

C I O H A N D B O O K

3 January 2003

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE DD FORM 1842

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 18
1. Name of Claimant	Last Name, First Name, Middle Initial
2. Branch of Service	USMC (Claims filed by other Service members are to be forwarded to their respective Service).
3. Rank or Grade	*Rank or Grade of Claimant
4. Social Security Number	*SSN of Claimant
5. Home Address	Street, City, State & Zip Code (If paid by check, check will go to this address).
6. Current Military Address	State full military address
7. Home Phone Number	Area Code & telephone number
8. Duty Telephone Number	DSN and include the Area Code
9. Amount Claimed	Total claim amount (Same total amount as shown on your DD Form 1844, block 13).
10. Circumstances of Loss or Damage	Explain in <u>detail</u> , including dates, places, and <u>all</u> relevant facts (i.e., HHG picked up on 3 Jan 98 by XYZ Van Lines, GBL #DW.123.345; delivered 1 Feb 98 by ABC Moving Co...etc).
11. Did You Have Private Insurance?	This includes <u>any</u> insurance coverage, to include USAA, Armed Forces Co-op, State Farm, etc. Homeowners, Renters, Transit. Claimant <u>must</u> file a claim with the Private Insurer prior to or concurrently with the claim against the Government
12. Have You Made a Claim Against a Private Insurer?	If claim has been filed, attach copy of claim and all correspondence.
13. Was a Carrier or Warehouse Firm involved, Paid You or Repaired any Property?	If yes, indicate which items from your DD Form 1844.
14. Did any of the Claimed Items belong to the Government or Someone other than you or Your Family Member?	If yes, indicate which items from your DD Form 1844.
15. Were any of the Claim Items acquired or held for Sale, or acquired or used in a Private Professional Business?	If yes, indicate which items from your DD Form 1844.
16. Under Penalty of Law, I declare the following as part of Submitting My Claim?	Any recovered missing property <u>must</u> be reported to HQMC (Code MRP-2). By filing this claim, all rights, interest against a carrier, insurer, or other person for loss/damage are assigned to the U.S. and gives authority for your private insurance to release information concerning your insurance. Authority is given to the U.S. to withhold from your pay or accounts for any payments made to you by a carrier, insurer, or other person to the extent you are paid on this claim, and for any payment made in reliance on information which determined to be incorrect or untrue; you have <u>not</u> made any other claim against the U.S. for this incident; you understand that if any information provided in this claim is false you can be prosecuted.
17. Signature of Claimant	Must be signed by the Claimant, or a *legal representative With a Power of Attorney.
18. Date DD Form 1842 Signed	Month, Day, Year signed

*Note: If the claim is filed by legal representative and signed with a power of attorney, claim must still be filed in the name of the USMC Claimant with his or her rank/grade and SSN.

CIO HANDBOOK

3 January 2003

CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I – TO BE COMPLETED BY CLAIMANT <i>(See back for Privacy Act Statement and Instructions.)</i>			
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 <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renters or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>			YES
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>			NO
13. HAS A CARRIER OR WAREHOUSE FIRM 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 CLAIMED ITEMS BELONG TO THE GOVERNMENT OR 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 the "Claims Analysis Chart, " DD Form 1844.)</i>			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:			
<p>If any missing items, which I am claiming, are recovered, I will notify the office paying the 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.</p> <p>I assign to the United States all 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.</p> <p>I authorize the United States to withhold from my pay or accounts any payments made to me by a carrier, insurer, or other persons 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.</p>			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(YYYY/MM/DD)</i>
PART II – CLAIMS APPROVAL <i>(To be completed by Claims Office)</i>			
19. PROCEDURES <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 <i>(Signatures at a and c not required if small claims procedure is utilized)</i>			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYY/MM/DD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYY/MM/DD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYY/MM/DD)</i>

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PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: 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 administrative payment of claims against the Government. Information is also used in conjunction 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 from 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 a 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 and 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 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 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 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)*

23. DENIAL (*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.

24. SUPPLEMENTAL PAYMENT (*X and complete if applicable*)

The claim is cognizable and meritorious under 31U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(YYYY/MM/DD)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(YYYY/MM/DD)

26. APPROVAL/SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)

a. TYPED NAME

b. GRADE

c. SIGNATURE

d. DATE SIGNED
(YYYY/MM/DD)