

## **CLAIMS FOR FULL REPLACEMENT VALUE (FRV) COVERAGE**

FRV applies to shipments with a pick-up date on or after

- **1 October 2007** for **International** HHG and UB shipments
- **1 March 2008** for **NTS, DPM, local moves and intra-theater** shipments

The Transportation Service Provider (TSP)'s maximum liability on a shipment is \$5,000 or \$4 per pound times the weight of the shipment, whichever is greater, but not more than \$50,000.

### **RESPONSIBILITIES OF TRANSPORTATION SERVICE PROVIDER (TSP)**

1. The TSP is required to replace any item that is lost or destroyed with a new item, or pay the cost (not necessarily the original cost) of a new item of the same kind and quality, without deducting depreciation.
2. The TSP is only required to pay for the cost of the repairs of those items that can be repaired for less than the FRV of the item. Repair will be to the extent necessary to restore the item to its condition at the time of the pickup (upon comparison of pre-existing damage exceptions noted on the inventory).
3. The TSP will provide instructions on how to substantiate a claim.
4. The TSP shall pay, deny or make an offer within 60 days of receipt of a complete substantiated claim.

### **IMPORTANT INFORMATION ON DD FORM 1840**

1. Name, address and FAX of TSP in block 9
2. GBL# in block 7
3. Code of service in block 10
4. Delivery date in block 15f

### **WHAT THE CLAIMANT MUST DO**

The delivery agent must list all missing or damaged items discovered at delivery on DD Form 1840 signed by him and you. You should receive 3 copies of DD Form 1840 and of the Notice of Loss or Damage, DD Form 1840R, from the movers.

1. Report any additional loss or damage on **DD Form 1840R** to the Claims Office within **70 calendar days** of the date of delivery.

2. Bring the following documents upon your first visit to the Claims Office:

- DD Form 1840/1840R
- Complete set of orders
- Inventory
- Government Bill of Lading

3. Submit a written demand for a specific amount to the TSP on DD Form 1844 within **9 months** from the date of delivery. The claim **MUST** list each item that was lost or damaged, give a general description of the damage, identify each item by its inventory #, mention original costs and month/year of purchase and finally specify the amount claimed for each item.

4. Be sure to keep a copy of what you send to the TSP and send your claim by certified mail!

**REQUEST THE COUNSELING CHECKLIST FOR FURTHER INFORMATION!**

**YOU MAY STILL FILE YOUR CLAIM DIRECTLY WITH THE CLAIMS OFFICE, BUT IF YOU DO, YOU GIVE UP YOUR RIGHT TO FRV.**

**THE CLAIMS OFFICE WILL PAY YOUR CLAIM ON THE BASIS OF DEPRECIATED REPLACEMENT VALUE OR REPAIR COST, WHICHEVER IS LESS.**

**DOCUMENTS ATTACHED:**

- **COUNSELING CHECKLIST AND MEMBER/EMPLOYEE INFORMATION**
- **DD FORM 1844**
- **WAIVER FORM**

