

**NON-TRANSPORTATION PERSONAL PROPERTY CLAIM
INCIDENT TO SERVICE**
Personnel Claims Act

TIME LIMIT: YOUR CLAIM MUST BE SUBMITTED TO A STAFF JUDGE ADVOCATE (SJA) OFFICE WITHIN **TWO YEARS FROM THE DATE OF INCIDENT.**

PAYMENT INFORMATION: IF PAYMENT IS DUE TO YOU FOR YOUR CLAIM, IT WILL BE A DIRECT DEPOSIT INTO YOUR "MY PAY" ACCOUNT. YOU MAY WANT TO VERIFY YOUR ACCOUNT IS UP TO DATE.

ATTACHED DOCUMENTATION REQUIRED:

1. DD FORM 1842, SIGNED BY SERVICE MEMBER UNLESS A VALID POA IS SUBMITTED. BLOCK 4. MUST CONTAIN YOUR FULL SSN IN ORDER FOR PAYMENT INFORMATION TO BE ENTERED INTO OUR ELECTRONIC PAY SYSTEM (YOUR IDPI IS NOT VALID, YOUR LAST FOUR IS NOT VALID)
2. DD FORM 1844 (BLOCKS 1-11 COMPLETED)
3. CERTIFICATION OF NON-AVAILABILITY OF PRIVATE INSURANCE
4. ELECTRICAL/ELECTRONIC REPAIR FORM, IF APPLICABLE
5. COMPUTER REPAIR FORM, IF APPLICABLE

ADDITIONAL DOCUMENTATION NEEDED:

IF YOU RESIDE IN PPV HOUSING LOCATED ON A MILITARY INSTALLATION, YOU MAY HAVE RENTER'S INSURANCE COVERAGE THROUGH YOUR CONTRACTOR, IF SO, A CLAIM MUST BE FILED WITH THEM PRIOR TO FILING WITH THE GOVERNMENT.

IF YOU HAVE PRIVATE INSURANCE A CLAIM MUST BE FILED WITH YOUR PRIVATE INSURER PRIOR TO FILING WITH THE GOVERNMENT. IF THE AMOUNT CLAIMED IS LESS THAN YOUR DEDUCTIBLE, YOU MUST SUBMIT YOUR DECLARATION PAGE WITH YOUR CLAIM TO FORGO FILING WITH INSURANCE.

IF YOU HAVE COVERAGE FROM BOTH PPV AND PRIVATE INSURANCE AND STILL WISH TO FILE A CLAIM WITH THE GOVERNMENT YOU MUST SUBMIT ALL INSURANCE SETTLEMENTS WITH BREAKDOWN WHEN FILING WITH THE GOVERNMENT. ALL ITEMS STILL NEED TO BE FILED WITH THE GOVERNMENT AND WE WILL MAKE OUR ADJUSTMENTS TO EACH ITEM CLAIMED.

INCLUDE ONE ORIGINAL OF EACH DOCUMENT AND KEEP A COPY OF EACH DOCUMENT FOR YOUR OWN RECORDS.

GENERAL INFORMATION:

IT IS IMPORTANT THAT YOU TAKE EVERY OPPORTUNITY POSSIBLE FOLLOWING AN INCIDENT TO DOCUMENT YOUR DAMAGE/LOSS. IN CIRCUMSTANCES WHERE DAMAGE IS SEVERE, SUCH AS FIRE, FLOOD, HURRICANE, TORNADO, OR VANDALISM YOU MAY BE GRANTED LIMITED ACCESS TO YOUR QUARTERS. IT IS RECOMMENDED THAT YOU PHOTOGRAPH THE DAMAGE TO THE PROPERTY IN YOUR QUARTERS. WHEN PHOTOGRAPHING VALUABLE ITEMS, PHOTOGRAPHING THE BRAND NAME WILL ASSIST IN SUBSTANTIATING YOUR CLAIM.

PAYMENT FOR INCIDENTAL OCCURRENCES ARE NOT COMPENSABLE (I.E., DINNER, MOTEL, RENTAL CARS, TOWING, ETC.)

A. REPAIR COSTS: FOR REPAIR COSTS OVER \$100.00, YOU WILL NEED AN ESTIMATE FROM A FIRM THAT IS IN THE BUSINESS OF REPAIRING SUCH ITEMS, (E.G., WASHER AND DRYER FROM AN APPLIANCE REPAIR FIRM). THE ESTIMATE SHOULD CLEARLY STATE THE SPECIFIC LOCATION AND DAMAGES THAT ARE BEING REPAIRED. AN ESTIMATE THAT SIMPLY SHOWS "REPAIR" OR "REFINISHED" IS NOT SATISFACTORY. IF THE ITEM IS DAMAGED BEYOND ECONOMICAL REPAIR, THE ESTIMATE MUST STATE THIS AND YOU MUST SUBMIT EVIDENCE TO SUBSTANTIATE THE REPLACEMENT PRICE.

IF YOU HAVE PICTURES OF VISABLE DAMAGE TO ITEMS, PLEASE INCLUDE THEM. HOWEVER, YOU WILL NOT BE REIMBURSED FOR THE COST OF THE PICTURES.

B. REPLACEMENT COSTS: YOU ARE REQUIRED TO PROVIDE SUBSTANTIATION THE ITEM CLAIMED WAS OF THE SAME QUALITY AS THE REPLACEMENT ITEM OWNED. ITEMS CAN BE VERIFIED BY INTERNET LINKS, SALE FLYERS, WRITTEN ESTIMATES FROM A FIRM WHICH SELLS IDENTICAL OR COMPARABLE ITEM(S), ETC... SUBSTANTIATION MUST SHOW PICTURES AND PRICES OF IDENTICAL OR COMPARABLE ITEMS. YOU MAY ALSO SUBMIT PURCHASE RECEIPTS, COPIES OF CANCELLED CHECKS, CREDIT CARD BILLS, OR A PICTURE OF THE DAMAGE OR MISSING ITEM(S) TO SUBSTANTIATE OWNERSHIP/RETAIL VALUE OF THE ITEM(S) YOUR CLAIMING. IF YOU CANNOT PROVIDE ANY OF THESE EXAMPLES OF PROOF LISTED ABOVE, YOU NEED TO DISCUSS ALTERNATIVE METHODS WITH THE CLAIMS OFFICE.

PRIVATELY OWNED VEHICLE:

ADDITIONAL DOCUMENTS NEEDED IF YOU HAVE A POV DAMAGE/LOSS:

YOU MUST SUBMIT A COPY OF YOUR VEHICLE REGISTRATION AND BASE REGISTRATION.

IF YOU HAVE PRIVATE INSURANCE FOR LOSS OF OR DAMAGE TO YOUR VEHICLE, YOU MUST SUBMIT A CLAIM AGAINST YOUR PRIVATE INSURER FOR PAYMENT PRIOR TO SUBMITTING YOUR CLAIM AGAINST THE GOVERNMENT. YOUR CLAIM WITH THE GOVERNMENT SHOULD INCLUDE YOUR INSURANCE SETTLEMENT BREAKDOWN. YOU CAN ONLY BE PAID FOR LOSSES NOT COVERED BY INSURANCE.

IF YOU DO NOT HAVE PRIVATE INSURANCE FOR LOSS OF/DAMAGE TO YOUR VEHICLE, YOU MUST SUBMIT A COPY OF YOUR AUTOMOBILE INSURANCE POLICY SHOWING TYPE OF COVERAGE.

SUBMIT PICTURES OF VISIBLE DAMAGE TO THE VEHICLE AND AN ESTIMATE OF REPAIR. IF REPAIR HAS BEEN COMPLETED, SUBMIT REPAIR BILL.

SUBMIT A STATEMENT STATING WHERE AND WHY VEHICLE WAS ON BASE AND IF PROTECTIVE PARKING WAS AVAILABLE OR NOT.

WHERE TO SUBMIT CLAIM:

SUBMIT YOUR CLAIM TO YOUR LOCAL SJA OFFICE FOR REVIEW AND COMPLETION OF A CERTIFICATION OF INCIDENT REPORT. YOUR CLAIM WILL BE FAXED TO (703)432-2591, E-MAILED TO HQMC.CLAIMS@USMC.MIL OR MAILED TO HQMC, MFP-2 CLAIMS OFFICE, 2008 ELLIOT ROAD, QUANTICO, VA 22134-5103, FOR CLAIMS PROCESSING.

HQMC CLAIMS OFFICE MAY REQUIRE ADDITIONAL ESTIMATES OF REPAIR OR PROOF OF REPLACEMENT COSTS FOR ANY ITEM LISTED ON THE DD FORM 1844, WHILE IN THE PROCESS OF ADJUDICATING YOUR CLAIM, ESPECIALLY FOR THOSE ITEMS WITH REPAIR OR REPLACEMENT COSTS EXCEEDING \$100.00, OR IF THE REPAIR OR REPLACEMENT COST IS EXCESSIVE FOR THE AVERAGE REPAIR OR REPLACEMENT OF LIKE ITEMS IN YOUR AREA.

YOU MAY CONTACT HQMC CLAIMS OFFICE FOR QUESTIONS CONCERNING YOUR CLAIM AT (703) 784-9533 OR EMAIL AT HQMC.CLAIMS@USMC.MIL

CLAIM FOR LOSS 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	
5. HOME ADDRESS (Street, City, State and Zip code)		6. CURRENT MILITARY DUTY ADDRESS (if applicable) (Street, City, State and Zip code)		
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.)				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renters or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.)			<input type="checkbox"/>	<input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<input type="checkbox"/>	<input type="checkbox"/>
14. DID ANY CLAIMED ITEMS BELONG TO THE GOVERNMENT OR SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes" indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844)			<input type="checkbox"/>	<input type="checkbox"/>
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 the "Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/>	<input type="checkbox"/>

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items, which I am claiming, are recovered, I will notify the office paying the 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 any payments made to me by a carrier, insurer, or other persons 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)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURES (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:	\$				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">a. SMALL CLAIMS</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">b. REGULAR CLAIMS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	a. SMALL CLAIMS	<input type="checkbox"/>	b. REGULAR CLAIMS	<input type="checkbox"/>		
a. SMALL CLAIMS	<input type="checkbox"/>					
b. REGULAR CLAIMS	<input type="checkbox"/>					
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)			

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: 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 administrative payment of claims against the Government. Information is also used in conjunction 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.

d. 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 from 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 a 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 and 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 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 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.*)

d. Reasonable cost of obtaining local estimates of repair, if 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.

d. SUPPLEMENTAL PAYMENT (X and complete if applicable)

The claim is cognizable and meritorious under 31U.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. APPROVAL/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)

a. TYPED NAME

b. GRADE

c. SIGNATURE

d. DATE SIGNED
(YYYYMMDD)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled by Claims Office)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		3. PICK-UP DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
DOE, JOHN		20090801													
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER				
USAA			20090828												
a. NAME		b. POLICY NO.		9. ORIGINAL COST		11. AMOUNT CLAIMED a. Repair Cost / b. Replacement Cost		19. INV NO.		25. AMOUNTAL LOWED		27. ITEM WT		29. CARRIER LIABILITY	
USAA		123456													
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.	10. MYYYYY PURCHASED	12. REMARKS	20. EXCEPTIONS	26. ADJUDICATORS REMARKS	28. HOUSE LIABILITY	30. TOTAL AMOUNT ALLOWED	31. THIRD PARTY LIABILITY	28. HOUSE LIABILITY	29. CARRIER LIABILITY		
1	1	CHAR BROIL GAS GRILL MISSING		111	\$259.00 / 08/2008	\$279.99									
2	1	LOVESEAT - BERKLINE DAMAGED, BACK LEGS BROKEN		077	\$499.00 / 01/2007	\$125.00									
3	1	ESTIMATE FEE		N/A		\$50.00									
SAMPLE															
										\$		\$			
										\$		\$			

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2. CLAIMANT'S INSURANCE COMPANY (If applicable)		3. PICK-UP DATE (YYYYMMDD)		4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME		b. POLICY NO.		9. ORIGINAL COST / 10. MIN/YYYY PURCHASED		11. AMOUNT CLAIMED a. Repair (or) Cost / b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER	
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				/	/										
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				/	/										
12. REMARKS				13. TOTAL	\$				30. TOTAL AMOUNT ALLOWED	\$		31. THIRD PARTY LIABILITY	\$	\$	

CERTIFICATION OF NON-AVAILABILITY OF PRIVATE INSURANCE

REQUIREMENT OF CLAIMANT

1. When Filing a claim against the United States under the provisions of the Military Personnel & Civilian Employees Claims Act (JAGINST 5890.1A, Encl (6)) implementing Title 31, U.S. Code, Section 3729, a claimant **MUST** first file a claim with his/her own insurance company if he/she has **ANY TYPE** of insurance which may cover all or part of the claimed loss and/or damage. A copy of the insurance settlement must be submitted with his/her claim to the government.

2. You **DO NOT HAVE TO FILE** with your private insurance company **IF** your claim is for loss/damage to your personal property (HHG/POV) **while it was being shipped or stored at government expense.**

The above exception to filing with your private insurance company is limited to that specific type of claim.

3. Insurance coverage includes automobile theft or comprehensive coverage, home owners insurance, household goods insurance, i.e., with U.S.A.A. or Armed Forces CO. OP. Insurance Company, personal effects coverage, or any other type of insurance which may cover all or part of your loss or damage.

IF YOU DO HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do have private insurance.	
Policy Insurance Name:	
Policy Insurance Number:	
Check for optional election to filing with the Government instead of Private Insurance (per Para 2 above) for loss/damage to HHG/POV while shipped or stored at Government expense: <input type="checkbox"/> Yes	
Claimant Signature:	Date:

IF YOU DO NOT HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code, Section 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage in my claim against the United States.	
Claimant Signature:	Date:

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Policy Insurance Number:	
Check for optional election to filing with the Government instead of Private Insurance (per Para 2 above) for loss/damage to HHG/POV while shipped or stored at Government expense: <input type="checkbox"/> Yes	
Claimant Signature:	Date:

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I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code, Section 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage in my claim against the United States.	
Claimant Signature:	Date: