

# **THEFT FROM QUARTERS OR BARRACKS MILITARY CLAIMS PACKET**

**NORTHERN LAW CENTER  
CLAIMS OFFICE  
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# **IMPORTANT DEADLINES**

**REPORT THE INCIDENT TO THE MILITARY POLICE AND/OR THE LOCAL POLICE THE DAY IT OCCURS**

**IF YOU HAVE INSURANCE IN EFFECT AT THE TIME OF THE INCIDENT, YOU MUST FILE AND SETTLE THE CLAIM WITH YOUR INSURANCE COMPANY BEFORE YOU FILE A CLAIM WITH THE U.S. GOVERNMENT.**

**YOU MUST SUBMIT YOUR CLAIM TO THE CLAIMS OFFICE WITHIN TWO (2) YEARS OF THE DATE OF THE THEFT OR VANDALISM**

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

## PROCEDURE FOR FILING MILITARY CLAIMS AFTER THEFT FROM QUARTERS OR BARRACKS

These instructions have been designed to help you prepare and file your claims against the US Government. Please follow the instructions carefully, initial the checklist, complete the forms and provide all required documents and substantiation. Doing so, you will allow the claims office to provide a faster and fairer adjudication and payment due under law and regulation. Failure to provide any of the required documents will delay your claim and may result in the reduction, or even denial, of your claim.

### DOCUMENTS REQUIRED:

1. **DD Form 1842**, Claim for loss of or damage to personal property incident to service. You need to answer the questions at blocks 11-15. If you have private insurance covering your personal property, you must file and settle with your insurance company first. 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**, List of property and claims analysis chart. Please fill this form in carefully and completely by listing each item missing. If the purchase date is left blank, five (5) years depreciation will be applied.
3. One copy of the final **MP or CID report**.
4. One copy of your **insurance policy** (renter's insurance) showing the breakdown of the deductible if the policy was in effect during the time of the incident.
5. **Estimate(s) of repair and/or substantiation of replacement cost(s)**. For claims over \$500, an estimate is required if the cost of repair is \$100 or more per item or the cost of replacement is \$100 or more per item. An estimate stating an item is not repairable is required before a replacement cost will be paid. In some cases, claims office personnel may require more than one estimate. Do not get a second estimate unless asked to do so by the claims office.
6. Any supporting **evidence of ownership and value** of the property which may be necessary to substantiate your claim (for example, photos of the missing items, purchase receipts, credit card statements, and witness statements).
7. **Direct Deposit Form**
8. **Power of attorney or specific written authorization** (if applicable).
9. One copy of **orders** authorizing barracks or quarters.

# Documents Checklist

## THEFT FROM QUARTERS OR BARRACKS

Documents needed to process each claim

- DD Form 1842** – must be signed by claimant
- DD Form 1844** – must be itemized
- MP or CID Report**
- Private Insurance Policy**
- Estimate(s) of repair and/or Substantiation of replacement cost(s)** – if cost is over \$100
- Evidence of ownership and value**
- Direct Deposit Form**
- Power of attorney**
- Orders**

**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.)

<b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial)	<b>2. BRANCH OF SERVICE</b>	<b>3. RANK OR GRADE</b>	<b>4. SOCIAL SECURITY NUMBER</b>
<b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)		<b>6. CURRENT MILITARY DUTY ADDRESS</b> (If applicable) (Street, City, State and Zip Code)	
<b>7. HOME TELEPHONE NO.</b> (Include area code)	<b>8. DUTY TELEPHONE NO.</b> (Include area code)	<b>9. AMOUNT CLAIMED</b>	
<b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			

<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (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.)	<b>YES</b>	<b>NO</b>
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (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.)		
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (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.

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

<b>19. PROCEDURE</b> (X one)	<b>20. AMOUNT AWARDED.</b> 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:	<b>\$</b>
<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)

<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	<b>c. REVIEWING AUTHORITY</b>	<b>d. DATE SIGNED</b> (YYYYMMDD)
<b>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY</b>		<b>f. SIGNATURE OF APPROVING AUTHORITY</b>	<b>g. DATE SIGNED</b> (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><b>23. DENIAL</b> (X if applicable) 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><b>24. SUPPLEMENTAL PAYMENT</b> (X and complete if applicable) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>	
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>25. APPROVING/SETTLEMENT AUTHORITY</b> (Settlement Authority is required for denial.)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)



