

1. NAME OF CLAIMANT (Last, First, Middle Initial)

3. PICK-UP DATE (YYYYMMDD)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

Blocks 1 through 4. Enter applicable information (or N/A).

Blocks 14 through 31 will be completed by the local military claims office.

2. a. NAME		b. POLICY NO.		4. DELIVERY DATE (YYYYMMDD)		14. OR		TAX CAR					
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>	8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER				
				10. MM/YYYY PURCHASED		16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
				13. TOTAL	\$			31. THIRD PARTY LIABILITY	\$	\$	0.00	0.00	

Block 6. Enter the number of identical items associated with the same inventory number.

Block 7. The description of damages must be specific. Simply stating "scratches, dents, gouges, etc" is insufficient. **You must list the size and location of scratches, dents, gouges, or any other damages.** Describe the nature and full extent of damage. Do not use the word "damaged". Include the brand name, model, and size of each item.

Block 5. Enter a sequential number for each type of item being claimed. If identical items, but different inventory numbers, then list each on a separate line number. This will assist us in referring to a particular line item when discussing your claim.

Block 8. If shipping damage or loss, list all your lost or damaged items in the same order as they appear on the inventory. This is important so we can locate each item on your inventory.

Block 9. Enter the original cost of each item. If the item was a gift, write in the word "gift." Include the date of purchase (month & year) or the date you received the item as a gift. **NOTE: You may be required to provide proof of original cost.**

Block 11a. Enter repair cost from a written repair estimate if the item can be repaired.

Block 11b. Enter documented replacement cost if the item cannot be repaired. **NOTE: You may be required to substantiate that the item(s) cannot be repaired.**

Block 10. Enter the Month & Year of purchase. **NOTE: You may be required to provide proof of purchase date.**

Block 13. Don't forget to total the repair/replacement cost for each item listed on this sheet. If using multiple sheets, total each sheet separately.