



CLAIMS OFFICE
415 CUSTER AVENUE
FT LEAVENWORTH, KS 66027-2313

Claims Information: (913) 684-3564/4933/4948 FAX (913) 684-2105

E-mail: Jenny.Scrimsher@us.army.mil

Or

Amanda.Kislia@us.army.mil

Dear Claimant:

These instructions cover the time limits and procedures for filing a claim under the Full Replacement Value (FRV) program with the carrier for loss or damage incurred during a household goods shipment. Please follow the instructions carefully on the attached counseling checklist and member/employee information form; here are some important highlights:

- 1. 75-DAY NOTIFICATION TO THE CARRIER:** All loss or damage must be annotated on the DD Form 1840/1840R (pink form) and the form must be reported to the transportation service provider (TSP) within 75 days from the date of delivery. The TSP must list all missing or damaged items that are discovered on the day of delivery on the DD Form 1840, which you will sign. Three (3) copies of this form will be left with you by the TSP. Items discovered missing or damaged after delivery must be listed on the reverse side of the DD Form 1840, known as the DD Form 1840R, and faxed or mailed TSP within receipt of the 75th day after delivery. The DD Form 1840R may also be taken to the nearest military claims office (MCO) within 70 days after delivery and the military claims office will dispatch it to the TSP for you.
- 2. Claim Must Be Filed with 9 Months to Receive FRV:** To have your claim paid on the basis of FRV you must file your claim directly with the TSP within 9 months of delivery. If you file your claim with the TSP within 9 months of delivery, the TSP is required to replace any item that is lost or destroyed with either a new item or pay the replacement cost for the same kind and quality, without deducting for depreciation. If an item can be repaired for less than the Full Replacement Value of the item, the TSP is required to arrange for the repair for those items, or to pay for the cost of the repairs. Repair will be to the extent necessary to restore the item to its condition when it was received by the TSP. An item is considered destroyed if it cannot be repaired, or the cost of repair exceeds the cost of a new item.
- 3. Settlement of Loss and Damage Claims:** You may still file your claim directly with a MCO, but if you do, you give up your right to FRV and will be required to sign a waiver. The MCO does not have the authority to settle claims on the basis of FRV.

The TSP shall pay, deny, or make an offer within 60 days of receipt of a complete and substantiated claim. The TSP will complete payment to you within 30 days of receipt of notice that you have accepted a full or partial settlement. You may transfer all or part of your claim to a military claims office if you are dissatisfied with the TSP's handling of your claim. You may not transfer your claim until the TSP has made a final offer, or more than 30 days have elapsed since you filed your claim. If you transfer your claim to the MCO after filing directly with a TSP within nine months, the MCO will pay your claim on the basis of depreciated replacement value or repair cost, whichever is less. The MCO will then transfer the claim to U.S. Army Claims Service where they will try to recover the FRV from the TSP. If the U.S. Army Claims Service recovers more from the TSP than it would be reimbursed by to the claimant.

For detailed information on the FRV program please refer to the attached counseling checklist.

Customer's Name: _____
Origin/Destination _____
Is the customer's shipment/storage covered under FRV? Yes ___ No ___
Counselor's Printed Name/Date _____

CLAIMS FOR FULL REPLACEMENT VALUE (FRV) COVERAGE COUNSELING CHECKLIST AND MEMBER/EMPLOYEE INFORMATION

FRV applies to shipments with a pick-up date on or after 1 October 2007 for International Household Goods (HHG) and Unaccompanied Baggage (UB) shipments, a pick-up date on or after 1 November 2007 for Domestic HHG, and a pick-up date on or after 1 March 2008 for Non-Temporary Storage (NTS), Direct Procurement Method (DPM) (local moves, intra-theater). Some domestic and international shipments may be moved under a non-FRV DPM contract between 1 October 2007 and 1 March 2008.

1. FRV for Lost or Destroyed Items.

To have your claim paid on the basis of FRV you **MUST** file your claim directly with the transportation service provider (TSP) **within 9 months of delivery**.

If you file your claim with the (TSP) within 9 months of delivery, the TSP is **REQUIRED** to replace any item that is lost or destroyed with a new item, or pay the replacement cost of the same kind and quality, without deducting for depreciation.

The TSP is not required to replace items which can be repaired for less than the Full Replacement Value of the item.

The TSP is only required to arrange for the repair of those items, or to pay for the cost of the repairs.

Repair will be to the extent necessary to restore the item to its condition when it was received by the TSP.

An item is considered destroyed if it cannot be repaired, or if the cost of repair would exceed the cost of a new item.

2. Timely Notice.

Loss or damage to an item **MUST** be reported to the TSP **within 75 days of the date of delivery**.

The TSP **MUST** list all missing or damaged items that are discovered on the day of delivery on DD Form 1840, which you will sign. Three (3) copies of this form will be left with you by the TSP.

Items discovered missing or damaged **AFTER delivery MUST** be listed on the reverse side of the DD Form 1840, known as the DD Form 1840R, and faxed or mailed to the TSP **within 75 days after delivery**. If mailed, send it to the address in block 9 on the DD Form 1840 the form by **certified mail**. If faxed, keep a copy of the delivery message. Alternatively, the DD Form 1840R may be taken to the nearest military claims office **within 70 days after delivery** and the military claims office will dispatch it to the TSP for you.

3. Claim Must Be Filed Within 9 Months to Receive FRV. The name and phone number for your TSP is:

Submission of a DD Form 1840R **does not constitute** the filing of a claim. You **MUST** submit a **written demand for a specific amount** to the TSP **within 9 months after the date of delivery**. The claim **MUST** list each item that was lost or damaged and give a general description of the damage.

The TSP will provide instructions on how to file a claim. Be sure to keep a copy of what you send to the TSP and send your claim by certified mail.

You do not need to obtain estimates of repair in order to file your claim. The TSP is responsible for obtaining estimates, if you file your claim directly with the carrier within 9 months of delivery. **You may not be reimbursed for any estimate fees on estimates you obtain without the TSP's express request for you to do so.**

Do **not** delay filing your claim past the nine month deadline in order to get additional information you think the TSP may need. If your claim has been timely filed, additional information may be presented at a later time.

4. Limits of Liability.

The TSP's maximum liability on a shipment is **\$5,000 or \$4 per pound times the weight of the shipment, whichever is greater, but not more than \$50,000.**

If the amount of your loss exceeds the TSP's maximum liability, you may file a claim with a military claims office for any loss in excess of the carrier's payment. However, the military claims office can only pay the depreciated replacement value or repair cost, whichever is less, for those items for which the carrier did not pay. In the alternative, you may try to purchase FRV coverage from a private insurance company to cover potential losses in excess of \$50,000.

A TSP is liable for only \$1.25 per pound times the weight of your shipment, if you do not file your claim with the TSP within 9 months of delivery.

5. Settlement of Loss and Damage Claims.

You may still file your claim directly with a military claims office, but if you do, you give up your right to FRV. The military claims offices do not have the authority to settle claims on the basis of FRV.

The TSP shall pay, deny, or make an offer within 60 days of receipt of a complete and substantiated claim.

The TSP will complete payment to the owner within 30 days of receipt of notice that the owner has accepted a full or partial settlement.

You may transfer all or part of your claim to a military claims office if you are dissatisfied with the TSP's handling of your claim. However, you may not transfer your claim until the TSP has made a final offer, or more than 30 days have elapsed since you filed your claim. If you transfer your claim to military claims office after filing directly with a TSP within nine months, the military claims office will pay your claim on the basis of depreciated replacement value or repair cost, whichever is less. The military claims office will then try to recover the FRV from the TSP. If the military claims office recovers more from the TSP than it paid you, the military claims office will send you the difference between what it paid you and what it recovered from the TSP.

6. Partial Settlements.

If you cannot reach a mutually acceptable settlement directly with the TSP on part of your claim, you can accept payment from the TSP on those items on which you and the TSP have reached agreement. The TSP will pay you on the items on which you have reached an agreement. You may transfer any unsettled portions of the claim to a military claims office.

7. Quick Claims.

The TSP **may** establish a quick claim settlement procedure to quickly resolve and pay claims for minor loss or damage discovered at the time of delivery.

Quick claims cover payment for **less than \$500** with payment made **within 5 days** of delivery.

The process of settling and paying such claims will be left to the discretion of each TSP. The quick claim must specifically list the items and the damage for which payment is being made.

If you receive a quick claim settlement and then file an additional claim, the additional claim **may not** include items that were settled through the quick claim process.

8. Inspection of Items by the TSP.

The TSP **may** inspect the damaged items at any time prior to settlement of the claim, but may not deny a claim solely on the basis that it was unable to inspect any item.

If you repaired an item before the TSP inspection, you **MUST** provide the repair bill or some other evidence of the damage and repair cost to the TSP. If you disposed of a damaged item, you **MUST** give the TSP evidence that the item was damaged beyond economical repair.

Before a claim is filed; you may call the TSP and request an inspection, or permission to dispose of items. The TSP will, **within two (2) business days** of being contacted, notify you that either the items will be inspected or that you may dispose of the items.

When the TSP gives notice to inspect the items; the TSP **will do so within 45 calendar days** of being contacted by the owner unless the owner grants a further extension.

9. Salvage.

For shipments delivered within the United States or its territories, the TSP is entitled to take possession of and sell for salvage any damaged item on which it has paid either the depreciated or undepreciated replacement cost, or replaced the damaged item with a new item.

If a lost item is located after your claim has been paid, you may decide either to request or decline delivery of the item(s). If you elect to receive a found item, you **MUST** refund any amount paid on that item.

If the TSP locates an item within 60 days of receipt of notice of the loss, and a claim on that item has not yet been paid, you are obligated to accept delivery of the item in lieu of a claim, even if you have replaced the item.

If the TSP locates a lost item more than 60 days after receipt of notice of the loss, but the item has not been replaced, and a claim on the item has not been paid, you are obligated to accept delivery of the item in lieu of a claim.

If a lost item is later delivered with damage, the time limits for qualifying for FRV protection and for filing claims on that item will not commence until the delivery of that item.

10. Essential Items.

The TSP is responsible for promptly dealing with owners who have had essential items lost, destroyed or made unusable due to damage. You **MUST** notify the TSP, military claims office, or personal property shipping office of such a loss within 7 days of the date the goods were delivered.

Essential items include but are not limited to: (1) Refrigerators or other appliances necessary for the safe storage and preparation of food, (2) Necessary medical equipment and (3) Mattresses.

Upon notification of the loss of an essential item, **within two (2) business days**, the TSP shall pay for such items, provide temporary or permanent replacements for them, or make other arrangements as agreed to by you.

Any payments made by the TSP shall be considered an advance on any claim and should not exceed the TSP's expected total liability. You are required to file a claim for the loss. Any advance payment will be deducted from your eventual award.

11. Catastrophic Loss Payments.

The TSP is responsible for identifying and making partial, advance payments to you for a catastrophic loss to relieve hardships associated with the loss of all or a majority of household goods or unaccompanied baggage. Catastrophic loss occurs when over 60% of the inventory line items in a given shipment are lost, damaged or destroyed.

The payments are an advance and will not exceed the expected total liability. You are required to file a claim. Any advance payment made will be deducted from your eventual award. Payments are subject to the same maximum liability and rules as all payments.

The TSP will make payment or come to an agreement on payment within 48 hours of contacting you.

12. High Value Items and High Risk Items.

High value items are limited to currency, coins, jewelry, silverware and silver service sets, crystal, figurines, furs, objects of art, computer software programs, manuscripts, comic books, baseball cards, stamps, and other collectable items or rare documents that have a value in excess of \$100 per pound. Individual CDs or DVDs with a value in excess of \$50 will be considered a high value item.

If you fail to inform the TSP that such items are included in the shipment after the TSP has asked you in writing to list any such items in the above categories that will be included in the shipment, the TSP liability for high value items that you do not list shall be limited to \$100 per pound of the article.

Items such as CDs, video tapes and DVDs, that do not qualify as high value items for purposes of this provision limiting liability may be included on a **high risk inventory**.

Your responsibilities at delivery: You and the TSP **MUST** open all containers in which the high risk/high value items were packed; remove the items from the containers and physically inspect each item before you sign the high risk/high value inventory form.

Receipt Acknowledgement: Member/Employee Signature:

Date: _____

A member/employee should contact the closest Military Claims Office on FRV issues the member/employee and TSP cannot resolve.
Be sure to keep a copy of what you send to the TSP and send your claim by certified mail.

Fort Leavenworth Claims Office, 415 Custer Avenue, Fort Leavenworth, KS, Phone 913-684-3564/4933/4948



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FT LEAVENWORTH, KS 66027-2313
Claims Information: (913) 684-3564/4933/4948 FAX (913) 684-2105
E-mail: Jenny.Scrimsher@us.army.mil
or
Amanda.Kislia@us.army.mil

Dear Client:

These instructions cover the time limits and procedures for filing a claim for loss or damage incurred during a household goods shipment. Please follow the instructions carefully. **IF ANY OF THESE DOCUMENTS ARE NOT PROVIDED, YOUR CLAIM WILL BE DELAYED OR DENIED.**

1. **70-DAY NOTIFICATION TO THE CARRIER:** All loss or damage must be annotated on the DD Form 1840/1840R (pink form) and the form must be turned into the Claims Office within 70 days from the date of delivery. If you turn in the DD Form 1840/1840R and additional damage is discovered, it is your responsibility to complete a supplemental DD Form 1840R and submit it to the Claims Office within 70 days from the date of delivery. If the form is not received within the specified time limit, the carrier's liability will be deducted from the amount paid on the claim. **THIS IS NORMALLY 100% OF THE AMOUNT CLAIMED.**

2. **TWO-YEAR STATUTE OF LIMITATIONS:** No claim may be paid unless it is presented in writing (received) within two (2) years from the date the shipment is delivered or you are notified in writing that the entire shipment is lost. The claim can be faxed to our office to insure it is timely filed.

3. **DISPOSAL OR REPAIR OF PROPERTY:** Do not dispose of or repair any items that will be part of your claim **without approval of the Claims Office**. If contacted by the movers, you must allow them the opportunity to inspect the damaged property. Also, the movers have the right to pick up any items that are damaged beyond economical repair. Please let us know if you want to keep any items or have disposed of any property when submitting your claim.

4. **MISSING ITEMS:** You must notify the destination Transportation Office of all missing items so that official tracer action is initiated.

5. **FULL REPLACEMENT PROTECTION:** If you have purchased full replacement protection through the Transportation Office, you must first file a claim with the carrier. Their name and address is in block 9 of the DD Form 1840. You may file a claim with the government if the carrier denies the claim or the delay will cause an undue hardship. **Carriers will be liable for Full Replacement Value (FRV) on international shipments picked up after 1 October 2007 and on domestic shipments picked up on or after 1 November 2007.**

The Claims Office is open from 0900-1600 Monday through Friday.

OVER

CHECKLIST OF DOCUMENTS NECESSARY TO FILE A CLAIM:

___ **DD FORM 1842:** *The military member or civilian employee must sign the form in ink.* If you have an e-mail address, please provide it. A power of attorney or letter of authority which grants authority to sign and accept settlement of a claim is required if the person signing the DD Form 1842 is not the military member or civilian employee. The form is available on our web site.

___ **DD FORM 1844:** Complete the left side of the form. List estimate fees, sales tax and transportation charges as separate line items; however, sales tax and transportation charges are not be reimbursed until after the expense is incurred. The form is available on our web site.

___ **ORDERS:** One copy of the orders authorizing the move.

___ **INVENTORY:** A legible copy, prepared at time of pickup of your property (photocopies are not acceptable). This is not the pink form. The movers prepared this listing when they picked up your property that shows all the furniture and cartons they packed. If an item is not listed on the inventory, proof of ownership is required. Receipts, cancelled checks or affidavits from disinterested third parties are acceptable. Please include a **written statement** detailing how you knew the item was in the carton claimed or given to the movers for shipment, i.e. the inventory shows a carton containing books. You claim a missing figurine. Include a written statement detailing where the figurine was in the home. Did you see the movers place the item on the truck? Did you see the movers pack it in that carton? Did you remove it from that carton upon delivery? Any detailed information you can provide will assist in the settlement of your claim.

___ **DD FORM 1840/1840R:** (pink form) prepared at time of delivery.

___ **US GOVERNMENT BILL OF LADING:** A copy should have been given to you at origin. You may obtain a copy from the origin or destination Transportation Office.

___ **REPLACEMENT COSTS:** If the replacement cost of an item **exceeds \$100.00** you must provide written substantiation. Catalogs, newspaper or Internet ads, purchase receipts or statements from merchants are acceptable. If an item is damaged beyond repair, a written estimate of repair verifying the item is not repairable is needed before replacement costs are considered.

___ **ESTIMATES OF REPAIR:** One written estimate of repair is required for all damaged items with a repair cost **in excess of \$100.00.**

___ **ANTIQUES:** A copy of an appraisal showing the value before it was lost or damaged is needed. We cannot reimburse any appraisal fees associated with this documentation.

___ **ELECTRICAL/MECHANICAL ITEMS:** A written estimate is required for all electrical/mechanical items with internal damage regardless of the repair cost. If the item is not economically repairable, the estimate must verify this. The repair technician is required to complete the FT LVN Form 410 as well as the estimate of repair. If an electrical item has sustained internal damage, you need to provide a **written statement** detailing how you knew the item worked prior to shipment, i.e. when was the item last used, was it on when the movers were in the home, etc.

___ **COMPUTERS:** A special form for damaged computers is available in our office or on our web site. The repair technician must complete the form. If the item is not economically repairable, the estimate must state this. A written statement detailing how you knew the item worked prior to shipment, i.e. when was the item last used, was it on the movers were in the home, etc., is required.

___ **MISSING ITEMS:** We do not provide payment for missing cartons. You must itemize all items claimed as missing within that carton.

___ **POV CLAIMS:** One estimate of repair is required. We may require additional estimates if deemed necessary. Vehicle Inspection and Shipping Form is prepared at the port at destination and must accompany the claim. You can obtain a copy from the Vehicle Processing Center where you picked up your POV. List each area of the vehicle which was damaged with the repair cost on a separate line on the DD Form 1844; i.e., right front fender scratched on line 1; roof dented on line 2.

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 (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, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach copy of your policy.)	YES	NO
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.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
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 your "List of Property and Claims Analysis Chart," DD Form 1844.)		

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 (or designated agent)	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) a. SMALL CLAIMS b. REGULAR CLAIMS	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:	\$
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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(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>23. DENIAL <i>(X if applicable)</i> 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>24. SUPPLEMENTAL PAYMENT <i>(X and complete if applicable)</i> The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>
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25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)

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

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

ELECTRONIC REPAIR FORM

The Claims Office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped, mishandled in shipment, age, normal wear and tear, manufacturers defect or any other factor. The repair technician needs to complete this form.

1. Repair firm's name and address:

2. Repair firm's telephone number (include area code) _____

3. Name of person completing this form: _____

4. Claimant's name: _____

5. Item examined (make, model, year): _____

6. There was/was not internal damage to this item. Detailed description and location of internal damage is:

7. I was/was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

8. Was the internal damage caused by shipment:

Definitely Probably No Can't tell

9. The specific reasons for my conclusions regarding the internal damage are:

10. I estimate the cost of repairing the internal damage to be:

Part - _____	\$ _____
Part - _____	\$ _____
Part - _____	\$ _____
Cleaning, adjustments or other services	\$ _____
Tax	\$ _____
Labor	\$ _____
Total	\$ _____

11. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance.

Servicing charges \$ _____

12. Cost of estimate is \$ _____. If your repair firm is afforded the repair of this item, will you deduct your estimate fee from the total bill?

YES

NO

ESTIMATE FEE NOT CHARGED

13. Signature _____ Date _____

Computer Repair Form

Dear Repairman:

***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.***

Thank You.

1. Name, Address and Phone # of Repair Firm:

Name of Person Completing Form _____

Claimant's Name _____

2. Item Description:

Item examined _____

Manufacturer: _____

Year of Manufacture: _____

Item Specification:

Processor Type and Speed: _____

Hard Drive Capacity: _____

RAM Capacity: _____

Internal _____ External _____

Sound Card Type/Specifications: _____

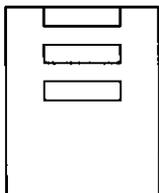
Video Card Type/Specifications: _____

CD ROM Drive Type/Speed: _____

Monitor Size/Description: _____

Other Components/Description: _____

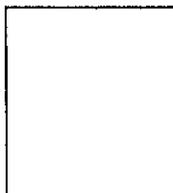
3. External Damage: Please circle none if there is no external damage to the item. None
Please use the following diagram to indicate the location of any external damage to the
item.



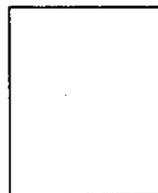
Front



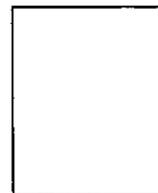
Left Side



Right Side



Rear



Bottom

3. External Damage (cont.)

Please give a detailed description of the type and location of the external damage:

4. Internal Damage: Please circle if there was external damage to the item. YES NO

Please circle the components, which were damaged, and the appropriate response

Processor

The Processor was loose/cracked/or broken.

Hard Drive:

I physically opened the hard drive and examined it.

There was obvious physical damage to the inside of the hard drive.

I used scanning software to determine that there was damage to this component.

Modem

The modem was loose/cracked or broken.

Sound Card

The sound card was loose/cracked or broken.

Video Card

The video card was loose/cracked or broken.

CD ROM Drive:

There was obvious physical damage to this component

Mother Board

The mother board was loose/cmcked or broken

Other Circuit Boards

The board was loose cracked or broken

Power Supply

There was obvious physical damage to this component.

Monitor

I physically opened the monitor casing and observed internal physical damage.

Please give a detailed description of the type and location of the internal damage.

Could the type of damage observed been directly caused rough handling during shipment. (i.e. hard impact, dropping, being thrown, etc.). Yes No Can't Tell

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.). Yes No
Please explain

Estimated Cost of Repair:

Estimated Cost of Replacement Part

Please indicate if part was upgraded

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Cleaning, adjustment, or other services

Tax \$

Labor \$

Total \$

Estimate Fee \$

Please circle if estimate fee will be deducted from repairs. YES NO

Please indicate reason for upgrades:

Part no longer manufactured/available

Part available, but not carried by this repair firm

Request of customer

Other, Please specify

6. Market Value of Computer in Undamaged Condition: \$ _____

Please print your name: _____

Signature: _____

Date signed: _____

Comments: _____
