PRIVATELY OWNED VEHICLE
MILITARY CLAIM 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

Revised in June 2009

These instructions have been designed to help you in filing a POV claim against the US Government. Please follow the instructions carefully, initial the attached checklist, complete the forms as shown in the attached samples and provide all required documents and substantiation.

Your claim against the US Government must be filed within **TWO (2) years** from the date you picked up your POV.

A. **Who may present a claim?**

The owner of the property or spouse may present a claim. We will accept any contemporaneous writing signed by the soldier who authorizes the spouse to file the claim on his or her behalf and/or a Power of Attorney. In initiating the claim, a spouse will sign his or her own name, and for the soldier. The Air Force requires a Power of Attorney.

B. **Requirement**

BRING YOUR POV TO THE CLAIMS OFFICE SO THAT IT CAN BE INSPECTED BY CLAIMS PERSONNEL IMMEDIATELY UPON PICK UP OF YOUR POV.

DO NOT GET AN ESTIMATE OF REPAIR BEFORE THE CLAIMS OFFICE ADVISES YOU TO DO SO.

C. **Estimate**

A detailed estimate of repair must list:

- The name, address and telephone number of the garage
- The name of the owner of the vehicle
- The vehicle identification (make, model, year, mileage, tag number)
- Each damage with its location on the vehicle (+ the cause of any damage other than physical damage)
- Each cost of repair (labor and paint)
- Each part replacement cost
- The Added Value Tax amount
- The cost of the estimate

The attached estimates in English, French and/or Dutch should be used to substantiate your claim for repairs.

The claims regulations provide that loss or damage caused by structural failure of the vehicle or some other mechanical defect are not payable. In the absence of clear evidence indicating another cause, internal damage to the vehicle is presumed to be the result of a mechanical defect.

D. **Insurance**

If you have private insurance in effect during the shipment of your POV, you have the **OPTION** to file your claim with your insurance company or not. If you elect to file with your insurer and you have a deductible, you can later file with the Government; however, you should not claim simply for the deductible. You must itemize the damages and submit documentation from the insurance company showing what was paid for the damage to your vehicle. Attach to your claim copies of all correspondence with your insurer if you elect to do so.

E. **Claim Amount**

Be sure to fill in the total dollar amount of your claim on DD Form 1842. If your estimate is in Euros, the exchange rate in effect on the date you file your claim will be used. If you have had repairs completed prior to filing your claim, the exchange rate in effect on the date that the repair bill was paid will be used.

Any further questions should be addressed to the Northern Law Center Claims Office in Building #318, Room 208 on SHAPE.

APO ADDRESS

Northern Law Center
Claims Office
Unit 21420
APO AE 09705

CIVILIAN ADDRESS

Office of the Judge Advocate
Northern Law Center
Claims Office
Rue Lemnitzer
Building 318, Room 208
7010 SHAPE

Telephone: DSN: 423-4195
Commercial: 0032-65-44-4195
FAX: DSN: 423-3862
Commercial: 0032-65-44-3862

Claims Examiner: Ms. Christine Stacey (christine.stacey@eur.army.mil)

F. **Documents required**

- DD Form 1842
- DD Form 1844 (Each damage must be itemized)
- Vehicle Inspection Shipping Form (VISF)
- Estimate of repair (See enclosed samples & letters in English/French/Dutch)
- Substantiation for Replacement Cost (For claims over $500, if replacement cost is more than $100 per part)
- Copy of Registration Certificate
- Copy of PCS Orders
- Direct Deposit Form

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.)*

	YES	NO
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.)*		
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)*

PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE *(X one)*	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:	
☐ a. SMALL CLAIMS ☐ b. REGULAR CLAIMS		$

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)*

1. NAME OF CLAIMANT *(Last, First, Middle Initial)*			3. PICK-UP DATE *(YYYYMMDD)*	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART *(Items 14 thr ough 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 LIABLE
a. NAME	b. POLICY NO.			15. INVENTORY DATE *(YYYYMMDD)*	18. EXCEPTION SHEET DATE *(YYYYMMDD)*	23. GBL NUMBER	24. LOT NUMBER

5. LINE NO.	6. QTY	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 a. Repair Cost *(or)* b. Replacement Cost	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	$	$

FASTSTART

DIRECT DEPOSIT

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

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
- ☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
- ☐ Travel
- ☐ 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 ☐ Check Digit

ACCOUNT NUMBER

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)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
☐ Savings (whole dollar amounts only)	☐ SAVINGS	☐ START	☐ INCREASE TO:
☐ Discretionary or Third Party	☐ CHECKING	☐ CANCEL	☐ DECREASE TO:
		☐ CHANGE	New Total $_____

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER ☐ Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name) _____

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION

* _____ _____
EMPLOYEE'S SIGNATURE DATE

6. AGENCY USE:

FMS FORM 11-92 2231
EDITION OF 4-90 IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

REPAIR ESTIMATES FOR MOTOR VEHICLES

The Army claims office must determine which damages were caused due to mishandling in shipment, or whether the damage is due to fair wear and tear or to a manufacturers defect. Please complete this form to the best of your ability.

NAME, ADDRESS AND TELEPHONE NO OF YOUR FIRM: _____

VEHICLE OWNER'S NAME: _____

DESCRIPTION OF VEHICLE: _____

(Make) (Model) (Year) (Mileage/Kilometer) (License Plate)

DESCRIPTION OF DAMAGES:

	REPAIR COST	PARTS	PAINT JOB (Incl. Labor)
Hood: _____	€ _____	_____	_____
Roof: _____	€ _____	_____	_____
Front fender: right _____ left _____	€ _____	_____	_____
Rear fender: right _____ left _____	€ _____	_____	_____
Passenger door: _____	€ _____	_____	_____
Door right rear: _____	€ _____	_____	_____
Drivers door: _____	€ _____	_____	_____
Door left rear: _____	€ _____	_____	_____
Trunk Lid/Hatch back door: _____	€ _____	_____	_____
Front Bumper: _____	€ _____	_____	_____
Rear Bumper: _____	€ _____	_____	_____
Other parts: _____	€ _____	_____	_____
_____	€ _____	_____	_____

SUB-TOTAL: € _____ VALUE ADDED TAX: € _____ TOTAL: € _____

COMPLETE ONLY IF THERE IS NO VISIBLE EXTERNAL DAMAGE TO A PART:

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

_____

AN ESTIMATE FEE IN THE AMOUNT OF € _____ (WAS) (WAS NOT) CHARGED AND WAS PAID ON _____

THE ESTIMATE FEE (WILL) (WILL NOT) BE APPLIED TOWARD THE BILL UPON COMPLETION OF REPAIRS.

Please void inappropriate responses.

SIGNATURE _____ DATE _____

DEPARTMENT OF THE ARMY
21st THEATER SUSTAINMENT COMMAND
NORTHERN LAW CENTER-SHAPE
B.P. 13 – 7010 SHAPE, Belgium

AERJA-NLC-C

(Date)

A l'attention du responsable du Service Réparations

Sujet: Devis de réparation pour véhicules motorisés

Madame, Monsieur,

Le "Claims Office" de l'Armée Américaine dans le bureau JAG doit déterminer si les dégâts causés à ce véhicule sont dus au maniement sans précaution lors du transport ou s'ils sont dus à l'usure normale ou à un défaut de fabrication.

Il est nécessaire de considérer chaque dégât séparément en utilisant le formulaire ci-joint et en détaillant les coûts de réparation individuellement. Un montant total n'est plus acceptable. Veuillez également préciser le temps de main d'œuvre, les pièces et la peinture pour chaque dégât à réparer. Le montant de la T.V.A. ainsi que le coût du devis doivent être mentionnés séparément. Nous vous demandons également d'indiquer si le prix du devis sera ou ne sera pas déduit de la facture, une fois les réparations effectuées.

Nous vous remercions pour votre compréhension et votre future collaboration à ce sujet.

Veuillez agréer, Monsieur, l'expression de ma parfaite considération.

Capitaine, JA
Claims Judge Advocate

DEVIS DE REPARATION POUR VEHICULES MOTORISES

Le "Claims Office" de l'Armée Américaine doit déterminer si les dégâts causés à ce véhicule sont dus au maniement sans précaution lors du transport ou si ils sont dus à l'usure normale ou à un défaut de fabrication. Veuillez compléter ce formulaire de votre mieux.

NOM, ADRESSE, ET No DE TELEPHONE DE VOTRE FIRME:_____

NOM DU PROPRIETAIRE DU VEHICULE:_____

DESCRIPTION DU VEHICULE:_____

(Marque) (Modèle) (Année) (Kilométrage) (No d'immatriculation)

DESCRIPTION DES DEGATS:

	COUT DE REPARATION	PIECES	TRAVAIL DE PEINTURE (y compris la main-d'oeuvre)
Capot:	€		
Toit:	€		
Aile avant: droite gauche	€		
Aile arrière: droite gauche	€		
Portière droite (avant) (arrière)	€		
Portière gauche (avant) (arrière)	€		
Coffre / Hayon arrière	€		
Pare-choc avant:	€		
Pare-choc arrière:	€		
Autres parties:	€		
	€		
	€		
	€		
	€		

SOUS-TOTAL: €_____ TVA: €_____ TOTAL: €_____

A COMPLETER UNIQUEMENT S'IL N'Y A PAS DE DEGATS EXTERIEURS VISIBLES A UNE PARTIE DU VEHICULE:
J'ai pu / je n'ai pas pu déterminer la cause des dégâts. A ma connaissance, les dégâts ont été causés par:

_____

_____

_____

LE COUT DU DEVIS D'UN MONTANT DE €_____ (A ETE) (N'A PAS ETE) DEMANDE ET A ETE PAYE LE (date)_____
LE PRIX DU DEVIS (SERA)(NE SERA PAS) DEDUIT DE LA FACTURE QUAND LES REPARATIONS AURONT ETE EFFECTUEES.
Veuillez barrer les réponses inappropriées.

NOM:_____ SIGNATURE:_____ DATE:_____

DEPARTMENT OF THE ARMY
21st THEATER SUSTAINMENT COMMAND
NORTHERN LAW CENTER-SHAPE
B.P. 13 – 7010 SHAPE, Belgium

AERJA-NLC-C

(Datum)

Ter attentie van de bedrijfsleider van de reparatie dienst

Motief: Reparatie offertes voor motorvoertuigen

Mevrouw, Meneer,

Het Amerikaanse bureau (JAG) voor schadevergoedingen is verplicht vast te stellen welke schade te wijten is aan een verkeerde behandeling tijdens transport, of dat de schade terug te voeren is op slijtage of garantie.

Het is nodig elke schade afzonderlijk op te letten. Wilt u het erbij gevoegde formulier invullen en de reparatie kosten een voor een specificeren. Een totaal bedrag is niet meer aannemelijk. Wilt u ook de arbeid uren, de onderdelen en het spuitwerk voor elke schade verduidelijken. Het B.T.W. bedrag zoals de offertekosten moeten afzonderlijk vermeld zijn. We vragen u ook als de offertekost in mindering gebracht wordt of wordt niet ingeval van reparatie.

Uw hulpvaardigheid en diensten stel ik ten zeerste op prijs.

Met de meeste hoogachting,

Kapitein, JA
Claims Judge Advocate

REPARATIE OFFERTES VOOR MOTORVOERTUIGEN

Het Amerikaanse bureau voor schadevergoedingen is verplicht vast te stellen welke schade te wijten is aan een verkeerde behandeling tijdens transport, of dat de schade terug te voeren is op slijtage of garantie. Wilt U s.v.p. de prijsopgave als volgt maken:

Naam, Adres en Telefoonnummer van de firma: _____

Naam van de eigenaar van het voertuig: _____

Omschrijving van het voertuig: _____

(Merk) (Type) (Bouwjaar) Mileage/Kilometer (Kenteken plaat)

OMSCHRIJVING VAN DE SCHADE:

	REPARATIE KOSTEN	ONDERDELEN	SPUITWERK (Incl. Arbeid)
Motorkap _____	€ _____	_____	_____
Dak: _____	€ _____	_____	_____
Voor scherm: rechts : _____ links _____	€ _____	_____	_____
Achter scherm: rechts : _____ links _____	€ _____	_____	_____
Deur rechts (voor)(achter) _____	€ _____	_____	_____
Deur links (voor)(achter) _____	€ _____	_____	_____
Kofferbak/derde deur _____	€ _____	_____	_____
Voor bumper: _____	€ _____	_____	_____
Achter bumper: _____			
Overige: _____			
_____			
_____			
_____	€ _____	_____	_____
SUB-TOTAAL: € _____ B.T.W	€ _____ TOTAAL:	_____	_____

INVULLEN INDIEN ER GEEN ZICHTBARE SCHADE IS AAN EEN ONDERDEEL:

De oorzaak van de schade is (wel) (niet) vastgesteld kunnen worden. De schade werd veroorzaakt door:

_____

_____

_____

OFFERTEKOSTEN TEN BEDRAGE VAN € _____ (ZIJN) (ZIJN NIET) IN REKENING GEBRACHT EN ZIJN BETAALD OP (datum) _____

DE OFFERTEKOSTEN (WORDEN) (WORDEN NIET) IN MINDERING GEBRACHT INGEVAL VAN REPARATIE.

Gelieve hetgeen niet van toepassing is te doorstrepen.

NAAM: _____ HANDTEKENING: _____ DATUM: _____