1. NAME OF CLAIMANT *(Last, First, Middle Initial)*

3. PICK-UP DATE *(MMDDYY)*

2. CLAIMANT'S INSURANCE COMPANY *(If applicable)*

4. DELIVERY DATE *(MMDDYY)*

a. NAME

b. POLICY NO.

# LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE

| 14. ORIGIN CONTRACTOR | 17. 2ND CONTRACTOR | 21. CLAIM NUMBER | 22. NET WT/MAX CAR LIABLE |
|---|---|---|---|
| 15. INVENTORY DATE *(MMDDYY)* | 18. EXCEPTION SHEET DATA *(MMYYDD)* | 23. GBL NUMBER | 24. LOT NUMBER |

| 5. LINE NO. | 6. QTY | 7. LOST OR DAMAGED ITEMS *(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")* | 8. INV NO. | 9. ORIGINAL COST 10. MM/YY PURCHASED | 11. AMOUNT CLAIMED a. REPAIR COST b. (OR) REPL COST | 16. EXCEPTIONS | 19. INV NO. | 20. EXCEPTIONS | 25. AMOUNT ALLOWED | 26. ADJUDICATOR'S REMARKS | 27. ITEM WT | 28. WARE-HOUSE LIABILITY | 29. CARRIER LIABILITY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| 12. REMARKS | 13. TOTAL AMOUNT CLAIMED | $ | | 13. TOTAL AMOUNT ALLOWED | $ | | 13. THIRD PARTY LIABILITY | $ | $ |
|---|---|---|---|---|---|---|---|---|---|

**DD FORM 1844, FEB 89**

*Previous editions may be used until exhausted.*



USAPPC V1.00