

# JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY

### Privacy Act Statement

#### AUTHORITY:

The requested information is solicited pursuant to 5 U.S.C. 552, 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3703

#### PRINCIPLE PURPOSE(S):

The information requested is to be used for the purpose of determining loss or damage to property.

#### ROUTINE USE(S):

The information requested is used in the destruction of personal property and records.

#### DISCLOSURE:

Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

The transportation service provider delivering a shipment should present the property owner or their designated agent with this form at the time of delivery. As loss or damage is discovered while the shipment is being delivered, the property owner should complete this form, using a ballpoint pen.

**GENERAL INSTRUCTIONS** - The carrier's/contractor's representative should be present at the time of delivery. The member or member's agent should receive copies of DD Form 1840 and blank DD Forms 1840 for each shipment. If no loss or damage is involved, write "NONE" in description of loss or damage.

**Blocks 1 through 12.** The transportation service provider is responsible for completion of these blocks. Review blocks 1, 2, 3, 5, 6, 7, and 8 for correctness.

### SECTION A - GENERAL INFORMATION (To be completed jointly by carrier/contractor's representative)

1. NAME OF OWNER ( Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT. OF SHIPMENT
5. ORIGIN OF SHIPMENT ( City and State/Country)			6. DESTINATION OF SHIPMENT ( City and State/Country)	
7. PPGBL/ORDER NUMBER		8. PICKUP DATE		9. NAME AND ADDRESS OF CARRIER/CONTRACTOR
10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR. REF. NO.		

**Blocks 13 and 14.** The claimant is responsible for completion of these blocks. **ONCE THE TRANSPORTATION SERVICE PROVIDER DEPARTS, DO NOT MAKE ANY FURTHER ENTRIES ON THIS FORM OR ANY CONTINUATION SHEETS USED.** If further loss or damage is discovered, use the reverse side of the form, DD Form 1840R.

### SECTION B - RECORD OF LOSS OR DAMAGE ( To be completed by member or agent )

14. Notice is hereby given to the carrier/contractor to whom this statement is made that the claim, if any, will be made for such loss or damage as indicated substantially on the reverse side of this form. THE VALUE INDICATED IN BLOCK 13.c IS FOR QUALITY CONTROL ONLY.

a. INV. NO.	b. NAME OF ITEM	c. DESCRIPTION OF LOSS OR DAMAGE ( If missing, so indicate )

**Block 13.a.** Each entry made should list the inventory number that was attached to the item or to the box from which the item came. It is the claimant's responsibility to ensure they keep track of each item and the inventory number assigned to/attached to that item, or the box from which it came. If more than one item is found damaged or missing in the same box, repeat the inventory number in this block (**Do not list the items sequentially**).

**Block 13.b.** Enter the name of the missing or damaged item.

**Block 13.c.** Enter the description of loss or damage. The term broken is understandable for a glass, but not for a television or a stereo. What is wrong with the item? Describe the actual physical damages. "Broken beyond repair" is not a description of damages to an entertainment center, couch, chair or desk. Be specific about describing the actual visible damages.

There are seven lines for entering loss or damage to the shipment. If more space is needed, use a separate sheet of paper to continue the entries (**DO NOT USE THE REVERSE SIDE OF THE FORM DURING DELIVERY**).

14. ACKNOWLEDGMENT BY MEMBER OR AGENT ( X and complete as applicable and sign below )

a. I RECEIVED MY PROPERTY IN APPARENT GOOD CONDITION EXCEPT AS NOTED ABOVE. A CONTINUATION SHEET (X ONE)

WAS  WAS NOT

b. UNPACKING AND REMOVAL OF PACKING MATERIAL, BOXES, CARTONS, AND OTHER DEBRIS

IS  IS NOT WAIVED

c. I ESTIMATE THE AMOUNT OF MY LOSS AND/OR DAMAGE AT \$ \_\_\_\_\_ **Optional entry.**

d. I have received three copies of this form. (I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and failure to do so may result in my being paid a smaller amount on a claim.)

e. Telephone Number \_\_\_\_\_ f. Date Signed \_\_\_\_\_

g. Signature \_\_\_\_\_ **Enter phone number, date signed & signature.**

15. ACKNOWLEDGEMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE ( X and complete as applicable and sign below )

a. PROPERTY WAS DELIVERED IN APPARENTLY GOOD CONDITION EXCEPT AS OTHERWISE NOTED ABOVE

b. I WILL INITIATE CLAIM FOR MISSING ITEMS

c. Name of delivering carrier/agent/contractor \_\_\_\_\_

d. Storage in transit?  Yes  No

e. Signature \_\_\_\_\_ f. Date Signed \_\_\_\_\_

**Block 15.** The transportation service provider is responsible for completion of this block.