

**GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM,  
TYPHOON, FIRE, FLOOD, OR OTHER UNUSUAL OCCURRENCES  
FROM QUARTERS OR OTHER AUTHORIZED PLACES**

1. You have indicated an intent to file a claim for loss or damage of your private property due to theft, vandalism, fire, typhoon, fire, flood or other unusual occurrence from your quarters or other authorized place. We would like to compensate you for your loss or damages as quickly as possible. To help us do this, the following documents must be submitted with your claim:

a. DD Form 1842 and DD Form 1844 (available at any military claims office, electronic version on FormFlow).

b. A simple diagram of your quarters showing the location of the property stolen, lost, or damaged (If loss occurred at your quarters).

c. Assignment of on-base quarters/off-base quarters lease (If loss occurred at your quarters).

d. Written repair estimate for damaged items (normally only required for items having value in excess of \$100). It must describe the repairs to be made, and if an item is not repairable, state why it is not repairable.

-Estimate of repair for upholstered furniture: the estimate of repair should break down the cost between labor and material, indicate the yards of material to be used and the cost per yard, and state that the material selected is equivalent to the material damaged. Estimate must state if repair is possible with or without complete reupholstering.

-Estimate of repair for carpets: the estimate must describe the type of repair or cleaning to be performed, and if the item can not be repaired or cleaned, state the reason. We will not pay for replacement of wet carpets unless you have a statement from the 18<sup>th</sup> Service (Air Force)/Laundry & Dry Cleaning Service Center (634-0443) or other established carpet cleaning service to the effect that the carpet cannot be restored.

e. Statements from any witnesses, such as friends or neighbors, who were aware of the incident causing the loss or damage, the nature and value of your property, and any precautions taken by you to protect said property.

f. Evidence of value and ownership such as receipts, bills of sale, credit card statements and photographs. For vehicle damage, please also provide a copy of your military registration, insurance coverage, and title.

g. A copy of the Japanese vehicle registration for vehicle damage.

h. A copy of your private insurance policy. This provides proof that your vehicle was properly insured at the time your vehicle was damaged.

*i.* Work orders: if the loss was attributable in whole or in part to some condition of the quarters, i.e., leaky roof, malfunctioning refrigerator, etc. Please include a copy of the work order with your claim

*j.* Replacement cost: If the item is lost, totally destroyed, or is not repairable, provide the replacement cost for the same or similar item. This can usually be obtained from the PX/BX, or from a commercial catalog or website.

*k.* Police report (if lost or damage due to theft or vandalism).

*l.* Statement of private insurance coverage (available at the claims office).

*m.* Electronic funds transfer form (available at the claims office).

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

\*Outdoor Sheds: Claims for damage to an outdoor shed is not payable unless the outdoor shed is authorized and in compliance with the military installation and military family housing rules and regulations and there is evidence that proper steps have been taken to secure the shed from theft and typhoon damage.

**2. DO NOT DISPOSE OF DAMAGED ITEMS UNTIL YOU CONSULT THE CLAIMS OFFICE.** The items may be necessary to substantiate the type of damage or to prove your ownership of the item.

**3.** If you have any questions regarding the filing of your claim or completing any forms please contact the Army claims office at 644-4742/5213, Building ~~248~~<sub>214</sub>, Torii Station.

**Customer Service Hours**

**Monday, Tuesday, and Friday: 0730 – 1130 and 1300 – 1630**

**Wednesday: 0730 – 1130 and 1300 – 1500**

**Thursday: 1300 – 1630**

## 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>			
<p><b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b></p> <p>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.</p> <p>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.</p> <p>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.</p>			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(YYYYMMDD)</i>

### 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>

**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>		
<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>25. APPROVING/SETTLEMENT AUTHORITY</b> ( <i>Settlement Authority is required for denial.</i> )			
a. TYPED NAME	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

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<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
<b>25. APPROVING/SETTLEMENT AUTHORITY</b> ( <i>Settlement Authority is required for denial.</i> )			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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

1. NAME OF CLAIMANT (Last, First, Middle Initial) YOUR NAME		3. PICK-UP DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
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			
5. IF APPLICABLE		6. LOST OR DAMAGED ITEMS		9. ORIGINAL COST		11. AMOUNT CLAIMED (a. Repair Cost / b. Replacement Cost)		19. INV NO.		20. EXCEPTIONS			
LINE NO.	QTY	7. LOST OR DAMAGED ITEMS	8. INV NO.	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED (a. Repair Cost / b. Replacement Cost)	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	1998, Toyota Corolla, 4-door Sedan		Nov2003	87.00								
2		Dent in left front fender			160.00								
3		Windshield broken											
12. REMARKS		Description of Article - Brand Name, Model, Year of Manufacture, Size, and Serial Number.		13. TOTAL \$		30. TOTAL AMOUNT ALLOWED \$		31. THIRD PARTY LIABILITY \$					
				247.00									



**INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS**

*Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.*

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME (as on payroll records)   
(Last, First, Initials)

TELEPHONE NUMBER (WORK)    (HOME)

**2. TYPE OF ACCOUNT**

- Checking
- Savings

**TYPE OF PAYMENT**

- Net Pay
- Travel
- Other Federal employment related payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**  
A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.

ROUTING TRANSIT NUMBER   Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE \_\_\_\_\_  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**4. ALLOTMENT INFORMATION**

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	New Total \$ _____

ALLOTTEE NAME (person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER   Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE \_\_\_\_\_  
(Account Holder's Name)

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**5. AUTHORIZATION**

\* \_\_\_\_\_  
EMPLOYEE'S SIGNATURE DATE

**6. AGENCY USE:**

**REPAIR BUSINESSES ON OKINAWA, JAPAN**  
**AS OF October 2006**  
**(Office of the Staff Judge Advocate, Claims Office)**

The following is a list of repair facilities in the surrounding area. This list has been obtained from the local telephone directory. The government does not endorse any of these firms or the quality of their service. The facility names are given merely as an assistance to you for obtaining estimate of repair or replacement estimates. You may choose any require facility from your local telephone directory. Please take your inventory sheet that pertaining to the item for estimate.

**FURNITURE REPAIR ESTIMATE & REPAIR FIRMS**

Kings Furniture Co.  
Tel: 098-898-2743  
3-7-3 Oyama, Ginowan-City

**GLASS ESTIMATES**

Torii Arts & Crafts Center  
Tel: 644-4303  
Building #240, Torii Station

Kadena Arts & Crafts Center  
Tel: 634-7903  
Building 435, Kadena AB

**ELECTRONIC REPAIR**

Camp Foster: 645-4882

Machida Electric Service  
Tel: 893-3034  
1-30-34 Kyuna, Ginowan-City

MicroPlus  
Tel: 936-2030/2044

**LAUNDRY & DRY CLEANING (Furniture's/Carpets)**

18<sup>th</sup> Service/Laundry & Dry Cleaning  
Camp Kinser: 637-1267

**BICYCLE**

Ishikawa Cycle  
20 Kadena, Kadena-Town Tel: 098-956-2896

**AUTOMOBILE GARAGE**

Kamiya Motors  
1313-1 Sobe, Yomitan-Village Tel: 956-2654