

HOUSEHOLD GOODS / HOLD BAGGAGE CLAIMS PACKET

HOURS OF OPERATION:

MONDAY, TUESDAY, THURSDAY, & FRIDAY

0900 to 1630 hrs

WEDNESDAY

1300 to 1630 hrs

FILING INSTRUCTIONS

DEADLINES YOU CANNOT AFFORD TO MISS!

1. 70 DAYS FROM DELIVERY: Loss of damage to an item **MUST** be reported to the Transportation Service Provider (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 also 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 side of 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. Or, you can file your DD Form 1840/1840R online through PCLAIMS. See section below titled "Online Filing through PCLAIMS".

2. NINE (9) MONTHS (Full Replacement Value (FRV)): FRV applies to shipments with a PICK-UP DATE on or after 1 October 2007 for International Household Good (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. **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 cost of a new item of the same kind and quality, without deducting for depreciation.

3. TWO YEARS FROM DELIVERY (Non-FRV Shipments): Federal law requires you to file your claim within two years. There are no exceptions to the two-year limitation period. In most cases, you should file your claim by completing this claims packet within two years after the date of delivery of your household goods *If, however, you cannot complete this claims packet within the two-year period, you must, at a minimum, submit a written demand for payment within two-years from the date of delivery of your household goods. If you fail to do so, your claim will be denied entirely.* You have two years from the date of delivery to file a claim against the government for property damaged, lost or destroyed in shipment or storage. If you receive more than one delivery on the same Government Bill of Lading (GBL), you have **two years** from **each delivery date** to file a claim for that portion of your personal property.

ONLINE FILING THROUGH PCLAIMS

You must have an Army Knowledge Online (AKO) account to use PCLAIMS.

As of 1 October 2009, a new claims computer program was fielded: the Personnel CLaims Army Information Management System (PCLAIMS). The new program permits Soldiers and Army civilian employees to file personnel claims through the Internet, rather than having to physically visit or mail documents to a military claims office. Although paper copies of claims will still be accepted, the new program should make it easier to file claims for property loss.

The program can be accessed at <https://www.jagcnet4.army.mil/pclaims>. The PCLAIMS link will describe the rules for filing personnel claims and allow you to fill out all of the required forms.

Step by Step Shipment Claim Filing Instructions Please note that in the claims application screens, required fields appear yellow in color. We recommend you fill in all fields if you have knowledge of the requested information.

1. Notice of Loss - A Notice of Loss/Damage, DD Form 1840/1840R must be completed and submitted to the Military Claims Office (MCO) prior to filing a shipment or storage claim. If you do not have or were not given this form by the Transportation Service Provider (TSP) contact the MCO for assistance. If you have submitted this form to the MCO, proceed to step 2 below.

2. Update Personal Details - Under the File A Claim tab on the homepage select Update Personal Details (Step 1). Your Profile Details/Personal Details tab will appear. If needed, update your personal and contact information and save it.

3. Claims and Notices of Loss - After you've saved your profile details, the next Profile Details screen to appear will show 2 additional tabs – Claims and Notices of Loss. If you are completing an existing claim, select Claims. Find/select the appropriate claim. E.g. 10-011-0013. If you need to file a claim for a previously submitted notice of loss, select the Notice of Loss tab. Find/select the appropriate notice from the notices you've submitted. You will have to select the notice by placing your cursor on and clicking the blue underlined formatted notice number. E.g. 10-NL-011-0022.

4. Converting Notice of Loss to A Claim - After selecting the formatted notice number, the Notice of Loss form will appear. In the upper right hand corner, select the green create a claim icon. A New Claim form will appear.

5. New Claim Form - The New Claim form has 5 Tabs – General, Items, Insurance/FRV, Attachments, and Need Help. You will need to visit each tab before your claim is filed. At the end of the Attachments tab you will have the option of saving your claim and filing later or submitting your claim now. If you have additional items that are specific to the claim you are working on and the items were not entered on the notice of loss/damage, you may enter them by selecting the blue **Add Item** button located in the upper right side of the form

The **General tab** holds basic information about your claim. It tells you the number days remaining from the date of incident (delivery date) you have to complete and submit the claim. You are required to fill in the **Dt. of Incident** (top of form), **how the property was damaged or lost** (middle of form), and **Insurance Claims and Property Details** (radio buttons middle to bottom of the form).

You may save the General form and submit it later or go to the next page to enter claim items (scroll down to see bottom of the form).

If you select the **“Go To The Next Page tab a Declaration page”**

If you go the next page (from above) the **Items tab** will allow you to enter information about each item. When selected, it brings up the **Item Details** screen for individual items. Required fields are indicated by the color yellow. Additional help icons (indicated by circled ?) provide information on what is required in certain fields. The **Item Details** screen also records information for inventory, item costs, and insurance/FRV payments you may have received. (You may also enter insurance and FRV information under the **Insurance/FRV** tab on the New Claim Screen.)

Finally, you must answer the 2 **Declaration questions** (radio yes or no buttons) at the end of the form. A **Help tab** is also accessible at top of the screen.

At the end of the Item Details screen, you can edit the item, add new item, or close (the screen). The **Attachments** tab is used to upload required or other documents into your claim file. When selected, the **Upload A Scanned Document or Supporting File** screen/tab appears. Use the Attachment Type pull down bar to select a document type. E. g. DD Form 1840, DD Form 1840R, DD Form 1842, Inventory, GBL, etc. You may also enter other documentation in the space provided. Select **Browse**, find the file to be uploaded, open the file, and save it by selecting the **Save Attachment** tab. Basic supporting documents, such as a government bill of lading (for transportation-related claims), estimates of repair and photos of damaged property **should be scanned and added to the electronic claim**. If you do not have access to a scanner, documents can be mailed or hand-carried to a military claims office, which will add them to your claim file.

When you've completed the Attachments tab, you will be prompted at the bottom of the screen to either **Save Now and Submit Later** or to **Submit to the Claim Office**.

If you select **Submit to the Claim Office**, your claim will be saved and sent to the claims office you selected at the beginning of the Notice of Loss submission. After submitting the claim, you will be given a confirmation sheet. You should print the confirmation and store it with your claim records. **Providing accurate contact information is critical; if you cannot be contacted your payment may be delayed.**

PCLAIMS should not be confused with the Full Replacement Value (FRV) program, the new system applicable to household goods and other transportation-related claims since 2007 or the Defense Personnel Property Program (DP3), a new computerized transportation program applicable to many household goods shipments since 2008. Under FRV and DP3, Soldiers and Army civilian employees are encouraged to file transportation-related claims directly against the carrier responsible for the loss. Claimants only have nine months to file such claims. In return, they are paid the full replacement value for their destroyed property. PCLAIMS cannot be used to file claims against carriers; it can only be used for personnel claims filed against the government. If, however, claimants are dissatisfied with carrier offers to settle claims under the FRV or DP3 programs, they may reject the offers and file their claims

against the government. Such claimants can use PCLAIMS to file these new claims, but should contact the nearest military claims office before doing so. **NOTE: You must file a DP3 claim in DPS before you can file in PCLAIMS. Exceptions to this policy are granted on a case-by-case basis, in writing by the MCO.** There is no interface between DP3 (which also involves electronic claims filing) and PCLAIMS, so it is important to contact a military claims office for specific guidance on how to transfer these claims from a carrier to the military.

ADDITIONAL INFORMATION

1. A separate claim is required for each shipment. This means you must file a separate claim for household goods, unaccompanied baggage and non-temp storage.
2. 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 delivery date for FRV shipments or within two years after the delivery date for NON-FRV claims. 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 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.
3. If you belong to another branch of service (e.g., Air Force, Navy) we recommend you file directly with your service. PCLAIMS is for AKO users only.

DOCUMENTATION/FORMS

The documents listed below are necessary to process your claim. Army Regulation 27-20 precludes us from accepting your claim without the proper documentation. **Note: The following forms (except the DD Form 1842 and DD Form 1844) must be SCANNED AND ATTACHED TO YOUR CLAIM if filing in the PCLAIMS online program.**

1. Your copy of the validated (signed and stamped) DD Form 1840/1840R – Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage /Notice of Loss or Damage --OR-- your copy of the validated (signed and stamped) Form #1850/1851 - Notification of Loss or Damage AT Delivery /Notification of Loss or Damage AFTER Delivery (whichever is applicable to your shipment).
2. Government Bill of Lading (GBL) – A copy of this document can be obtained from the transportation office or from the TSP responsible for the shipment.
3. DD Form 1299 – Application for Shipment or Storage – A copy of this document can be obtained from the transportation office.
4. DD Form 1842 – Claim for Loss of or Damage to Personal Property Incident to Service. Complete blocks 1-18. **NOTE:** This form will be completed online and **DOES NOT** have to be scanned into PCLAIMS.

5. DD Form 1844 – List of Property and Claims Analysis Chart. Complete blocks 1-13. NOTE: This form will be completed online and **DOES NOT** have to be scanned into PCLAIMS.
6. Orders and Amendments (PCS or ETS) –Authorizing the shipment. Quarters assignment or termination instructions will be required for relocations.
7. FB Form 1966-R – Pickup Request or Outbound DPM Confirmation Letter - This form will replace the GBL if the relocation move was within the local area.
8. DD Form 1164's – Service Order for Personal Property. This is issued for **non-temporary storage only**.
9. Pick-up and Delivery Descriptive Inventory. The entire listing is required to include the High Risk Inventory.
10. Power of Attorney (POA) - Required if someone else other than the claimant is signing any of the claims forms.
11. Estimates of repair and/or substantiation of replacement cost(s) (See section below under “Additional Instructions”).
12. Private Insurance - If you have a private insurance policy that may cover all or part of your loss, you do not have to file with the insurance company. If you choose to file with your private insurance, you must provide any correspondence sent by that company, including a copy of the payment check and breakdown.
13. Electronic repair form. This form must be filled out by a qualified repairman and is for all electronic items that are to be claimed.
14. Personal Statement. Must be written for missing items, items that are not specifically listed on the inventory and electronic items with internal damage only.
15. Any other supporting documentation that may be necessary to substantiate the claim. (Photos, video tapes, receipts, manuals, appraisals, witness statements, etc...)
16. TSP's settle offer and correspondence. This only applies to **FRV partial settlements and denials**.
17. Manual CEFT Input Information. This is a payment information form and must be completed by all claimants.

ADDITIONAL INSTRUCTIONS

I. ESTIMATES OF REPAIR

1. If you disagree with your TSP settlement offer or if you do not have FRV, an estimate of repair is required to file with the MCO. Estimates on all repairable items must be from a reputable firm with technical expertise, **and who will actually repair the item(s) if requested to do so**. An estimate is required for each item that will cost \$100.00 or more to repair or replace.
2. Reasonable estimate fees are refundable **if not** credited toward the cost of repair, or if the items are not determined to have been damaged in shipment. Estimate fees greater than \$60.00 are not considered reasonable and will not be paid. Unless this office directs you to obtain a second estimate, only one estimate per item will be reimbursed. The estimate must cover only damages incurred during shipment or storage.

3. Appraisal fees will not be paid. Appraisals are valuations of an item's worth, and are usually done on items such as antiques, jewelry, and works of art.
4. Any electronic items such as TVs, VCRs, Computers, CD Players, Stereos, and Microwave Ovens must have a repair estimate regardless of the cost of repair. Only damage caused by shipment or storage is compensable. For all electronic items, especially those with internal damage only, the Electronic Repair form must include the qualified technician's professional opinion as to whether the damage is due to rough handling by the carrier.

II. UPHOLSTERY

1. You must attempt to clean upholstered items if possible. If an upholstered item cannot be cleaned, you must get an estimate of repair. If the furniture can be restored through professional cleaning, you must submit the cleaning bill with your claim.
2. An estimate of repair for upholstering must indicate whether the new material is comparable to the damaged material; any differences must be explained. The cost of labor and materials should be listed separately.

III. CLOTHING

1. You must attempt to clean any clothing or linen that is damaged by water or mildew to determine if replacement is necessary. If professional cleaning restores the item, submit the cleaning bill. A statement from the dry cleaner must be included if the item cannot be cleaned.
2. The cost to clean and/or press clothing due to normal wrinkling is not reimbursable. The items must have been used as packing material and/or be extensively wrinkled beyond normal use.

IV. REPLACEMENT PRICES

1. You must submit replacement cost estimates for each item that will cost \$100.00 or more to replace. A replacement estimate must be from a reputable firm on a sales slip, business card, or letterhead. It should specifically describe the item(s), and must be signed by the estimator. The estimate must state whether the replacement item is comparable to the replaced item and explain any differences. Pictures and prices of comparable items from catalogs and internet web pages are also acceptable replacement cost estimates.
2. Replacement cost estimates fees are not reimbursable. Businesses should not charge you to prepare a replacement cost estimate.

V. HOUSEHOLD GOODS INSURANCE

If you have a private insurance policy (i.e.: USAA, State Farm, etc.) which may cover all or part of your loss, you do not have to file with the insurance company. If you choose to file with your private insurance, you must provide any correspondence sent by that company, including a copy of the payment check and breakdown.

VI. OWNERSHIP AND VALUE

1. You MUST prove ownership and value and provide proof of repair or replacement cost for ALL claimed items. This may be proven by the items being listed on the inventory, purchase receipts, owner's manuals, sales/service contracts, photographs, videotapes or possibly the TSP's inspection report.
2. A claimant who cannot prove that a loss has occurred as alleged is not entitled to compensation. A claimant who proves that the loss has occurred but fails to confirm the value is entitled to an award in some amount.

VII. DAMAGED PROPERTY

Do not dispose of, discard or destroy any damaged property until told to do so by the Claims Office or instructed to do so in writing from the TSP. Failure to keep your property may result in a considerable deduction from your claim payment!

VIII. REAL ESTATE DAMAGE CLAIMS AND INCONVIENCE CLAIMS

Both are not obtainable through PCLAIMS or the MCO. They must be filed directly with the TSP.

IX. FRAUDULENT CLAIMS

A knowingly false statement made as a part of a claim makes it a fraudulent claim, a potential violation of federal law and the uniform Code of Military Justice.

XI. CHANGE OF ADDRESS

If your address changes after submitting your claim, you must notify this office either in person or by written correspondence.

FOR ANY QUESTIONS PLEASE CONTACT US AT (910)396-7505, BY FAX (910)643-3977, OR
BY EMAIL AT:
usarmy.bragg.xviiiith-abn-corps.mbx.xviii-abc-claims-mail@mail.mil

OUR MAILING ADDRESS IS:

OFFICE OF THE STAFF JUDGE ADVOCATE
ATTN: AFZA-JA (CLAIMS DIVISION)
2175 REILLY ROAD, STOP A
FORT BRAGG, NC 28310-5000

JUL12

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)

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.

24. SUPPLEMENTAL PAYMENT (X and complete if applicable)

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

a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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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) **Gone, I. M.**

2. CLAIMANT'S INSURANCE COMPANY (if applicable) _____

3. PICK-UP DATE (YYYYMMDD) _____

4. DELIVERY DATE (YYYYMMDD) _____

5. a. NAME _____ b. POLICY NO. _____

6. LINE QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost <i>(or)</i>	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY						
1	1 Panasonic VCR, serial # 12345, broken		200.00	2/2000	150.00																
2	1 Sony boombox, serial # 2846, radio doesn't work		270.00	3/1999	108.00																
3	2 sets of BDU's are missing		108.00	5/2002	108.00																
4	1 25" Magnavox television, serial # 2389, missing		315.00	5/2002	299.00																
5	1 Estimate fee from stereo repair shop		10.00		10.00																
6	1 Estimate fee from VCR repair shop		20.00		20.00																
12. REMARKS																					
13. TOTAL	\$	687.00														30. TOTAL AMOUNT ALLOWED	\$	687.00	31. THIRD PARTY LIABILITY	\$	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

CLAIMS HANDOUT

The businesses listed below are furnished for your information only. You may utilize any professional repair agency you believe to be qualified to serve you. This list should not be construed as a recommendation of any particular private business establishment over another. You may submit a claim for reimbursement for reasonable estimate fees, provided the estimate fee is not applied toward the cost of repair. Generally, estimate fees greater than \$60.00 are not considered reasonable and will not be paid. You should always contact the repair firm and verify their service fees.

FURNITURE REPAIR

Dowe's Cleaning & Restoration Services
1020 Cedar Creek Rd, Fayetteville
Phone: 486-9009

Beard's Quality Upholstery
764 Old Vander Rd, Fayetteville
Phone: 483-5675 (Cumberland County only)

Weavco Upholstery
4905 Ellsworth Dr, Fayetteville
Phone: 425-5370

Sears Carpet & Upholstery Care
Fayetteville
Phone: 425-2557

Mulligan Furniture & Repair
Raeford
Phone: 875-1764 or (cell) 987-1115
mulliganfix@aol.com
(Southern Pines, Pine Hurst, & Aberdeen)

Gonzalez Woodworking
159 Maxwell St, Fayetteville
Phone: 485-0016
(no est. fee charged if item(s) is/are taken to him)

Old Heritage Restorations Inc.
311 Williams St, Fayetteville
Phone: 484-6767 (mileage fee may apply)

Jack Hughes "The Furniture Guy" Furniture Repair
PO Box 729, Parkton
Phone: 858-2614 or 987-2824 (ER fee greater than \$60)

Affordable Furniture Repair
1336 Hibiscus Rd, Fayetteville
Phone: 488-0410

TELEVISIONS, STEREO AND VCR REPAIR

Lafayette Radio & TV Co.
813 Hope Mills Rd, Fayetteville
Phone: 425-1100

Quality Sounds & Video
833 Bragg Blvd, Fayetteville
Phone: 483-1212
(home theater systems, computer, Stereo components)

APPLIANCE REPAIR

Bob's Microwave & Appliances
3426 Wipperwill Dr, Fayetteville
Phone: 424-2135

Appliance Doctor
2014 Shaw Rd, Fayetteville
Phone: 488-4730

Major Appliance Company
2803 Fort Bragg Rd, Fayetteville
Phone: 483-1369

CLOCK REPAIR

Wright's Quality Clock Repairs Inc.
6002 Bundy Ct, Fayetteville
Phone: 867-6176

Lights Clock Repair
5367 Parkton Rd, Hope Mills
Phone: 424-9292 or
494-0144

Clock Boutique
3900 South Main St, Hope Mills
Phone: 426-3779
(house call estimates \$75)

COMPUTER REPAIR

Computer Solutions
4762 Yadkin Rd, Fayetteville
Phone: 864-6393

Affordable Computers
116-B Country Club Dr, Fayetteville
Phone: 822-3789

D & H Computer Repair
2450 A Gillis Hill, Fayetteville
Phone: 485-8073

EXERCISE EQUIPMENT REPAIR

Hawley's Bicycle World
4784 Raeford Rd, Fayetteville
Phone: 425-3145

Tread Mill One
910-564-3486
treadmillone@gmail.com

MOTORCYCLE REPAIR

Cycle House
107 Faison Ave, Fayetteville
Phone: 433-2772 (American and custom bikes)

MISCELLANEOUS REPAIR/REPLACEMENT

Antique & Gift Mall (lamp & chandelier)
123 Hay St, Fayetteville
Phone: 485-7602

Replacements, LTD (Dishware)
(800) 737-5223
www.replacements.com

ELECTRONIC REPAIR FORM

THIS FORM IS TO BE COMPLETED BY A QUALIFIED REPAIRMAN

The claims office must determine whether internal/mechanical damage to an electrical appliance or electronic item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to age, fair wear and tear, a manufacturer's defect, or any other factor. Please complete this form to the best of your ability.

1. REPAIR FIRM'S NAME AND ADDRESS

CLAIMANT'S NAME

2. Repair firm's telephone number: _____

3. Name of person completing this form: _____

4. Item examined: _____
(Make, model, year)

5. There (circle one) was/was not external damage to this item. Description and location of NEW external damage is: _____

Description and location of OLD external damage is: _____

6. I (circle one) was/was not able to determine the cause of any external damage. To the best of my knowledge and belief, the damage was caused by: _____

7. There (circle one) was/was not internal damage to this item. Detailed description of internal damage is: _____

8. I (circle one) 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: _____

9. Was the internal damage caused by shipment? (circle one)

- a. Definitely b. Probably c. No d. Can't tell

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

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

(PARTS).....\$ _____

(PARTS).....\$ _____

(PARTS).....\$ _____

Cleaning, adjustments, or other services.....\$ _____

Tax.....\$ _____

TOTAL.....\$ _____

12. Please list any changes 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): _____

13. If there is new external damage to this item that your firm can repair, what are those charges? Exact nature of repairs: _____

Total cost of external repairs.....\$ _____

Tax.....\$ _____

Labor.....\$ _____

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

A. Yes

B. No

C. Estimate fee not charged

15. Please print name: _____

16. Signature of repairman: _____

17. Date: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!

Office of the Staff Judge Advocate

Claims Division

Fort Bragg, NC 28310

(910) 396-7505

COMPUTER REPAIR FORM

Dear Repairman:

The claims office must determine the nature and cause of the **internal damage** to the computer. Please complete this form to the best of your ability.

Thank you.

1. Name and Address of the Repair Firm:

Phone: _____

Claimant's Name:

Date Estimate: _____
Name of the Repairman Completing this Form

2. Item Description:

Item Examined: _____
Manufacturer or Brand Name: _____
Year Manufactured: _____

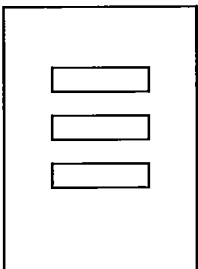
Model Number: _____
Serial Number: _____

Item Specification:

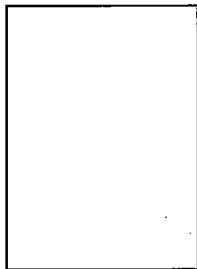
Processor Type and Speed _____
Hard Drive Capacity _____
RAM Capacity _____
Sound Card Type/Specifications _____
Video Card Type/Specifications _____
CD ROM Drive Type/Speed _____
Other Components/Description _____

3. External Damage: Please use the following diagram to indicate the location of any external damage to the item. If there is no external damage, please check the "NONE".

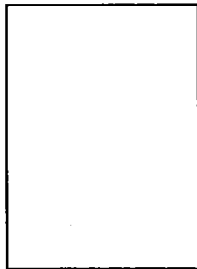
NONE



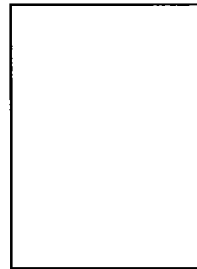
FRONT



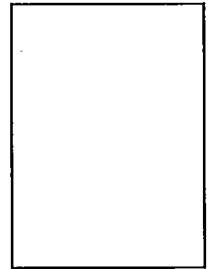
LEFT SIDE



RIGHT SIDE



REAR



BOTTOM

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

4. Internal Damage: Please check the components which were damaged and the appropriate response. If there is no internal damage, please check "NONE".

NONE

- | | |
|--|---|
| <input type="checkbox"/> Processor | <input type="checkbox"/> The processor was loose/cracked/or broken. |
| <input type="checkbox"/> Hard Drive: | <input type="checkbox"/> I physically opened the hard drive and examined it. |
| | <input type="checkbox"/> There was obvious physical damage to the inside of the hard drive. |
| | <input type="checkbox"/> The sound card was loose/cracked or broken. |
| | <input type="checkbox"/> I used scanning software to determine that there was damage to this component. |
| <input type="checkbox"/> Modem | <input type="checkbox"/> The modem was loose/cracked or broken. |
| <input type="checkbox"/> Sound Card | <input type="checkbox"/> The sound card was loose/cracked or broken. |
| <input type="checkbox"/> Video Card | <input type="checkbox"/> The video card was loose/cracked or broken. |
| <input type="checkbox"/> CD ROM | <input type="checkbox"/> There was obvious physical damage to this component. |
| <input type="checkbox"/> Mother Board | <input type="checkbox"/> The mother board was loose/cracked or broken. |
| <input type="checkbox"/> Other Circuit Board | <input type="checkbox"/> The board was loose cracked or broken. |
| <input type="checkbox"/> Power Supply | <input type="checkbox"/> There was obvious physical damage to this component. |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> I physically opened the monitor casing and observed internal damage. |

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

Could the type of damage observed been directly caused by 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 change, foreign particles inside, etc.) Yes No

Please explain: _____

5. Estimate:

Estimated Cost of Repair:

Estimated Cost of Replacement Part:

Please check box if part was upgraded

\$ _____	\$ _____	<input type="checkbox"/>
\$ _____	\$ _____	<input type="checkbox"/>
\$ _____	\$ _____	<input type="checkbox"/>
\$ _____	\$ _____	<input type="checkbox"/>
\$ _____	\$ _____	<input type="checkbox"/>
\$ _____	\$ _____	<input type="checkbox"/>

Cleaning, adjustments, or other services...\$ _____

Tax.....\$ _____

Labor.....\$ _____

Total.....\$ _____

Estimate Fee.....\$ _____

Will the estimate fee be deducted from repairs? Yes No

Please indicate reason for upgrades:

- | | |
|---|--|
| <input type="checkbox"/> Part no longer available | <input type="checkbox"/> Part available, but not carried by this repair firm |
| <input type="checkbox"/> Requested by customer | <input type="checkbox"/> Other, please specify _____ |

6. Market value of computer in undamaged condition \$ _____

Please print your name: _____

Signature: _____ Date signed: _____

Comments: _____

For Personal Statements

If you have a missing item that is not listed on the inventory please look through the questions below and write a detailed statement:

1. What makes you sure that the carrier took custody of this item?
2. What were the circumstances at the time the carrier took custody? Describe the details in writing in your own words.
4. What evidence can you provide to prove that you owned this type and quality of item? Do you have paid receipts, cancelled checks, credit card statements or photographs?
5. Can anyone else verify you owned the item(s)?
6. Why did you not notice the damage at delivery?
7. What were the circumstances at the time of delivery? Describe the details in writing in your own words.
8. Did you take photographs of the damaged item at delivery or shortly thereafter? For instance, did you take movies or photographs during delivery, or during packing and placing of goods?
9. Was there any evidence of carton tampering, such as torn tape, ripped cardboard, or crushed edges or corners?
10. Did you speak to the carrier about the item?
11. Was the item placed or kept in a particular room?
12. Did you see the carrier pack the missing item?
13. What particular memories do you have that the carrier shipped the item?

For internal damage to electronics or an appliance:

Give a detailed statement that explains the condition of the item at the time of tender. You must specifically refer to the item in question; explain the damage, how the item was packed, and any surrounding conditions.

MANUAL CEFT INPUT INFORMATION

Payee Name _____

SSN _____ EIN _____

Corporate Status Code (see attached list) _____ 2J _____

Payee **MAILING** Address _____

Payee Phone: _____

Payee Email Address _____

EFT Format: CTX

FINANCIAL INSTITUTION INFORMATION

ACH Bank Name _____

ACH Bank Address _____

ACH Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor Account Number _____

Type of Account (checking or savings) _____

Account Holder's Name _____

Account Holder's Signature _____