

CHECK-OFF LIST FOR CLAIM PACKET

I understand that my claim must contain the following information and documentation. I have included the original of each document and I have kept a copy for my own records. My initials on each line mean I have included the requested document in this packet. **I MUST BE SURE THE CLAIMS OFFICE RECEIVES MY CLAIM WITHIN TWO YEARS FROM THE DATE OF DELIVERY OF MY SHIPMENT. I UNDERSTAND THAT SIMPLY MAILING THE CLAIM WITHIN THE TWO YEARS IS INSUFFICIENT; THE CLAIMS OFFICE MUST RECEIVE THE CLAIM WITHIN TWO YEARS. THE DD FORM 1840/1840R OR 1850/1851 THAT I SUBMITTED IS NOT MY CLAIM, BUT IS FOR NOTIFICATION OF LOSS TO THE TRANSPORTATION SERVICE PROVIDER (TSP) ONLY.**

1. _____ This Checklist
2. _____ DD Form 1842, Claim for Loss of or Damage to Personal Property incident to service. I have completed every section of Part 1 of the DD Form 1842.
3. _____ If I have authorized someone else to file my claim, I have included a copy of my Power of Attorney. (A signed statement is not sufficient).
4. _____ DD Form 1844, List of Property and Claims Analysis Chart. I have completed each section of the DD Form 1844 including all applicable information in Blocks 1 thru 4. I have provided detailed descriptions of damage to each item claimed, original cost, month and year purchased, repair cost or replacement cost, and inventory number (Blocks 5-11).
5. _____ Missing Items Statement (if I'm claiming reimbursement for items that were missing from my shipment).
6. _____ One repair estimate or if the item is missing or destroyed, a replacement cost estimate for any and all articles over \$100.00.
 - a. _____ **REPLACEMENT COST.** I have verified a claimed replacement cost of \$100.00 or more by clipping from catalogs, printouts from the internet, etc., which shows pictures and prices of identical or similar items or written quotes from a firm which sells identical or similar items.
 - b. _____ **REPAIR COST.** If I am claiming the cost to repair an item that exceeds \$100.00, I have provided an estimate from a firm that is in the business of repairing such items (e.g., washer/dryer from an appliance repair firm, furniture from a furniture repair or reupholster shop). If the item is damaged beyond economical repair, the estimate must state this and I have submitted evidence to prove the replacement price of the item as described above. **The estimate must clearly state the specific area on the item and damages to the item that is being repaired. An estimate that simply shows, "repair" or "refinish" is not acceptable.**
 - c. _____ **ELECTRONIC ITEMS.** For each electronic item (such as TV's stereos, computers, refrigerators, etc.), I submitted an Electronic Damage Affidavit completed by a person in the business of repairing such items. (You can copy the form or get extra forms from the Claims Office). I have also included an Electronic Item Condition Statement by the Claimant.

d. _____ **RE-UPHOLSTERY.** The estimate must state that:

1. The materials used are of comparable quality to the original material;
2. Patching, reweaving, using material from a different part of the item or any less expensive method of repair is not possible; and
3. Must list cost of material and labor separately.

e. _____ **PHOTOGRAPHS.** If I have pictures of visible damages to the items being claimed, I have included them with my claim. I placed the item's line number, from the DD Form 1844, on the picture. I understand that I can be reimbursed for the cost of the development of the pictures, if I submit my receipt proving that I incurred this cost.

7. _____ I understand the claims examiner may require additional repair estimates or proof of replacement costs for any item listed on DD Form 1844 while in the process of adjudicating the claim or if the repair or replacement cost submitted is excessive for average repairs or replacement of like items in the area.

8. _____ The completed inventory that was received from the TSP. (This can be obtained from Transportation, if the carrier didn't leave a copy).

9. _____ Government Bill of Lading (This can be obtained from Transportation Office).

10. _____ PCS Orders and Amendments.

11. _____ I completed the Manual CEFT Input Information Form.

12. _____ I understand that the TSP has salvage rights to any damaged or destroyed item for which I have been paid fair market value and that my failure to retain the item for the TSP or reasonably cooperate with the TSP to retrieve those items will result in reduction of the amount paid to me. I will not dispose of any damaged or destroyed items until 90 days after settlement of my claim, except items that are a safety or health hazard such as spoiled food or broken glass. I will not, however, dispose of any figurines, antiques or crystal with a value in excess of \$50.00 until 90 days after settlement of my claim. If I have not heard from the TSP within 90 days from the date my claim is settled, I may dispose of the items.

If any information is missing, my claim will be adjudicated with the information provided and may result in items being paid for lesser amounts than claimed or denied for failure to substantiate the claim.

CLAIMANT SIGNATURE

DATE

CLAIMANT EMAIL ADDRESS