurance, if you do not have to?**

a. If you have a catastrophic loss, it is possible that you will not be fully compensated by the Army. There are limits on both the total amount that the Army can pay (\$40,000 in most cases) and limits on how much we will pay for most types of property. For example, the Army will usually not pay more than \$3,000 for any items of furniture or more than \$3,000 for any computer, its software, and accessory equipment. However, you should check your insurance policy for similar limits imposed by your insurance company.

b. Your private insurance may pay you more than the Army will pay, especially if your policy includes a provision or endorsement that requires the insurance company to pay full replacement value (i.e. new-for-old) rather than the fair market (i.e. depreciated) replacement value.

c. In addition, your private insurance may pay for items for which the Army will not pay you. For example, we will not pay for items that are purchased or used for a private business.

d. Your insurance company may not require the same number of estimates or the same amount of substantiation that the Army requires you to submit with your claim.

6. Why not file with private insurance first?

a. Most insurance policies that cover goods transportation or storage pay only for lost or destroyed items. They usually do not pay for repair of damaged items. Therefore, if you have both lost and damaged items, you would have to file two claims, one with your insurance and one with the Army, to be fully compensated. It may be easier and faster just to file a single claim with the Army, if you are willing to accept the depreciated replacement cost for lost or destroyed items.

b. While insurance companies may not raise your rates merely because you file a single claim, they do consider how often you have filed claims in the past few years when deciding whether to renew a policy or to issue you a new policy. Each insurance company may use different criteria, but it has been reported to the Army that some will refuse to insure someone who has filed three claims in the past two years. Most property insurers submit their claims information to a central database, which is shared with other companies. So each insurance company will know about claims submitted to other companies. Army claims information is not submitted to this central database and a claim submitted to the Army should not be considered by private insurance companies.

c. If your loss is relatively small or is only for a few damaged items, you usually will be adequately paid by the Army. Insurance coverage should be used to pay for relatively large losses that are not likely to be paid in full by the Army.

7. Frequently Asked Questions

Q. If I file a claim with my insurance company first, and they do not pay me for an item, can I then file with the Army for that item?

A. Yes. Although we may also decide to deny payment for that item, you can file with the Army and ask the Army to evaluate payment for the item under our regulations.

Q. If I file with my insurance company first, and they pay me for an item but do not pay the full amount because of my deductible, can I file a claim for that deductible amount?

A. Yes. You can file a claim with the Army for that item, but the Army does not automatically pay a deductible. The Army claims adjudicator will determine what the Army would have paid for that item. If the amount we would have paid is more than the amount you actually received from your insurance company, then we will pay the difference between what you received and what we would have paid. But if we would have paid less than what you actually received, we will not make any additional payment.

Q. If I file a claim with the Army, but the Army denies payment for an item, or if I am not happy with what the Army pays me, may I file a claim with my private insurance company?

A. Usually not, although some exceptions may be made on a case by case basis. In those exceptional cases, the soldier would have to return any money paid by the Army on items that might have been paid by insurance, before the Army will release the claim back to the soldier. The purpose of giving soldiers the option of not filing with their insurance is to simplify the recovery process and limit the number of claims soldiers have to file against their insurance. Permitting soldiers to go back to their insurance companies after they are paid by the Army, would defeat the purpose of this new policy and would greatly complicate and delay resolution of a claim. Therefore, soldiers should carefully evaluate the nature and extent of their loss before they elect not to file a claim against their private insurance.

Q. Are claims that I file with the Army under the Personnel Claims Act considered by insurance companies as part of my claims history?

A. Insurance companies should not consider Army claims on the same basis as a claim against an insurance company, as the Army program is gratuitous payment program and not an insurance program. We do not share our claims data with the insurance industry. If you file a claim with your private insurance company for loss or damage to your goods while in a government funded shipment, your insurance company will usually assume that you will be filing a claim with the Army. They will contact us and request that we recover from the carrier on their behalf. But if they want specific information about a person's claims history or a specific claim, they must provide us a written release from that person giving us permission to release that information. If an insurance company requests claims information under the Freedom of Information Act, we withhold the names and social security numbers of the claimants.

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 (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	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? (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.)	YES	NO
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.

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

19. PROCEDURE (X one) <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 (Signatures at a and c not required if small claims procedure is utilized)

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

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	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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

2. CLAIMANT'S INSURANCE COMPANY (if applicable)

a. NAME
b. POLICY NO.

3. PICK-UP DATE (YYYYMMDD)

4. DELIVERY DATE (YYYYMMDD)

5. 6. 7. 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

10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED (or) a. Repair Cost b. Replacement Cost

12. REMARKS

13. TOTAL \$

14. ORIGIN CONTRACTOR

15. INVENTORY DATE (YYYYMMDD)

16. EXCEPTIONS

17. 2ND CONTRACTOR

18. EXCEPTION SHEET DATE (YYYYMMDD)

19. INV NO.

20. EXCEPTIONS

21. CLAIM NUMBER

22. NET WT/MAX CAR LIABLE

23. GBL NUMBER

24. LOT NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY

29. CARRIER LIABILITY

30. TOTAL AMOUNT ALLOWED \$

31. THIRD PARTY LIABILITY

31. THIRD PARTY LIABILITY \$

FASTSTART



INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 150px; height: 20px;" type="text"/> EMPLOYEE NAME <input style="width: 350px; height: 25px;" type="text"/> (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) <input style="width: 100px; height: 20px;" type="text"/> (HOME) <input style="width: 100px; height: 20px;" type="text"/>			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit ACCOUNT NUMBER <input style="width: 250px; height: 20px;" type="text"/> ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____		
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____
ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 350px; height: 25px;" type="text"/> ALLOTTEE'S ROUTING NUMBER <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit ALLOTTEE'S ACCOUNT NUMBER <input style="width: 250px; height: 20px;" type="text"/> ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between; align-items: center;"> * _____ </div> EMPLOYEE'S SIGNATURE _____ DATE			
6. AGENCY USE:			

ELECTRICAL/ELECTRONIC REPAIR REPORT

The Army Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether it is due to fair wear and tear or to a manufacturer's defect. Please complete this form to the best of your ability.

1. YOUR FIRM NAME AND ADDRESS

2. YOUR FIRM TELEPHONE NUMBER AND EMAIL

3. OWNER'S NAME

4. ITEM EXAMINED + MAKE + MODEL + SERIAL # + AGE

5. There (WAS) (WAS NOT) external damage to the item.

a) Description and location of new external damage:

b) Description and location of old external damage:

c) 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:

6. There (WAS) (WAS NOT) internal damage to the item.

a) Detailed description of internal damage:

b) 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:

7. I came to the following conclusion:

because

8. I estimate the cost of repairing this item as follows:

Part 1 _____

\$ or Euros _____

Part 2 _____

\$ or Euros _____

Part 3 _____

\$ or Euros _____

Subtotal for replacement parts \$ or Euros _____

Labor \$ or Euros _____

Cleaning or other servicing charges \$ or Euros _____

Tax charges \$ or Euros _____

PRINTED NAME: _____

TOTAL \$ or Euros _____

SIGNATURE _____

COST OF ESTIMATE \$ or Euros _____

DATE: _____

ELECTRONIC ITEMS STATEMENT

The following sample paragraph is also provided for format purposes. Again, please do not copy this statement verbatim, but explain in your own words in your own handwriting!

On 25 March 2008, the movers arrived at my house to pack up my household goods. When they entered my home, my family and I were watching a movie on my Sony 19" flat screen TV. I immediately started to turn the TV off and unplug it from the wall. They said that it was not necessary because they would not be able to pack everything that day. So if we wanted to keep the TV for another day, it would not be a problem. Therefore I kept the TV out for the weekend. On 28 March 2008, they arrived to finish and again the TV was on. The movers pack the television and shipped it. The TV has no internal or external damage. It worked fine prior to shipment. Upon receiving my TV after shipment it was scratched on the top and would not work anymore.

-----END OF STATEMENT-----

Sign and date your statement.

MISSING ITEMS STATEMENT

If any items were not delivered by the carrier at the time of delivery, please provide a written statement listing the missing items. Your statement should include: inventory number, type item (brand name, model and size) and quantity. Also indicate whether the entire inventory line item (item carton) is missing or selected items are missing out of a carton.

The following paragraph is a sample statement to assist you for format. Please do not copy this statement verbatim, but put in your own words and in your own handwriting!

I owned and used the following listed items on my claim prior to my move, but they were not delivered to me by the destination carrier. After my household goods were packed at origin, I checked all the rooms in the house to make sure nothing was left behind. All items had been packed by the carrier.

INV #	ITEM (list each item individually)
XX	XXXXXXXXXX
XX	XXXXXXXXXX
XX	XXXXXXXXXX

-----END OF STATEMENT-----

Sign and date your statement.

STATEMENT OF TENDER

A statement of tender is required to substantiate proof of ownership of an item NOT individually listed by number on the INVENTORY.

The following sample paragraph is provided for format purposes. Please do not copy this statement verbatim, but explain in your own words in your own handwriting!

On March 25, 2008, the packers packed my telephone in box number 173 of the inventory with my kitchen items. The telephone was used in the kitchen by my family and therefore was in that room when the packers arrived. Also, when I unpacked that carton, that's where I found my telephone.

-----END OF STATEMENT-----

Sign and date you statement.

Document Checklist

Household Goods & Unaccompanied Baggage

Documents needed to process each claim

- DD Form 1842** – must be signed by claimant
- DD Form 1844** – each item must be listed separately
- Direct Deposit Form**
- DD Form 1299**
- DD Form 619-1**
- DD Form 1840/1840R**
- Government Bill of Lading**
- Estimates of Repair** (if applicable)
- Substantiation for Replacement Cost** – if replacement cost is over \$100
- Evidence of Ownership for Missing Items** – purchase receipts, photos, credit card statements, witness statements
- Original Inventory**
- Missing Items Statement** (if applicable)
- Electronic Items Statement** (if applicable)
- Statement of Tender** (if applicable)
- Orders**

Statement for HHG/UB Claim

I understand that if any information is missing, my claim will be placed on hold until I update my file. I will not dispose of any damaged or destroyed items, except glass (other than figurines, antiques or crystal with a value in excess of \$50.00) or items that are a safety hazard, until I call the claims office and obtain confirmation the items need to be held for salvage value. Furthermore, I understand that I have two (2) years from the date of delivery to finalize my claim. I also understand that if I have any additional items I wish to add to my DD Form 1840R, I may do so, as long as my 70 days from the date of delivery have not expired. NOTE: I further understand that my claim will be considered abandoned if I am not responsive to requests for information/substantiation made by this office within 10 days of receipt of the request.

Client's Signature

Date

