

INCONVENIENCE CLAIMS HANDOUT

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Updated as of 22 May 2009

INCONVENIENCE CLAIMS

1. PURPOSE :

To provide policy and procedures for service members to file inconvenience claims against personal property carriers when the member and/or dependents are inconvenienced due to the carrier's failure to pick up and/or deliver personal property shipments by the agreed date.

AUTHORITY: Defense Transportation Regulation (DTR) 4500.9-R Part IV Chap 410.C

2. GENERAL :

The carrier industry has generally shown willingness to honor reasonable claims that are a direct result of the carrier's failure(s) to pick up and/or deliver personal property shipments on the agreed dates.

- a. The carrier will acknowledge receipt of an inconvenience claim filed by a member/employee within 15 calendar days from the date of receipt. The carrier will reimburse the member/employee within 30 days from receipt for **reasonable** out of pocket expenses limited to the items specified in Paragraph C. (below) and other items needed by a member/employee while awaiting the delivery of his or his HHG which result from the failure to offer the shipment for delivery on or before the RDD as stated on the PPGBL/BL or correction notice. The contractor is not liable for these costs if the delay was caused by acts of God, acts of the public enemy, acts of the government, acts of the public authority, violent strikes, mob interference, or delays of Code 5, Code J, or Code T shipments, caused by the Government in which carrier negligence did not contribute to the delay.
- b. Expenses: Out-of-pocket expenses are all expenses incurred by a member/employee and their family members because they are not able to use the shipment or to establish his or her household. Expenses include but are not limited to: lodging, meals, laundry service, furniture and/or appliance rental, to include rental of a television or other similar expenses such as towels (two per person), pots, pans, paper plates, plastic knives, plastic spoons, plastic forks, paper and/or plastic cups, and napkins. A request for reimbursement of alcoholic beverages in any quantity is prohibited. If the carrier purchases tangible household items such as towels, pots, and pans, the carrier may make arrangements to reclaim those items upon delivery of the member's/employee's shipment. The member/employee must be cautioned that out of pocket expenses claimed must be **reasonable** and relate directly to relieving a definite hardship being suffered by the member/employee or the member's/employee's dependents.

3. PROCEDURES: The Personal Property Shipping Office (PPSO) should counsel the member and/or dependents during both the outbound and inbound counseling sessions on the provisions and stipulations associated with the Carrier Inconvenience Claims Program.
 - a. The PPSO will advise the member and/or dependents on the following provisions:
 - (1) Member's right to file an inconvenience claim against the carrier for out-of-pocket expense was inconvenience as a result of the carrier's failure to pick up and/or deliver the property on the agreed date.
 - (2) Member must be advised of the importance of obtaining receipts for all out-of-pocket expenses incurred while waiting for pick up or delivery of personal property. The receipts must be kept for all expenses incurred to verify amount claimed.
 - (3) The claim should only include the cost of living expense over and above what would normally be expended had the shipment been picked up and/or delivered on the required date(s).
 - (4) Member/employee should be advised to submit in writing the reason for his/her inconvenience to include his/her GBL, RDD date and actual delivery date, mailing address, daytime phone number, and provide a list of purchases with receipts by mail, fax or e-mail.
 - b. FILING: For Air Force and Army, the destination transportation office will assist the member in preparing the claim. For Navy and Marine Corps, the local transportation office should assist the member. In all cases, members/employees are required to file claims directly to the Carrier's home office. The claim package should include as a minimum:
 - (1) A copy of the member's claim letter.
 - (2) An itemized list of charges and accompanying receipts for charges incurred.
 - (3) Copies of the Government Bill of Lading (GBL), DD Form 1299 (Application for Shipment of Personal Property), and Inventory Sheets.
 - c. DISTRIBUTION:
 - (1) The member should mail the inconvenience claim packet registered/certified or Fax and E-mail (With a return receipt requested) directly to the home office of the Carrier.
 - (2) A copy of the packet should be filed in the member's shipment file.

(3) The inconvenience claims should be maintained in a suspense file at the PPSO pending receipt of notice or reply from the carrier. If no response is received by the suspense date, the PPSO will issue a Letter of Warning for failure to acknowledge receipt by the carrier. The date of receipt should be verified by the date on the certificate of mailing.

d. Carrier Denial:

In the event of a disputed claim, the carrier will appeal the case to the destination TO no later than the 35th day. The TO will make every effort to resolve the dispute by the 45th day. If the carrier disagrees with the decision of the TO, the carrier may appeal the case to HQ SDDC by the 50th day. The decision of HQ SDDC is final and the claim will be settled within 10 days from the postmark date of the HQ SDDC decision letter or a total of 75 days from the claim's submission date, whichever occurs later. If HQ SDDC determines the claim is valid and the carrier refuses to pay or resolve the claim, HQ SDDC may suspend the carrier and convene a Carrier Review Board to determine if further punitive action will be taken. If the carrier fails to settle a valid inconvenience claim, set-off action will be taken against the carrier by the finance office.

SAMPLE INCONVENIENCE CLAIM LETTER

Slow Poke Van Lines
0000 Hollywood Blvd
Los Angeles, CA. 0000

SUBJECT: Inconvenience Claim

Dear Sir:

I am writing to file an inconvenience claim against your company for the out-of-pocket expenses that my family and I incurred due to your failure to meet the request delivery date (RDD) on my household goods shipment.

My household goods shipment was picked up on 15 September 2008 at Fort Drum, New York under GBL #DP000,000 with an RDD of December 2008, ninety days past the RDD.

I had economy quarters on 15 September 2008 but was forced to move into a hotel since my household goods did not arrive. The local military family housing office did not have furniture available for our use. The hotel expenses were in addition to my monthly rent that I also had to pay. I was also forced to purchase essential winter clothes since these items were shipped with my HHGs.

The items listed below are those out-of-pocket expenses that were imposed upon me and my family due to the late arrival of my HHG shipment.

10 days in a Korean Hotel (\$40/day) x 10	= \$400.00
Meals for 10 days (wife & children)	= \$325.00
Purchased costs of items allowed	= \$100.00
Rental costs of item allowed	= \$200.00
 Total amount of claim	 \$ 1,025.00

I request that your company remit a check payable in the amount shown above to me at the address in the heading of my letter. If you have question, please call me at XXX-XXX-XXXX or E-mail: _____.

Sincerely,

ACS LOAN CLOSET CHECK-OUT FORM As of March 2014

E-mail:		Date Due:	
Name:	Rank:	DEROS:	Unit:
APO Address:		Status (circle one): Active Duty DEP OTHER	
Work Phone:		Home/Cell Phone:	

Conditions For Loan Closet

All items are property of Army Community Service (ACS) and are loaned out under the following conditions:

1. Copy of Orders required for check-out.
2. Items must be returned in the same condition as received. Lost, stolen, or damaged items must be replaced with identical items.
3. Items are loaned for a period of 90 day for baby items and 30 days for all other items. *If needed and sufficient stock is available, an additional 30 day extension can be granted by contacting the ACS at 738-4617. Items are not intended for long-term TDY checkouts.*

The undersigned has read, understands, and agrees to comply with each of the provisions of the receipt.

Customer signature	Date Issued	ACS Representative	Date Issued
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Baby Items (90 days) Attach Release form for Drivers	Booster Seat			Coffee Maker		
	Car Carrier (Infant)			Iron		
	Car Carrier (Toddler)			Mixer		
	Crib Travel			Rice Cooker		
	High Chair w/table			Slow Cooker		
	Stroller (Carriage)			Toaster		
	Stroller (Umbrella)			Bowl (Cereal/salad)		
	Stroller (Double)			Forks (table)		
Dishes and Cookware	Table Booster Seat			Knife (butcher)		
				Knife (Table)		
	Coffee Cup Plate			Knife (Steak)		
	Colander			Peeler (Vegetable)		
	Cup (Mug)			Potato Masher		
	Fry Pan (large)			Serving Spoons		
	Fry Pan (small)			Slotted Serving Spoons		
	Juice Pitcher			Spatula		
	Measuring Cup (Glass)			Spoons (Table)		
	Measuring Cup (Set)			Spoons (Tea)		
	Measuring Spoons			Baking Sheet		
	Mixing Bowl (L)			Can Opener		
	Mixing Bowl (S)			Salad Spinners		
	Plate Large			Cutting Board		
	Plate Small			Dish Drain w/mat		
	Pot Large w/Lid			Ironing Board (Large/Tabletop)		
	Pot Medium w/Lid			Laundry Basket		
	Pot Small w/Lid			Pyrex Baking Dish (L)		
Tongs			Pyrex Baking Dish (M)			
Water Glass (L)			Pyrex Baking Dish (S)			
Water Glass (S)			Vacuum Cleaner			
Please retain this customer copy for assistance with returning items.						
			Nylon 6 Piece Kitchen Set			

ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET

PRIVACY ACT STATEMENT

PRINCIPAL: To collect data necessary to enroll DOD personnel and their family members in the Army Community Service client database. Also used as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to Department of the Army.

ROUTINE USES: Used as a record of (1) services requested; (2) services delivered; and (3) actions or services agreed upon. Upon data entry, form will be filed.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Service to provide appropriate professional and/or development services to the individual.

DATE _____

LAST NAME _____ **FIRST NAME** _____ **MI** _____

GENDER Male Female **BIRTH DATE** _____

TYPE OF VISIT Individual Couple Family

REASON FOR VISITING ACS _____

REFERRED TO ACS BY (select the most appropriate)

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="radio"/> Self-referral | <input type="radio"/> Command | <input type="radio"/> Volunteer |
| <input type="radio"/> JAG (Legal) | <input type="radio"/> Military Medical | <input type="radio"/> Other |
| <input type="radio"/> Civilian Agency | <input type="radio"/> Chaplain | |

CURRENT MILITARY STATUS (select one)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="radio"/> Active Duty | <input type="radio"/> Retired | <input type="radio"/> Family Member |
| <input type="radio"/> Reserve/National Guard | <input type="radio"/> Gov't Civilian | |

SPONSOR'S BRANCH OF SERVICE

- | | | |
|----------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Army | <input type="radio"/> Air Force | <input type="radio"/> Coast Guard |
| <input type="radio"/> Navy | <input type="radio"/> Marines | |

MARITAL STATUS (select the most appropriate)

- | | | |
|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced | <input type="radio"/> Widow(er) |
| <input type="radio"/> Single | <input type="radio"/> Separated | <input type="radio"/> Dual Military |
| <input type="radio"/> Single Parent | | |

UNIT ADDRESS: _____ APO AP _____

CAMP RUD/CLOUD _____ CAMP CASEY _____ CAMP STANLEY _____ CAMP HOVELY _____
OTHER: _____

HOME TELEPHONE # (with area code): _____

WORK TELEPHONE # (with area code): _____ EXT: _____

OTHER TELEPHONE (example: cell): _____

EMAIL ADDRESS: _____ EDUCATION LEVEL: _____

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> No HS | <input type="radio"/> 2 yrs college | <input type="radio"/> Post Baccalaureate |
| <input type="radio"/> HS | <input type="radio"/> AA | <input type="radio"/> MA/MS |
| <input type="radio"/> Occupational Training | <input type="radio"/> 3 yrs college | <input type="radio"/> Post Masters |
| <input type="radio"/> Less than 1 yr college | <input type="radio"/> 4 yrs college | <input type="radio"/> DD |
| <input type="radio"/> 1 yr college | <input type="radio"/> BA/BS | <input type="radio"/> PhD |

This section MUST be completed even if you are the sponsor:

SPONSOR'S LAST NAME: _____ FIRST: _____ MI: _____

PAY GRADE: _____ SPONSORSHIP DATE: _____

➤ INITIAL TERM OF SERVICE? (fill the circle if "Yes")

SPONSOR'S STATUS:

- | | | |
|--|-------------------------------|--------------------------------------|
| <input type="radio"/> Active | <input type="radio"/> Retired | <input type="radio"/> Gov't Civilian |
| <input type="radio"/> Reserve/National Guard | | |

SPONSOR'S MILITARY UNIT: _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS: _____

SPOUSE: _____ CHILD1: _____ CHILD2: _____

The information you have provided will be used to establish your ACS Client record. This is a one-time requirement.

---Thank You---

Your cooperation is appreciated.