

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i> <b>White, John A.</b>	2. BRANCH OF SERVICE <b>Army</b>	3. RANK OR GRADE <b>SGT/E-5</b>	4. SOCIAL SECURITY NUMBER <b>000-00-0000</b>
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5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i> <b>69 Maple Hill Clarksville, TN 37042 (This address is where your check will be mailed to)</b>	6. CURRENT MILITARY DUTY ADDRESS <i>(if applicable) (Street, City, State and Zip Code)</i> <b>HHC, Division Fort Campbell, KY 42223</b>
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7. HOME TELEPHONE NO. <i>(Include area code)</i> <b>(931) 889-4876</b>	8. DUTY TELEPHONE NO. <i>(Include area code)</i> <b>(270) 798-5011</b>	9. AMOUNT CLAIMED <b>\$740.00</b>
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10. CIRCUMSTANCES OF LOSS OR DAMAGE *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

HOLD BAGGAGE \_\_\_\_\_ HOUSEHOLD GOODS XXX HHG W/NON-TEMP STORAGE (6 Months +) \_\_\_\_\_

PICK-UP DATE: **16 MAR 00** PLACE: **SEIGELSBACH, GERMANY**

DELIVERY DATE: **25 APR 00** PLACE: **CLARKSVILLE, TN**

NAME OF CARRIER: **UNITED VAN LINES** PPGBL NUMBER: **AP-389,908**

NON-TEMPORARY STORAGE WAREHOUSE: **N/A** DATES: \_\_\_\_\_

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(If "Yes," say "Yes" on a shipment claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you have vehicle insurance. Attach a copy of your policy.)</i>	
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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 claim before you submit a claim against the Government.)</i>	
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13. \_\_\_\_\_

14. DID ANY OF THE CLAIMED ITEMS GO TO THE GOVERNMENT OR TO 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>	
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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 your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>	
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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.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>	18. DATE SIGNED <i>(MMDDYY)</i>
<b>DO NOT SIGN OR DATE THIS FORM UNTIL YOU SUBMIT THE CLAIM PACKET</b>	

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

19. PROCEDURE <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:	\$
a. SMALL CLAIMS		
b. REGULAR CLAIMS		

21. SIGNATURES *(Signatures at a and c not required if small claims procedure is utilized.)*

	b. DATE SIGNED <i>(MMDDYY)</i>	d. DATE SIGNED <i>(MMDDYY)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(MMDDYY)</i>