FLOOD DAMAGE OR LOSS

CLIENT LEGAL SERVICES DIVISION

Military Claims Branch

http://8tharmy.korea.army.mil/sja/clientlegalsvc/index.htm

DEPARTMENT OF THE ARMY
HEADQUARTERS, 8TH ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
UNIT #15237
APO AP 96205-5237

REPLY TO ATTENTION OF:

EAJA-LS 21 July 2011

MEMORANDUM FOR CLAIMANTS AGAINST THE UNITED STATES GOVERNMENT

SUBJECT: Procedures for Filing Personnel Claims

1. Welcome to the Client Legal Services Division, USAG-Yongsan, Korea. Enclosed are instructions and forms explaining how to file a claim against the United States for loss of or damage to your personal property.

2. It is unfortunate that you have suffered a loss or injury. The Goal of our Claims Department is to investigate and fairly settle your claim as quickly as possible, within the limits imposed by Congress and the Department of the Army. In order to process your claim in a timely manner, it is important that you read and carefully follow the enclosed instructions, that you carefully complete all applicable claims forms, and that you submit documentation to substantiate your claim.

3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service to you and welcome any suggestions for improvement. Please return this form at the time you file your claim. If you have additional comments at a later time, extra survey forms are available in our office.

4. The Claims Office is open Monday, Tuesday, Wednesday and Friday from 0900 to 1630, and on Thursday from 1300 to 1600. We are closed Thursday mornings for training. If you need assistance at any stage in the claims process, please do not hesitate to contact us at (02) 7918-8212/8108 (commercial) or DSN 315-738-8212/8108.

Encls
as

MARC W. ZELNICK
CPT, JA
Chief, Client Legal Services Division

PERSONAL PROPERTY CLAIM
FLOOD CLAIMS CHECKLIST

1. Please bring the original and clear copies of the indicated forms to aid us in processing your claim quickly and thoroughly. Your claim must include the following:

___a. **DD Form 1842** (enclosed)

___b. **DD Form 1844** (enclosed)

___c. **MP Blotter/MP Report/KNP Report –** The report must state that the flood affected the item that is damaged. Include a statement from your Commander, 1SG, or Platoon Sergeant verifying the damage or loss was a result of the flood. Also include any evidence available, i.e., personal knowledge or inspection of the flooded area, photos of the flood if any were taken, etc.

___d. **Statement from Chain of Command and other evidence.**

___e. **Repair Estimate**

___f. **Replacement Cost-** For destroyed items you can obtain replacement costs from catalogues or the internet. You will also need a repair estimate indicating the item can not be repaired or that repair is not feasible.

___g. **Purchase Receipts/Photos** – In order to adjudicate your claim, we need copies of purchase receipts, appraisals, or some other form of substantiation to prove ownership and cost of high-value items.

___h. **Orders and/or Amendments**

___i. **Insurance Policy**

___j. **Power of Attorney (POA)** – You must have a POA if you are filing for your sponsor, spouse, or someone else.

___k. **Electronic Fund Transfer Worksheet** (enclosed)- If you are not Active Duty Army you will need to complete this form.

___l. **Vehicle Registration** (USFK Form 207)

___m. **USFK Driving Permit** (USFK Form 134EK)

2. We cannot pay for incidental expenses such as phone bills, gas, items rented while waiting for your claim to be paid or time spent on filing your claim.

3. If you desire copies of any forms or documents pertaining to your claim, you should make these copies prior to coming to the Claims Office. You must turn in all original documents to the Claims Office. If you need assistance, feel free to come by our office during normal office hours or call to speak to one of our representatives.

4. The Personnel Claims Act was not intended to substitute for private insurance or to benefit private insurers. **Claimants whose insurance policies cover all or part of their loss must provide a copy of their insurance policy to the Claims Office.** As a general rule, such claimants must file and settle with their insurers before settling a claim with the United States.

SAMPLE

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
Self Explanatory	Self Explanatory	Self Explanatory	

5. HOME ADDRESS *(Street, City, State and Zip Code)*	6. CURRENT MILITARY DUTY ADDRESS *(If applicable) (Street, City, State and Zip Code)*
Self Explanatory	Self Explanatory

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.)*

My barracks room was damaged by flood. 1234 Yongsan city park. Continue to detail all relevant fact.
Amount must be included.
My e-mail address is ***@us.army.mil

	YES	NO
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? *(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)*		
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 demand before you submit a claim against the Government.)*		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? *(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)*		
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.)*		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR 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.)*		

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.

I assign to the United States any 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.

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.

17. SIGNATURE OF CLAIMANT *(or designated agent)*	18. DATE SIGNED *(YYYYMMDD)*
You or your agent, Authorized with a power of attorney, must sign	

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

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:	
☐ a. SMALL CLAIMS ☐ b. REGULAR CLAIMS		$

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

a. CLAIMS EXAMINER	b. DATE SIGNED *(YYYYMMDD)*	c. REVIEWING AUTHORITY	d. DATE SIGNED *(YYYYMMDD)*

e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED *(YYYYMMDD)*

SAMPLE

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE(S): 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 the administrative payment of claims against the Government. Information is also used in connection 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 of 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 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 or 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 claim 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 the 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 the 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 31 U.S.C. 3721, and the following additional award is substantiated: $

25. SIGNATURES

a. CLAIMS EXAMINER	b. DATE SIGNED *(YYYYMMDD)*	c. REVIEWING AUTHORITY	d. DATE SIGNED *(YYYYMMDD)*

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

a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

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

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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.)*

	YES	NO
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? *(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)*		
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 demand before you submit a claim against the Government.)*		
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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.

I assign to the United States any 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.

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.

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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.

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c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. *(Normally, you may not claim appraisal fees.)*

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STATEMENT OF UNDERSTANDING

Paragraphs 11-10f and 11-21b (5) of AR 27-20, provide that no claim may be paid under this chapter if there is private insurance that may cover the loss. Therefore, if you have any insurance, which may cover all or any parts of this loss, you must first settle with your insurer. Your claim against the Army must include a copy of your insurance settlement.

Insurance coverage includes: comprehensive automobile, automobile theft, homeowners' renters, and personal effects floater policies. If you have none of these types of insurance in effect either now, or at the time of loss/damage being claimed, please read the statement below and sign.

I READ AND UNDERSTAND THE ABOVE REQUIREMENTS. I HAVE INDICATED ON MY CLAIM AGAINST THE UNITED STATES (DD FORM 1842) THAT I DO NOT HAVE ANY PRIVATE INSURANCE WHICH MAY COVER ALL OR ANY OF THE LOSS OR DAMAGE ON MY CLAIM AGAINST THE UNITED STATES, IF I BECOME AWARE AT ANY TIME THAT I HAD INSURANCE THAT COVERED SUCH LOSS OR DAMAGE, I WILL SO NOTIFY THE CLAIMS OFFICE.

_____ _____

SIGNATURE OF CLAIMANT **DATE**

1. NAME OF CLAIMANT (Last, First, Middle Initial)	3. PICK-UP DATE (YYYYMMDD)	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)			
Self Explanatory					
2. CLAIMANT'S INSURANCE COMPANY (If applicable)	4. DELIVERY DATE (YYYYMMDD)	14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR LIABLE
a. NAME / b. POLICY NO.					
		15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER

5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	19" Sony Color TV w/remote SN #12345 Model ABC 123 Case cracked along left side Remote Crushed (repairable)	32	240.00	05/2002	90.00								
2	1	Panasonic Family Size Microwave SN #123 Model CDE 123 Door bent, front panel broken off (unrepairable)	11	200.00	12/2000	180.00								
3	4	Dishes, Tiffany "Rose Supreme" Services for 8 4 Plates broken (unrepairable)	41	520.00	01/2003	250.00								
4	1	Couch and Loveseat - grease stains on both needs to be professionally cleaned. (repairable)	71	1,700.00	07/2003	125.00								
5	1	Liardro figurine of a swan - broken wing (unrepairable)	46	120.00	10/2001	120.00								
6	1	Four slot Black and Decker toaster Missing	91	15.00	01/2002	12.00								
		Repair Estimate for the TV/Remote control		15.00		15.00								

12. REMARKS	13. TOTAL	$ 1230.00		30. TOTAL AMOUNT ALLOWED	$		31. THIRD PARTY LIABILITY	$	$

DD FORM 1844, MAY 2000 PREVIOUS EDITION IS OBSOLETE. Page of Pages

SAMPLE

1. NAME OF CLAIMANT *(Last, First, Middle Initial)*			3. PICK-UP DATE (YYYYMMDD)	LIST OF PROPERTY AND CLAIMS ANALYSIS CHART *(Items 14 thr ough 31 to be filled out by Claims Office)*			
2. CLAIMANT'S INSURANCE COMPANY *(If applicable)*			4. DELIVERY DATE (YYYYMMDD)	14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR LIABLE
a. NAME	b. POLICY NO.						
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS *(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")*	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)
						16. EXCEPTIONS	19. INV NO. / 20. EXCEPTIONS

23. GBL NUMBER	24. LOT NUMBER					
		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY

12. REMARKS	13. TOTAL	$		30. TOTAL AMOUNT ALLOWED	$		31. THIRD PARTY LIABILITY	$	$

REPAIR FORM FOR
ELECTRONIC ITEMS

Attached is an electronic repair form. You will need one of these forms filled out for each electronic item you wish to claim. The form must be completed by a qualified employee of a reputable repair firm. If the estimate you obtain is unreasonable, you will be asked to obtain another one.

Please read the rest of this memo carefully. If you do not follow the instructions below, you will not be reimbursed for damage to your electronic item. **Computers require a special form.**

EXTERNAL DAMAGE

If there is external damage to your electronic item, make sure the repair person notes the external damage and gives a detailed description of the location, nature, and extent of the damage on the electronic repair form. This is your responsibility. If you present an estimate without the proper explanation of external damage, you will be asked to return to the shop and have the estimate properly completed **or** you will not receive any money for that particular electronic item.

INTERNAL DAMAGE ONLY

Often an electronic item will be delivered with internal damage but no external damage. Without proof of the mechanical condition prior to the move, there is no evidence the item was functional and the carrier can deny liability for the damage. **You must provide a statement providing evidence the item worked prior to the move.** This should include the last time the item was used (e.g., "my family watched a video the night before we moved…the VCR worked fine"). Also, include any statements that might explain the internal damage to the item (e.g., "saw the mover drop the box with my stereo in it"). Statements by other people who used the item shortly before the move or saw the item being used may also be helpful.

There is no prescribed format for this statement. In fact, you may write your statement in the space provided below. It must be a detailed and truthful statement in your own words or by another person with knowledge of the events or circumstances described. Please sign and date the statement. **If you fail to provide a statement as explained above, the portion of your claim relating to that item will be disallowed.**

ELECTRONIC ITEMS

*Statement from Claimant that electronic items worked prior to shipment.

_____ _____

Signature of Claimant Date

PERSONAL STATEMENT FOR
ELECTRONIC ITEMS

EXAMPLE OF A PROPER STATEMENT:

The movers came on Monday, 5 May 2003. When the movers arrived, I was watching the Oprah Winfrey show on my 27" Panasonic color television. I remember watching the show because it was a special on weddings and I was getting married four days later. The movers allowed me to finish watching the show before they packed it. They packed it in brown paper without padding. When it arrived, my Panasonic TV no longer turned on.

Jane Damage
January 1, 2003

Statements alone, from a repair person, that electronic equipment was damaged during a move are insufficient to establish liability of the carrier. A prima facie case of liability may be established with regard to electronic equipment when, absent external damage, the claimant provides evidence that the items in question were in good working order at the time of tender and evidence the damage was consistent with having been dropped or damaged in transit.

The following statement is NOT GOOD ENOUGH to collect carrier recovery:

My Toshiba VCR Model #M449, Serial No. 65735121, was working the day prior to shipment. When I received it after shipping, it would not play.

SECTION I	REPAIR FORM 수 리 서		
1. OWNER'S NAME: 소유자 성명:		2. ITEM EXAMINED: 검사한 물품:	3. SERIAL NUMBER: 고유번호
4. TYPE OF ITEM: 물품의 종류:	5. MAKE: 제조 회사:	6. MODEL: 모델:	7. YEAR: 연도:

8. THERE WAS/WAS NOT EXTERNAL DAMAGE TO THE ITEM: 물품에 외형적인 파손이 있었다/없었다.

a. The damage was: 파손은 _____ 생겼다.:
☐ New 새로 ☐ Old 오래전에 ☐ Can't tell 구분할 수 없음

b. Description and location of new internal damage: 새로 생긴 내부 파손의 위치 및 설명:

c. The new internal damage was caused by shipment: 새로 생긴 내부 파손은 선적 중에 야기되었다.
☐ Definitely 확실히 ☐ Probably 상당히 ☐ Possibly 아마도 ☐ No 아니다 ☐ Can't tell 구분할 수 없다

d. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발행하지 않았다면 최대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하시오:

9. THERE WAS/WAS NOT INTERNAL DAMAGE TO THIS ITEM: 물품에 내형적인 파손이 있었다/없었다.

a. The damage was: 파손은 _____ 생겼다.:
☐ New 새로 ☐ Old 오래전에 ☐ Can't tell 구분할 수 없음

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☐ Definitely 확실히 ☐ Probably 상당히 ☐ Possibly 아마도 ☐ No 아니다 ☐ Can't tell 구분할 수 없다

d. The reason why i think the internal damage was due to shipment are: 내부 파손이 선적 중에 발생했다고 생각하는 이유:

e. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발행하지 않았다면 최대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하시오:

SECTION II. COST OF REPAIRING THE DAMAGE WHICH IS DUE TO SHIPMENT. 선적중 발생한 수리 비용 명세

1. NAME OF PARTS: 부품명	1a. Cost: 가격 $	2. OTHER SERVICES: 기타 용역	2a. Cost: 가격 $
3. LABOR: 노동	3a. Cost: 가격 $	3. ESTIMATE FEE: 견적 비용	4a. Cost: 가격 $
OR the item cannot be repaired 아니면 그 물품은 수리가 불가능함		GRAND TOTAL 총 계	5a. Cost: 가격 $
6. WILL YOU DEDUCT THE ESTIMATE FEE FROM THE TOTAL BILL? 귀하는 총 청구액에서 견적비용을 공재할 것입니까? ☐ Yes 예 ☐ No 아니오		7. FOR ITEMS THAT CANNOT BE REPAIRED, HAS THE ESTIMATE FEE ALREADY BEEN PAID? 수리할 수 없는 물품의 견적 비용은 지불되었습니까? ☐ Yes 예 ☐ No 아니오	
3. PRINT NAME & RANK: 성명과 계급:	4. SIGNATURE: 서명:		5. DATE: 일자:

SECTION III	REPAIR FIRM 수 리 회 사	
NAME OF FIRM: 회사명:	ADDRESS: 주소:	TELEPHONE NUMBER: 전화번호:

COMPUTER REPAIR FORM (수리서식)

Repairman:수리하시는 분께:

The claims office must determine the nature and cause of internal damage to the computer. Please, complete the form to the best of your ability. 저희 배상사무소는 적절한 배상을 위해 컴퓨터 내부손상의 특징과 원인을 알아야 합니다. 이러한 이유로 다음 서식을 성실히 작성해 주시기 바랍니다.

Thank You. 감사합니다

SECTION A. GENERAL INFORMATION (일반정보)

1. Claimant's Name: 청구인 이름:	2. Date of Examined:점사일:
3a. Repair Firm's Name: 수리 회사명:	b. Repair Firm's Address:수리 회사의 주소:
c. Name of Person Completing Form:서식 작성자 이름:	d. Phone Number:전화번호:

Item Description (품목 설명)

4a. Item Name: 품목 이름:	b. Manufacturer: 제조업체:
c. Serial Number:고유번호:	d. Year of Manufacturer:제조년도:

Item Specification (세부사항)

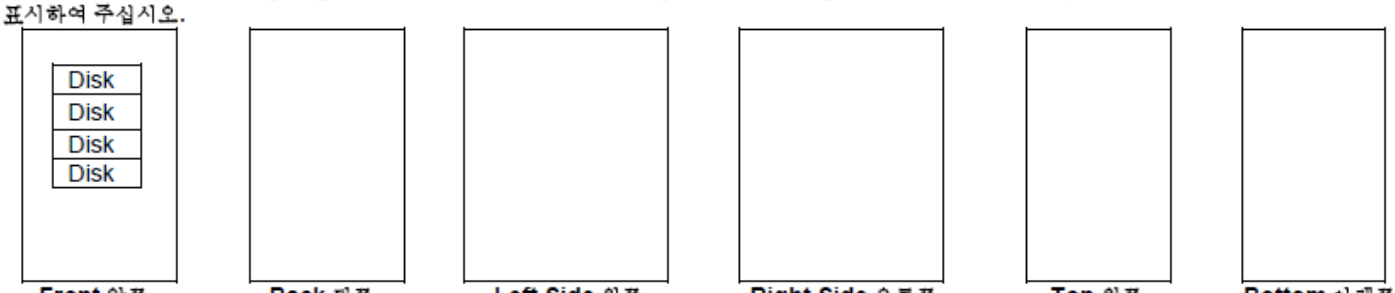
5a. Processor Type and Speed(CPU 종류 및 속도)	b. Hard Drive Capacity(하드 디스크 용량)
c. RAM Capacity RAM 용량	Internal 내부 ☐ External 외부 ☐
d. Sound Card Type/ Specifications 사운드카드 종류 / 세부사항	e. Video Card Type/ Specifications 비디오 카드종류 / 세부사항
f. CD ROM Drive Type/ Speed CD ROM 드라이브 종류/속도	g. Monitor Size/ Description 모니터크기/세부설명
h. Other Components/ Description 기타 카드 및 하드웨어/설명	

SECTION B. DAMAGES (파손)

External Damage (외부 파손)

6a. Is there evidence of external damage? 외부파손이 있습니까? YES 예 ☐ NO 아니오 ☐	b. Please give a detailed description of the type of external damage and the location of external damage: 외부파손의 정도와 위치를 상세히 설명하시오. _____ _____ _____ _____

c. Please use the following diagram to indicate the location of any external damage to the item.다음그림을 이용하여 외부파손의 위치를 표시하여 주십시오.



Front 앞쪽 | Back 뒤쪽 | Left Side 왼쪽 | Right Side 오른쪽 | Top 위쪽 | Bottom 아래쪽

COMPUTER REPAIR FORM (continued)앞장에서 계속

Internal Damage (내부파손)

7a. Is there evidence of Internal Damage?
내부손상이 있습니까?

YES 예 ☐

NO 아니오 ☐

b. Please give a detailed description of the type of internal damage and the location of internal damage: 내부손상의 정도와 위치를 상세히 설명하시오.

_____

_____

_____

c. Please check the components, which were damaged, and the appropriate response:손상된 부분에 대하여 해당되는 곳에 체크 하십시오.

☐ Processor CPU	☐ The Processor was: loose / cracked / broken. CPU 가: 헐겁거나 / 깨졌거나 / 부러졌다.
☐ Hard Drive 하드디스크	☐ I physically opened the hard drive and examined it. 물리적으로 하드 드라이브를 열어서 보았다.
	☐ There was obvious physical damage to the inside of the hard drive. 하드 드라이브 안에 명백한 물리적 파손이 있다.
	☐ I used scanning software to determine that there was damage to this component.하드 드라이브의 손상을 검사하기 위해 검사 소프트웨어를 사용했다.
☐ Modem 모뎀	☐ The modem was: loose / cracked / broken. 모뎀이 : 헐겁거나 / 깨졌거나 / 부러졌다.
☐ Video Card 비디오카드	☐ The sound card was: loose / cracked / broken. 사운드 카드가: 헐겁거나 / 깨졌거나 / 부러졌다.
☐ CD ROM Drive: CD ROM 드라이브	☐ There was obvious physical damage to this component. CD ROM 드라이브에 명백한 물리적 파손이 있다.
☐ Mother Board 마더보드	☐ The motherboard was: loose / cracked / broken. 마더보드가: 헐겁거나 / 깨졌거나 / 부러졌다.
☐ Other Circuit Boards 기타 서킷보드	☐ The board was: loose / cracked / broken. 보드가: 헐겁거나 / 깨졌거나 / 부러졌다.
☐ Power Supply 전력공급부분	☐ There was obviously physical damage to this component. 명백한 물리적인 파손이 있다.
☐ Monitor 모니터	☐ I physically opened the monitor casing and observed the damages to be: 물리적으로 모니터를 열어서 파손된 부분을 확인했다. Internal 내부 External 외부 Both 양쪽모두

8a. Were the damages caused due to rough handling during shipment?손상의 원인이 운반 및 선적중의 취급 부주의일 수 있습니까?

DEFINITELY 예	PROBABLY 가능성이 있다.	NO 아니오	CANT' TELL 확실히 알 수 없다.
☐	☐	☐	☐

8b. What type of rough handling may have caused the damages (i.e. hard impact, dropping, being thrown, heavy object placed on top, shaken, etc.)손상의 원인이 어떤 종류의 취급 부주의에 의한 것입니까?(예:강한 충격, 떨어뜨림, 던짐, 무거운 짐에 짓눌려서, 흔들려서, 등등)

8c. Is there evidence to support the damage being caused by factors other than rough handling (i.e. normal wear and tear, power surge, temperature changes, foreign particles inside the machine, etc.)?파손의 상태가 취급 부주의 이외의 다른이유에서 생긴 흔적이나 증거가 있습니까? (예: 정상적인 소모, 부적절한 전력 사용, 온도 변화, 부적절한 부품사용 등)

YES 예 ☐ NO 아니오 ☐

Please explain:자세히 설명해 주십시오.

_____

_____

COMPUTER REPAIR FORM (continued)앞장에서 계속

SECTION C. ESTIMATE 견적

Repairs to be performed:수리항목:	Estimated cost of repairs:예상수리비용:
	$
	$
	$
	$
	$
SUB TOTAL:소계:	$
Part replaced (please check if part was upgraded):부품교체(만약 부품이 업그레이트 되었으면 체크하여 주십시오.)	Estimated cost of replacement part: 예상부품 교체비용:
☐ _____	$
☐ _____	$
☐ _____	$
☐ _____	$
☐ _____	$
SUB TOTAL:소계:	$

Please indicate reason for upgrades:업그레드 되었다면 이유를 설명하시오.

- ☐ Part is no longer manufactured/ available
  더 이상 생산되지 않거나 구입할 수 없는 부품이다.
- ☐ Part available, but not carried by this repair firm
  구할 수는 있으나, 수리회사에서 취급하지 않는 부품이다.
- ☐ Request of customer 수리 신청자의 요구
- ☐ Other, please specify 기타이유, 설명해 주십시오.
  _____

Cleaning, adjustment, or other services 손질, 조정 및 기타 서비스 비용	$
Tax:세금:	$
Labor:인건비:	$
Estimate Fee:견적서 비용:	$
TOTAL:총액:	$
Please check if estimate fee will be deducted from repairs ☐ 만일 검사비용이 수리비에서 공제될 경우 체크하여 주십시오.	Market value of computer in undamaged condition: 컴퓨터가 손상되지 않았을 경우의 시장 가격: $_____

Print Name:작성자 이름	Signature:서명	Date:날짜

Comments:기타의견

_____

_____

MANUAL CEFT INPUT INFORMATION

Payee Name_____

SSN _____ EIN _____

Corporate Status Code (see attached list) _____2J_____

Payee MAILING Address_____

Payee Phone: _____

Payee Email Address_____

EFT Format: CTX

FINANCIAL INSTITUTION INFORMATION

ACH Bank Name _____

ACH Bank Address _____

_____

ACH Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number_____

Depositor Account Number _____

Type of Account (checking or savings) _____

Account Holder's Name_____

Account Holder's Signature _____

NOTE: Failure to annotate legibly, or provide all required information, will delay processing of your claim payment.

PARTIAL LISTING OF REPAIR SHOPS

The Client Legal Service-Claims Division has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Client Legal Service-Claims Division. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed, please let our office know.

AUTOMOTIVE REPAIR

AUTO Craft Shop
TEL: DSN 738-5315/ 5042

Dunlop Body/Repair
TEL: COMM 794-4345

Youngjin Auto Glass
(Windshield/Glass only)
TEL: COMM 793-1990/795-6144

COMPUTERS/TYPEWRITERS/ OFFICE MACHINE

Chin Han Repair Shop
TEL: COMM 749-0692
CELL: 010-6216-5043

Jonny Computer
TEL: COMM 790-8839

Computer repair shop in Gallery
DSN: 723-4030
Bldg # 2209

FUR/LEATHER/SUEDE

Mimi Dry-cleaning
TEL: COMM 793-1879/790-9843

FURNITURE REPAIR

Chin Han Repair Shop
TEL: COMM 749-0692
CELL: 010-6216-5043

GRANDFATHER CLOCKS

Chin Han Repair Shop
TEL: COMM 749-0692
CELL: 010-6216-5043

MUSICAL INSTRUMENTS

Chin Han Repair Shop
TEL: COMM 749-0692
CELL: 010-6216-5043

Yamaha Piano Service Center
TEL: COMM 396-4141

REFRIGERATOR/AIR CONDITIONER

AAFES Concession Repair
TEL: DSN 723-4117

TV/RADIO/STEREO/CAMCORDER REPAIR

AAFES Electronic Repair Shop
TEL: DSN 738-5274

CLAIMS SURVEY

Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Client Legal Services Division or fold it in half and mail it postage free through the Military Postal System.

1. What was the name of the person who assisted you during your visit to our office?

_____

2. Is there anything you would like this person to have done differently?

_____
_____
_____

3. How would you rate the service you were provided during your visit (Check One)

_____Excellent _____Good _____Fair _____Poor

4. Did the instructions in the claims packet adequately explain how to prepare your claim forms?

_____Yes _____No If not, what was it that was unclear to you? How could it be improved?

_____

_____

_____

5. Were you given a satisfactory explanation concerning the methods the Claims Office used to compute your claim settlement?

_____Yes _____No If not, what other information should we have provided?

_____

_____

_____

OPTIONAL:_____ _____ _____
Your Name Work Number Date

MPS

HQ, Eighth United States Army
Office of the Staff Judge Advocate
ATTN: Chief, Military Claims
Unit #15237
APO AP 96205-5237