

**MISCELLANEOUS 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

## MISCELLANEOUS PERSONAL PROPERTY CLAIM 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/DD Form 1844** (enclosed).

\_\_\_b. **MP Blotter/MP Report/KNP Report/ Stateside Police Report** (If Applicable).

\_\_\_c. **Estimate of Repair** - A partial list of repair shops is enclosed.

\_\_\_d. **Replacement Cost** - This can be obtained from catalogues or the Internet. For destroyed and missing items you will need to provide a replacement cost. For destroyed items you will also need an estimate showing the item cannot be repaired or that repair is not feasible.

\_\_\_e. **Substantiation** – You must substantiate ownership and value of the items claimed.

\_\_\_f. **Theft Questionnaire/Commander’s Statement** (enclosed) - Included in the package is a questionnaire that must be completed by the claimant and his or her commander.

\_\_\_g. **Copy of Lease** (If loss occurred at quarters).

\_\_\_h. **Orders and/or Amendments.**

\_\_\_i. **Insurance Policy** – You do not have to file a claim with your private insurance company if your loss occurred during a Government sponsored shipment and included a PCS move. For all other claims, you **MUST** file with your insurance company prior to any Government settlement. When applicable, include a copy of the insurance settlement.

\_\_\_j. **Electronic Fund Transfer Worksheet** – Not required for Active duty Army. Note the Worksheet’s Privacy Act Statement regarding use of your Social Security Account Number.

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

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 preparing and filing your claim.

3. You have two years from the date of incident to file a claim. **THIS TIME LIMIT CANNOT BE WAIVED.**

4. 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 at DSN 738-8111.

**SAMPLE**

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT <i>(See back for Privacy Act Statement and Instructions.)</i>			
1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i> Self Explanatory	2. BRANCH OF SERVICE Self Explanatory	3. RANK OR GRADE Self Explanatory	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i> Self Explanatory		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i> Self Explanatory	
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>  There was a theft to my authorized off post living quarters. 1234 Yongsan city park. The KNP investigated. Continue to detail all relevant fact. Amount must be included. My e-mail address is ***@us.army.mil			
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>  ***You or your agent, Authorized with a power of attorney, must sign***			18. DATE SIGNED <i>(YYYYMMDD)</i>
PART II - CLAIMS APPROVAL <i>(To be completed by Claims Office)</i>			
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
			d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	
		g. DATE SIGNED <i>(YYYYMMDD)</i>	

## 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 <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>			

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

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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 <i>(X if applicable)</i></b> 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 <i>(X and complete if applicable)</i></b> The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>		
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
<b>26. APPROVING/SETTLEMENT AUTHORITY <i>(Settlement Authority is required for denial.)</i></b>			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

**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**

SAMPLE

1. NAME OF CLAIMANT (Last, First, Middle Initial) Self Explanatory		3. PICK-UP DATE (YYYYMMDD)		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)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR LIABLE		24. LOT NUMBER		29. CARRIER LIABILITY									
a. NAME		b. POLICY NO.		9. ORIGINAL COST		10. MM/YYYY PURCHASED		11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		25. AMOUNT ALLOWED		26. ADJUDICATOR'S REMARKS		27. ITEM WT		28. HOUSE LIABILITY	
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 b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	30. TOTAL AMOUNT ALLOWED		31. THIRDO PARTY LIABILITY		31. THIRDO PARTY LIABILITY		
1	1	19" Sony Color TV w/remote SN #12345 Model ABC 123 Case cracked along left side Remote Crashed (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																			
3	4	Disks, Tiffany "Rose Supreme" Services for 8 4 Plates broken (unrepairable)	41	520.00	12/2000	180.00																	
4	1	Couch and Loveseat - grease stains on both needs to be professionally cleaned. (repairable)	71	1,700.00	01/2003	250.00																	
5	1	Liarro figurine of a swan - broken wing (unrepairable)	46	120.00	07/2003																		
6	1	Four slot Black and Decker toaster Missing	91	15.00	10/2001	120.00																	
		Repair Estimate for the TV/Remote control		15.00	01/2002	12.00																	
						15.00																	
12. REMARKS				13. TOTAL	\$	1230.00	30. TOTAL AMOUNT ALLOWED		\$	31. THIRDO PARTY LIABILITY		\$	31. THIRDO PARTY LIABILITY		\$	31. THIRDO PARTY LIABILITY		\$	31. THIRDO PARTY LIABILITY		\$		



**COMMANDER'S STATEMENT**

1. This statement is provided as an enclosure to the claim of:

\_\_\_\_\_   
 Claimant's name, SSN, and Unit

2. Does the unit maintain records of high value personal property of unit personnel? \_\_\_\_YES  
\_\_\_\_NO

3. Did the soldier record with the unit the property being claimed? \_\_\_\_YES \_\_\_\_NO

4. Did the soldier know how to record high value personal property with the unit?  
\_\_\_\_YES \_\_\_\_NO If NO, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In your opinion, do you believe the loss took place as alleged?  
\_\_\_\_YES \_\_\_\_NO If NO, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In your opinion, did the soldier take reasonable measures to safeguard the property? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State any other factors you believe should be considered in adjudicating this claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RANK/BRANCH

\_\_\_\_\_  
TITLE

## **THEFT QUESTIONNAIRE**

This questionnaire is designed to assist you in the preparation of your theft claim and allows us to investigate and process your claim more quickly. Please answer all questions to the best of your knowledge. If you need more space, use the remarks section. Disclosure of information is voluntary. Failure to substantiate your claim may result in the denial of part of or your entire claim.

NAME: \_\_\_\_\_ RANK \_\_\_\_\_  
UNIT: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_

1. Where did the theft occur? Be specific as to place. Give room, building number, address of quarters, etc.)

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2. Where was/were the article(s) located at the time of the theft? (Locker, dresser, closet, ect.)

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3. What was the date and approximate time of the theft?

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4. When did you discover the theft? (Date & Time)

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5. To whom did you report the theft and by what means? (If off-post, both the KNP's and the MP's need to be notified.)

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6. When did you report the theft? (Date & Time) \_\_\_\_\_

7. Did the KNP's/MP's visit the scene of the theft?

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8. Were pictures taken or diagrams of the scene of the theft drawn by you or the police? (If yes, attach copies to your claim.)

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9. Where were you at the time of the theft? \_\_\_\_\_

10. If the theft occurred at your quarters, who besides yourself, occupied the quarters on or about the date of the theft? (Roommate, guests, family, employees.)

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11. In regard to question 10 above, were they home at the time of the theft?

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12. How was entry gained to your quarters? Were there signs of forced entry? Please describe in detail below.

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13. Who, other than yourself, has a key to your quarters (POV)?

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14. Were your quarters (POV) secured at the time of the theft? Were all doors and windows locked? If **NO**, please explain.

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15. If you lost small valuable items such as jewelry or money, please describe in detail where those items were stored at the time of the theft.

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16. Additional remarks or information:

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SIGNATURE & DATE

**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?

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

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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?

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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?

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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**