

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.)			
<p>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (If "Yes," attach a copy of your insurance policy. If you had transit, renter's or homeowner's insurance, say "Yes" and attach a copy of your policy.)</p> <p>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 claim against the Government.)</p> <p>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED IN YOUR LOSS REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</p> <p>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.)</p> <p>15. WERE ANY OF THE CLAIMED ITEMS 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.)</p> <p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: (For shipment claims.) Missing items were packed by the carrier. They were not damaged prior to shipment but not delivered at destination, after my property was packed. (My agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States my pay 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.)</p>			
17. SIGNATURE OF CLAIMANT (or designated agent)		18. DATE SIGNED (YYYYMMDD)	
<p>PART II - CLAIMS APPROVAL (To be completed by Claims Office)</p> <p>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.</p> <p>a. SMALL CLAIMS b. REGULAR CLAIMS</p> <p>21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)</p> <p>a. CLAIMS EXAMINER b. DATE SIGNED (YYYYMMDD) c. REVIEWING AUTHORITY d. DATE SIGNED (YYYYMMDD)</p> <p>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY f. SIGNATURE OF APPROVING AUTHORITY g. DATE SIGNED (YYYYMMDD)</p>			

FILLING OUT THE DD FORM 1842 (HHG and UB)

- BLOCK 1:** Must have the name of the military member or U.S. Government civilian employee.
- BLOCK 2:** Self-explanatory.
- BLOCK 3:** Enter military rank or civilian pay grade.
- BLOCK 4:** Self-explanatory.
- BLOCK 5:** Current place of residence.
- BLOCK 6:** Current military mailing address. If overseas, include complete command name, PSC and Box numbers and FPO/APO Zip Code.
- BLOCK 7:** Local home telephone number (if applicable).
- BLOCK 8:** Duty telephone number; DSN and Commercial.
- BLOCK 9:** Total amount claimed; including all repair estimates and/or replacement costs entered on the DD Form 1844. This amount should match the amount entered in Block 13 of the DD Form 1844.
- BLOCK 10:** Provide a detailed description of your move. Include locations, dates for pick-up and delivery, and any special circumstances. Use additional sheets if necessary.
- BLOCKS 11-15:** Check appropriate boxes.
- BLOCK 17:** Must be signed by claimant. If signed by a designated agent, a copy of the valid power of attorney must be attached.
- BLOCK 18:** Self-explanatory.

