

# CLAIM FOR DAMAGE, INJURY, OR DEATH STANDARD FORM 95 INSTRUCTIONS

Enclosed are the form(s) to file a claim against the United States. PLEASE SUBMIT THE CHECKED ITEMS:

	SF 95: Clam for Damage, Injury, or Death
	Documentation of Loss/Damage (MP/Police report)
	Documentation of Injury (medical bills)
	Authority to File Clam (for corporations or insurance companies filing on behalf of individuals)
	Copy of vehicle registration or title
	Copy of vehicle insurance card
	Other:

1. STANDARD FORM 95: You must submit one completed claim form with an original signature in ink. Please read the entire claim form, including the instructions on the reverse side of the SF 95.
  - a. Block 1: Claims Office, 415 Custer Avenue, Fort Leavenworth, Kansas, 66027-2313.
  - b. Block 2: Full name(s) of person(s) filing the claim. If the claim is being filed by a corporation, list the corporate name. Indicate the present mailing address, including zip code.
  - c. Block 4: Date of birth of the claimant.
  - d. Block 8: Complete description of the incident, including date, time, and place.
  - e. Block 9: Brief description of the property damage, e.g., *1999 Ford F-150 4x4, red, broken taillight*.
  - f. Block 10: For personal injury, provide a brief overview of the nature and extent of the injury and the name of the doctor or hospital where treated occurred.
  - g. Block 11: Name(s) and address(es) of any witness(es).
  - h. Block 12: List claim amounts (e.g., rental car, towing, repair cost). Each claim **must include a definite dollar amount in blocks 12a/b/c**. If no claim is being submitted in blocks 12a/b/c, enter "none" in the appropriate block(s). The claim **must include a total dollar amount block 12d**.
  - i. Block 13: The person whose name and address appears in block 2 **must sign and date** the claim form. If a person other than the name in block 2 signs block 13 (e.g., attorney or spouse), a Power of Attorney must be provided.
  - j. Block 15: Vehicle insurance name, address, and policy number of claimant.
  - k. Block 16: Indicate yes or no.
  - l. Block 18: If you filed a claim with your insurance company, indicate if the insurance company has paid or denied your claim and the reason for denial.

## 2. DOCUMENTATION OF LOSS/DAMAGE:

- a. In support of a claim for personal injury or death, you must submit a written report by the attending physician indicating the nature and extent of the injury, the nature and extent of treatment, prognosis, and any permanent disability. Claimed amounts should be substantiated by providing itemized bills for medical, hospital, or burial expenses.
- b. In support of a claim for property damage, at least **one** itemized estimate must be submitted as substantiation.

3. AUTHORITY TO FILE CLAIM: This must be submitted by claimants that are corporations/businesses/ insurance companies. This form certifies that the person signing the claim forms is authorized to settle and assert claims on behalf of the corporation/business/ insurance company.

4. INSURANCE COMPANIES: Insurance companies and the insured may each submit a separate claim. The insurance company's name should be entered in block 2, and the individual who is authorized to sign the claim **must submit an Authority to File form**. If the insurance company and the insured person are filing concurrently, block 2 should include both the name of the insured and the insurance company, and all parties must sign block 13a.

5. ADDITIONAL INFORMATION: The Statute of Limitations for claims against the United States is two years. A claim must be **received** by this office no later than **two years** from the date of the incident.

If you have any questions, please contact the Fort Leavenworth Military Claims Office at (913) 684-3564.