

**HHG/HB 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

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

**Waiver Form for Claimants Wishing to Waive Their Right to Full Replacement Value (FRV) Coverage in Return for Immediate Army Adjudication**

1. Under the new DOD program that makes carriers liable for full replacement value coverage (FRV), you may file your claim for shipping loss or damage with either a military claims service or directly with the carrier that is responsible for the shipment of your goods. In most cases, you should file directly with the carrier within 9 months of delivery, as the carrier will usually pay more money and you will have to do less work to establish the cost of repairing or replacing your goods.

2. The contract under which your household goods were shipped states that IF you file your claim directly with the carrier that transported your goods within 9 month of delivery, that carrier will be liable for the full replacement value (FRV) on any items that were lost or destroyed. That means that the carrier will have to replace old items that were lost or destroyed with new ones. If the carrier pays cash for those items, it may not depreciate the replacement cost. However, if you elect to file your claim directly with a military claims office, rather than directly with the carrier within 9 months, you give up your right to FRV coverage and you will not receive the full replacement value from either the military claims office or from the carrier.

3. Even if your items are only damaged and can be repaired, it may be better for you to file directly with the carrier within 9 months and have your claim settled under the FRV terms. If you file directly with a military claims office, we will not pay more for repairs than the depreciated value of a damaged item. For example, if you have a ten year old television with a depreciated value of \$100 that is damaged in transit, the Army will not pay more than \$100 for repairs. However, if the full replacement value for this television is \$300, the carrier would probably pay as much as \$295 for repairs, as that would be cheaper than replacing it.

4. In addition to paying more money, IF you file directly with the carrier within nine months of delivery, then the carrier is also responsible for obtaining estimates of repair and determining the replacement cost of any items that are lost or damaged.

I have read the information above and still wish to have the \_\_\_\_\_ claims office adjudicate and settle my household goods claim (including all lost or damaged items) in full. I hereby affirmatively waive my right to have my claim considered under the full replacement provisions of the contract under which my household goods were shipped. I affirmatively elect to have the Army adjudicate and settle my claim based on the depreciated value of my goods. I understand that I will not be paid the full replacement value by either the Army or the carrier for any of my items that were lost or destroyed.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claims Personnel Signature

\_\_\_\_\_  
Date

**PERSONAL PROPERTY CLAIM  
UNACCOMPANIED/HOUSEHOLD GOODS SHIPMENT**

**THERE ARE TWO DIFFERENT TIME LIMITATIONS WHICH AFFECT YOUR CLAIM**

**1. WITHIN 70 DAYS OF DELIVERY YOU MUST NOTIFY OUR OFFICE IN WRITING OF ALL DAMAGED AND MISSING ITEMS.** This must be done to comply with contractual requirements to inform the carrier of damaged and missing items in your shipment. You must use the pink DD Form 1840/1840R to do this. The Claims Office will sign the form and return it to you as your receipt. At that time the Claims Office will brief you on how to fill out the claims forms and assist you in scheduling an inspection of your damaged items, if one is necessary.

**2. WITHIN 2 YEARS OF THE DELIVERY YOU MUST FILE YOUR CLAIM AGAINST THE GOVERNMENT.** You should do this by completing the attached DD Forms 1842 and 1844. This two-year requirement is established by law. It cannot be waived!

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**INSURANCE NOTE**

If you have a private insurance policy that may cover all or part of your loss, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, **IF** your claim is for a loss or damage to your personal property while it was being transported or stored at government expense.

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**CLAIM CHECKLIST**

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

\_\_\_ a. **DD Form 1842** (enclosed)

\_\_\_ b. **DD Form 1844** (enclosed)

\_\_\_ c. **DD Form 1840/1840R** - The pink form where you listed all damages that occurred during shipment.

\_\_\_ d. **Inventory of Shipment** - Make sure that it is legible. A copy can be obtained from the transportation office by calling DSN 723-8917/8923.

\_\_\_ e. **U.S. Government Bill of Lading (GBL)** – Ask the intake clerk to show you a copy. DPM shipments normally do not require a GBL. Call the transportation office, DSN 723-8917/8923, to request a copy of your GBL if you do not have one.

\_\_\_ f. **Missing Items** (example of statement enclosed) - If there was anything missing from your shipment, you must provide a statement. Instructions on completing a statement are enclosed. Also, you must go to the transportation office to initiate a tracer action on your missing items and to request a copy of the tracer.

\_\_\_g. **Electronic Items** (example of statement enclosed) - If any electronic items were damaged, you must provide a statement that they were working prior to shipment. Instructions on completing a statement is enclosed.

\_\_\_h. **Electronic Items Repair Form** (enclosed) – If electronic items were damaged, you must obtain an electronic repair estimate from a reputable repair firm.

\_\_\_i. **Written Repair Estimates** – **ALL** property that is damaged, having a value of \$100.00 or more, must have an itemized estimate of repair. The estimate of repair must specifically state what is wrong with each item. A partial list of repair firms is enclosed.

\_\_\_j. **Replacement Costs** – Before a replacement cost can be given, an estimate of repair is needed to show that the item is not repairable or that repair is not feasible. You may find replacement costs in the PX, catalogs, or the Internet. If replacement costs are obtained from a catalog, please provide us with a copy of the catalog page or the catalog page itself.

\_\_\_k. **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.

\_\_\_l. **Orders and/or Amendments** – Authorizing shipment of your property.

\_\_\_m. **Electronic Fund Transfer Worksheet** – Your payment, if any, will be made by direct deposit into your bank account. Fill out this form completely. Ensure that the correct routing and account number is on the form. If it is not, your payment will be delayed. **This form is not required for Active Army service members.**

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

\_\_\_o. **Checklist** - This document will be filled out once you bring all (any part) of the above document in to file your claim. By signing this document you acknowledge you understand you have **10 days** from date of checklist to turn in required item/documentation. Please ensure you have your entire documentation prior to turning in your claim.

2. Once you have collected and completed all necessary forms on the checklist, contact the Claims Office in person or by phone at DSN 738-8111 to make an appointment to turn in your claim.

## **ADDITIONAL CLAIM INFORMATION**

1. A separate claim must be filed for each shipment. (Household Goods/ Unaccompanied Baggage/POV).
2. We cannot pay for incidental expenses such as phone bills, gas, and items rented while waiting for your shipment to arrive, your claim to be paid, or time spent on filing your claim.
3. Do not dispose of any claimed property until advised to do so by the Claims Office. If this is done, it may result in a deduction from your claim payment.
4. If an item is not economically repairable, but still useful for its intended purpose and you wish to keep it, you may claim a reasonable amount for its Loss of Value and retain that item.
5. 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.



**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*)

<p><b>23. DENIAL</b> (<i>X if applicable</i>)</p> <p>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.</p>	<p><b>24. SUPPLEMENTAL PAYMENT</b> (<i>X and complete if applicable</i>)</p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>				
<p><b>25. SIGNATURES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a. CLAIMS EXAMINER</td> <td style="width: 25%;">b. DATE SIGNED (YYYYMMDD)</td> <td style="width: 25%;">c. REVIEWING AUTHORITY</td> <td style="width: 25%;">d. DATE SIGNED (YYYYMMDD)</td> </tr> </table>		a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
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## 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 <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
Pursuant to orders transferring me from _____ to _____, <div style="text-align: center;"> <span style="margin-right: 100px;">(previous duty station)</span> <span style="margin-right: 100px;">(current duty station)</span> <span>(name of shipping company)</span> </div> picked up my _____ at _____, on _____, <div style="text-align: center;"> <span style="margin-right: 100px;">(specify HHG or HB)</span> <span style="margin-right: 100px;">(address HHG/HB picked up from)</span> <span style="margin-right: 100px;">(date picked up)</span> <span>(name of delivery company)</span> </div> delivered property to _____, on _____. The goods were shipped under GBL # _____. <div style="text-align: center;"> <span style="margin-right: 100px;">(physical address delivered to)</span> <span style="margin-right: 100px;">(date of delivery)</span> <span>(enter GBL # from SF 1203)</span> </div> The Transportation Office representative inspected the property on _____. <div style="text-align: center;"> <span>(date of inspection)</span> </div>			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(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.)</i>	YES	NO
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 demand before you submit a claim against the Government.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG 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>		
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>		

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 <i>(or designated agent)</i>	18. DATE SIGNED <i>(YYYYMMDD)</i>
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### 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:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		d. DATE SIGNED <i>(YYYYMMDD)</i>
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**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.

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1. NAME OF CLAIMANT (Last, First, Middle Initial) Self/Explanatory		3. PICK-UP DATE (YYYYMMDD) 20040111		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (if applicable)		4. DELIVERY DATE (YYYYMMDD) 20040310		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR LIABILITY		24. LOT NUMBER	
a. NAME		b. POLICY NO.		9. ORIGINAL COST		11. AMOUNT CLAIMED		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER	
7. LOST OR DAMAGED ITEMS		8. INV NO.		10. MM/YYYY PURCHASED		19. EXCEPTIONS		20. EXCEPTIONS		25. AMOUNT ALLOWED		26. ADJUDICATOR'S REMARKS	
5. LINE QTY NO.	6. (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	32	32	240.00	90.00	EXCEPTIONS	EXCEPTIONS	EXCEPTIONS	EXCEPTIONS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
1	19" Sony Color TV w/remote SN #12345 Model ABC 123 Case cracked along left side Remote Crushed (repairable)			05/2002									
2	Panasonic Family Size Microwave SN #123 Model CDE 123 Door bent, front panel broken off (unrepairable)	11		200.00									
3	4 Dishes, Tiffany "Rose Supreme" Services for 8 4 Plates broken (unrepairable)	41		520.00	180.00								
4	1 Couch and Loveseat - grease stains on both needs to be professionally cleaned. (repairable)	71		1,700.00	125.00								
5	1 Lladro figurine of a swan - broken wing (unrepairable)	46		120.00									
6	1 Four slot Black and Decker toaster Missing	91		15.00	120.00								
	Repair Estimate for the TV/Remote control			15.00	12.00								
					15.00								
12. REMARKS				13. TOTAL \$	1230.00	30. TOTAL AMOUNT ALLOWED		\$	31. THIRD PARTY LIABILITY		\$	\$	



## **MISSING ITEMS STATEMENT**

If any items were missing from your shipment, please provide a statement explaining what evidence you have that the items were actually shipped.

### **Example of a Proper Statement:**

I was present the whole time the movers packed up my belongings for my move from Fort Carson, Colorado, to Yongsan, Korea. I saw the packers take the Lladros out of my trunk and wrap them very carefully and pack them in box #46. They labeled the box "Figurines". The Lladro was missing at delivery.

Everything was put into the moving van. There was nothing left behind.

Jane Damage  
January 1, 2004



## **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.**



**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.: <input type="checkbox"/> New 새로 <input type="checkbox"/> Old 오래전에 <input type="checkbox"/> Can't tell 구분할 수 없음			
b. Description and location of <u>new</u> 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. <input type="checkbox"/> Definitely <input type="checkbox"/> Probably <input type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Can't tell 확실히              상당히              아마도              아니다              구분할 수 없다			
d. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발생하지 않았다면 최대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하십시오:			
9. THERE WAS/WAS NOT INTERNAL DAMAGE TO THIS ITEM: 물품에 내형적인 파손이 있었다/없었다.			
a. The damage was: 파손은 _____ 생겼다.: <input type="checkbox"/> New 새로 <input type="checkbox"/> Old 오래전에 <input type="checkbox"/> Can't tell 구분할 수 없음			
b. Description and location of <u>new</u> 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. <input type="checkbox"/> Definitely <input type="checkbox"/> Probably <input type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Can't tell 확실히              상당히              아마도              아니다              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 발생하지 않았다면 최대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하십시오:			
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 공제할 것입니까? <input type="checkbox"/> Yes 예 <input type="checkbox"/> No 아니요		7. FOR ITEMS THAT CANNOT BE REPAIRED, HAS THE ESTIMATE FEE ALREADY BEEN PAID? 수리할 수 없는 물품의 견적 비용은 지불되었습니까? <input type="checkbox"/> Yes 예 <input type="checkbox"/> No 아니요	
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:검사일:
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 <input type="checkbox"/> External 외부 <input type="checkbox"/>
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 <input type="checkbox"/>  NO 아니오 <input type="checkbox"/>	b. Please give a detailed description of the type of external damage and the location of external damage: 외부파손의 정도와 위치를 상세히 설명하십시오. _____ _____ _____ _____
---	---

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



## COMPUTER REPAIR FORM (continued) 앞장에서 계속

### Internal Damage (내부파손)

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

YES 예

NO 아니요

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

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

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

아니요

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 다른 이유에서 생긴 흔적이나 증거가 있습니까? (예: 정상적인 소모, 부적절한 전력 사용, 온도 변화, 부적절한 부품사용 등)

YES 예

NO 아니요

Please explain: 자세히 설명해 주십시오.

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## COMPUTER REPAIR FORM (continued) 앞장에서 계속

### SECTION C. ESTIMATE 견적

<b>Repairs to be performed:</b> 수리항목:	<b>Estimated cost of repairs:</b> 예상수리비용:
	\$
	\$
	\$
	\$
	\$

**SUB TOTAL:**소계: \$

<b>Part replaced (please check if part was upgraded):</b> 부품교체(만약 부품이 업그레이드 되었으면 체크하여 주십시오.)	<b>Estimated cost of replacement part:</b> 예상부품 교체비용:
<input type="checkbox"/> _____	\$

**SUB TOTAL:**소계: \$

<b>Please indicate reason for upgrades:</b> 업그레이드 되었다면 이유를 설명하십시오.	
<input type="checkbox"/> <b>Part is no longer manufactured/ available</b> 더 이상 생산되지 않거나 구입할 수 없는 부품이다. <input type="checkbox"/> <b>Part available, but not carried by this repair firm</b> 구할 수는 있으나, 수리회사에서 취급하지 않는 부품이다. <input type="checkbox"/> <b>Request of customer</b> 수리 신청자의 요구 <input type="checkbox"/> <b>Other, please specify</b> 기타이유, 설명해 주십시오. _____	

<b>Cleaning, adjustment, or other services</b> 손질, 조정 및 기타 서비스 비용	\$
<b>Tax:</b> 세금:	\$
<b>Labor:</b> 인건비:	\$
<b>Estimate Fee:</b> 견적서 비용:	\$
<b>TOTAL:</b> 총액:	\$

<b>Please check if estimate fee will be deducted from repairs</b> 만일 검사비용이 수리비에서 공제될 경우 체크하여 주십시오. <input type="checkbox"/>	<b>Market value of computer in undamaged condition:</b> 컴퓨터가 손상되지 않았을 경우의 시장 가격: \$ _____
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<b>Print Name:</b> 작성자 이름	<b>Signature:</b> 서명	<b>Date:</b> 날짜
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**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**

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