

REDSTONE ARSENAL CLAIMS OFFICE

Building 3439 Honest John Road

Tel. 256-876-9006

Fax. 256-842-6468

http://amcomdmz.redstone.army.mil/pao/pao_legal_home

Hours: Monday-Thursday

0900-1200 and 1300-1600

*Walk-ins accepted on a first-come-first-served basis.

PROPERTY CLAIMS INSTRUCTIONS AND REQUIREMENTS

THREE FILING OPTIONS

1. **New DPS system.** Since 2008, personal property shipments fall under the Full Replacement Value (FRV) Protection Program and the Defense Personnel Property Program (DP3 or DPS), a new online transportation program applicable to most household goods shipments. Under this program, Soldiers and Army civilian employees are encouraged to file transportation-related claims online directly against the carrier responsible for the loss. Instructions for filing a claim in DPS are available from the Claims Office.

The DPS program is designed to manage the entire Household Goods shipping process, counseling to claims. Under DPS, you must submit your claim online directly against the carrier; however, depending upon the circumstances, exceptions may be granted on a case-by-case basis by the military claims office (MCO). Soldiers and Army civilian employees whose shipments fall under this program are given a user id and password at the initiation of the shipment under www.move.mil. Upon delivery of the shipment, one should receive a Notification of Loss or Damage at Delivery form for annotating all losses and damages noted at delivery, and a Notification of Loss or Damage after Delivery form to annotate all damages and losses noted after delivery. **This form must be submitted to the carrier online within 75 days of delivery, or your claim may be denied.** The Notice is not your claim; it is simply notice to the carrier of the damage and that a claim may be forthcoming. If you encounter problems submitting the Notice, contact the Claims Office for assistance.

To obtain Full Replacement Value, claims must be submitted with the carrier **within nine months of delivery**. The carrier will settle the claim by repairing or paying for the damaged items. For items that are lost or destroyed beyond repair, the carrier will either replace the item with a new a new item, or pay the full replacement cost. There are some items that are not covered by FRV. If you file your claims directly with the carrier **more than nine months after delivery**, the carrier will only pay the depreciated replacement cost or repair cost, whichever is less. Once the carrier receives your claim, the carrier has up to 60 days to pay, deny or make a final written offer. You may choose to transfer your claim to the MCO, in the event the carrier: denies your claim, makes an offer that is not acceptable, or does not respond within 60 days. You may also

partially settle your claim, seek reconsideration or transfer the unsettled claim items to the MCO. Once you have settled the claim, the carrier has 30 days to make the payment.

2. **PClaims system.** For those who choose to file their claim with the Government, the Army Claims Service has initiated the Personnel Claims Army Information Management System (PClaims). This system permits Soldiers and Army civilian employees to file their Personnel Claims online rather than physically visiting or mailing documents to a MCO.

PClaims may be accessed at www.jagcnet.army.mil. One must have an AKO account to use PClaims. Anyone who does not have an account must contact the nearest MCO to file a claim. The PClaims link describes the rules for filing Personnel Claims and provides all required forms. While using PClaims, you will be asked to list all lost or damaged property, the purchase dates and costs, and replacement or repair costs -- something that is required whether you file your claim on paper or electronically. Basic supporting documents, including the government bill of lading, estimates of repair and photos of damaged property may be scanned and added to the electronic claim. For those without scanner access, documents may be mailed or hand-carried to a MCO, which can include them with your claim file.

3. **Filing on paper with MCO.** If preferred, one may continue to file with the MCO using the standard Personnel Claims forms: DD Form 1842 - Claim for Loss or Damage to Personal Property Incident to Service, and DD Form 1844 - Schedule of Property (attached). **As with a DPS claim, the Notice of Loss or Damage form must be submitted with 75 days after shipment.** Failure to submit this form could result in a reduced payment or total denial of your claim. All loss and damage must be listed on the form. **ANY ITEM NOT LISTED ON THIS FORM OR FAILURE TO SUBMIT THIS FORM WITHIN 75 DAYS MAY RESULT IN A DENIAL.** Notices received by fax or email are considered received the date sent.

You may send your claim, with all required forms, to:

United States Army Aviation and Missile Command
Office of Staff Judge Advocate (AMSAM-LJ-C)
Redstone Arsenal, AL 35898

If your claim has been filed through the MCO, you give up your right to have the carrier settle your claim on the basis of full replacement value. The MCO will settle your claim by paying the depreciated replacement or repair cost, whichever is less.

IMPORTANT INFORMATION

1. Your claim must be received within two (2) years of the delivery date to be considered.
2. DO NOT destroy or throw away any damaged item without our or the carrier's permission, as the government or carrier has a right to salvage the item as a condition of payment. The carrier has the right to inspect damaged items personally within 45 days after they receive the Notice of Damage or Loss after Delivery. The MCO also reserves the right to inspect damaged items listed in your claim. If any item is not available for inspection, payment may be denied. Salvage rights may be exercised after your claim is finalized, so you are required to keep all damaged items until your claim is settled. If there is a problem with keeping these items for 60 days, contact this office for guidance.
3. If a representative of the carrier contacts you for an appointment, show the representative all of the damaged items. Under the FRV program, the carrier has the right to hire a repair agency to repair items.
4. Do not sign any document releasing the carrier or warehouseman of their liability. Releasing the carrier of all liability may result in partial or total loss of your recovery from the government.
5. If your claim is filed and processed by the MCO, you will receive a letter from the MCO explaining the settlement of your claim. If you disagree with the settlement, you may request reconsideration in writing within 60 days. This request must clearly state the factual or legal basis for relief and further information or documentation not included in the original claim decision.

REQUIRED DOCUMENTS TO FILE A CLAIM FOR LOSS OR DAMAGED HOUSEHOLD GOODS

YOUR CLAIM MUST BE RECEIVED WITHIN TWO YEARS FROM DELIVERY DATE

To submit your claim on paper with the MCO, please include the following documents. FAILURE TO SUBMIT THE FOLLOWING DOCUMENTS COULD DELAY YOUR CLAIM OR CAUSE YOUR CLAIM TO BE DENIED. RETURN THIS CHECKLIST WITH YOUR CLAIM.

_____ DD Form 1842- Claim for Loss or Damage to Personal Property Incident to Service. Use the form attached, or download form at: <http://www.apd.army.mil>. Complete blocks 1-18. Block 17 must be signed by the military member who is listed on the government moving documents, or signed for that military member by their designated agent by power of attorney.

_____ DD Form 1844- List of Property and Claims Analysis Chart. Use the form attached, or download form at: <http://www.apd.army.mil>. Complete blocks 1-11. Follow the example provided and be specific in describing the damage to each item claimed. Be sure to provide the property inventory number. Blocks 9, 10 11a or 11b must be completed. Repair costs are placed in Block 11a. Replacement costs are placed in Block 11b.

_____ Government Bill of Lading (GBL). If you did not receive a copy of this form, contact the Inbound Section of the Redstone Arsenal Transportation Office at 256-876-3916 and request that the fax you a copy.

_____ Inventory. Include a copy of the complete inventory provided to you by the carrier.

_____ Orders. Include a copy of the orders used for this movement or storage of your goods.

_____ Estimates. Written estimates may be required to substantiate your damages. A written estimate may not be required for minor damages for non-electronic and non-mechanical items, so long as the amount of damage does not exceed \$100 per item. The repair estimate must be itemized stating the damage done to each item claimed. If an item is deemed to be damaged beyond repair by a qualified repairman, or if the item is missing, a written replacement cost will be needed. An estimate fee is reimbursable, if it has been paid in advance and is not credited to the cost of the repair. A listing of some local repair shops is attached.

_____ Electronic and Mechanical Items (Form attached). All electronic and mechanical items require a written estimate or repair, regardless of repair amount. Be sure that the repair person states a professional opinion of the actual cause of the damage and whether it is shipping related.

_____ Missing Items Statement. If you have any items missing, provide a statement

to identify the item, the last time you saw the item, and how you know the carrier was in possession of this item.

_____ Manual CEFT Input Information Form (attached). This is a DFAS required form. Please complete and return with your packet for payment processing.

_____ Power of Attorney. Anyone who signs a claim other than the person issued the orders is required to produce a power of attorney. Claims will only be discussed with spouses or family members who can provide a valid power of attorney authorizing them to inquire about the claim.

Date received: _____ Received by: _____

REPAIR AGENCIES

Included in the claims packet is a "Electrical/Electronic Repair Report." This report is required for any electrical or electronic item that is not working or not working properly. Be sure to use a repair firm that is factory authorized. Authorized repairmen are usually listed in the yellow pages or in your owner's manual.

For Furniture Repair: A qualified repairman should be consulted if you claim \$100.00 or more per item or you claim a piece of furniture is beyond repair. The repair firm may charge an estimate fee. **The estimate should state whether this fee is refundable or not. If the fee is not refundable, then you may claim reimbursement of this fee (see sample).** If you want to repair an item yourself, you may estimate the cost of repair if the amount you claim is less than \$100.00 and is reasonable to the fee a local company would charge to repair similar damage.

The agencies listed below are for your convenience. Inclusion on this list constitutes neither an endorsement of the repair firm nor a guarantee as to the quality of the repairs performed. You are not limited to this list; however, it is your responsibility to get a proper, itemized and detailed estimate.

<u>APPLIANCES</u>	Madison Repair C&G Appliance	880-1020 837-4551(Small Appliance)
<u>BICYCLES</u>	Bicycles, Etc.	881-6947
<u>CLEANING</u>	Chem-Dry of AL	882-1681
<u>CHINA/CRYSTAL SERVICES</u>	China Trace PO Box 5297 Ocala, FL 32678	Noritake Service Center PO Box 3240 Chicago, IL 60654
<u>CLOCK REPAIR</u>	Dark Horse Gallery Timepiece Restoration	536-9119 233-4516 or 800-791-7111
<u>ELECTRICAL OR ELECTRONIC</u>	Items may still be under warranty, therefore it is suggested that you look at your owner's manual or contact the manufacturer for local authorized repairmen.	
<u>FURNITURE</u>	Artcraft Furn. & Upholst Furniture Medic	539-7323 882-9298
<u>LAMPS/LIGHTING</u>	Richard's Lighting	533-1460
<u>PIANO/ORGAN</u>	Piano & Organ Doctor	800-542-8913

IF YOU LIVE OUTSIDE OF THE HUNTSVILLE, ALABAMA AREA, YOU MAY LOCATED A REPAIRMAN THROUGH THE YELLOW PAGES.

ELECTRICAL/ELECTRONIC REPAIR REPORT

The Claims Office must determine whether the damage claimed was the result of mishandling due to shipment, fair wear and tear, manufacturer's defect or other cause(s). Please complete this form to the best of your ability.

1. Repair firm's Name: _____

Address: _____

Telephone: _____

2. Customer's Name: _____

3. Item: _____ Name Brand: _____ Model: _____ Age: _____

4. a. Describe external damage or state "none". _____

b. To the best of my knowledge and belief, the damage was caused by: (circle all that apply)

Normal wear & tear Mechanical defect Mishandling in shipment Other

5. I came to this conclusion because (be specific --what caused the damage you are repairing): _____

6. I estimate the cost of repairing this item to be as follows: (Itemize)

PART	DESCRIPTION OF DAMAGE	COST TO REPAIR	COST TO REPLACE

7. Subtotal for parts \$ _____

Cleaning cost \$ _____

Labor \$ _____

Tax \$ _____

TOTAL \$ _____

I have _____ year(s) of experience repairing similar items. I certify that this
 is my professional opinion as to the cause of damage.

 PRINTED NAME OF REPAIRMAN

 SIGNATURE OF REPAIRMAN

 DATE

*****THIS FORM IS USED FOR ELECTRICAL, ELECTRONIC ITEMS AND GRANDFATHER OR GRANDMOTHER CLOCKS*****

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

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> 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:	\$
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)

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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26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)

a. TYPED NAME	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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INSTRUCTIONS FOR DD FORM 1844 (LIST OF PROPERTY AND CLAIMS ANALYSIS CHART)

PLEASE NOTE: COMPLETE ONE COPY OF THIS FORM FOLLOWING THE INSTRUCTIONS GIVEN BELOW.

THE FORM MUST BE COMPLETED IN INK OR TYPED.

ITEM 1 - Self explanatory.

ITEMS 2a AND 2b - If you have private insurance, please indicate the name of the insurance company and the policy number. If you do not have private insurance, please enter "NONE".

PLEASE NOTE: IF YOU DO HAVE PRIVATE INSURANCE COVERING YOUR SHIPMENT, YOU MUST NOTIFY YOUR INSURANCE COMPANY OF YOUR LOSS OR DAMAGE IMMEDIATELY AND SUBMIT A CLAIM AGAINST THE INSURANCE COMPANY BEFORE YOU SUBMIT A CLAIM AGAINST THE GOVERNMENT.

ITEM 3 - Date the property was picked up at origin.

ITEM 4 - Date delivery was made to your residence.

ITEM 5 - Each item claimed should be numbered in sequence (i.e., 1, 2, 3, 4, etc.) (see encl 3)

ITEM 6 - Self explanatory.

ITEM 7 - State brand name, model, size, year of manufacture, etc. for each item claimed. Give a detailed description of the damage. If the item is missing, please indicate. If estimate fees are paid, they should be listed as a separate line item.

**INSTRUCTIONS FOR DD FORM 1844
(LIST OF PROPERTY AND CLAIMS ANALYSIS CHART)(CONTINUED)**

ITEM 8 - Inventory Number. Enter the number as shown on the original inventory. If the items are packed in a carton, enter the carton inventory number even when only part of the contents of the carton are claimed. DO NOT ENTER UNKNOWN. PLEASE REMEMBER THAT IF ITEMS ARE MISSING FROM INSIDE A CARTON, YOU MUST INCLUDE A SEPARATE WRITTEN STATEMENT DETAILING HOW YOU KNEW THE ITEM WAS SHIPPED AND ANY PROOF OF OWNERSHIP YOU MAY HAVE.

ITEM 9 - Original Cost. Please provide the purchase price of the item. If purchased as part of a set, give the cost of the total set. If the item was received as a gift, indicate the value at the time the gift was received, if possible. YOU MUST COMPLETE THIS COLUMN - DO NOT LEAVE IT BLANK OR ENTER UNKNOWN.

ITEM 10 - Month/Year Purchased. State the month and year the item was purchased or received. DO NOT LEAVE THIS COLUMN BLANK.

ITEM 11a - State the cost of repair for each separate line item.

OR

ITEM 11b - Enter the price for replacement of missing or nonrepairable items. Amount must be for a new item identical or substantially similar to the missing or nonrepairable item.

FOR EACH ITEM CLAIMED, PLEASE INDICATE ONLY ONE PRICE; I.E., EITHER THE REPAIR OR REPLACEMENT COST. DO NOT CLAIM BOTH AND DO NOT LEAVE IT BLANK OR ENTER UNKNOWN.

INSTRUCTIONS FOR DD FORM 1844 (LIST OF PROPERTY AND CLAIMS ANALYSIS CHART)(CONTINUED)

ITEM 12 - Self explanatory.

ITEM 13 - Total of the amounts listed in columns 11a and 11b. (This amount should also appear at Item 9 of the DD Form 1842.)

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) Doe, John E.		3. PICK-UP DATE (YYYYMMDD) 2011015		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
2. CLAIMANT'S INSURANCE COMPANY (if applicable)		4. DELIVERY DATE (YYYYMMDD) 20110315		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
a. NAME		b. POLICY NO.		9. ORIGINAL COST		11. AMOUNT CLAIMED (or Repair Cost)		25. AMOUNT ALLOWED		27. ITEM WT			
b. POLICY NO.		10. MM/YYYY PURCHASED		16. EXCEPTIONS		19. INV NO.		28. ADJUDICATOR'S REMARKS		29. CARRIER LIABILITY			
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/YYYY PURCHASED	11. AMOUNT CLAIMED (or Repair Cost)	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	28. ADJUDICATOR'S REMARKS	27. ITEM WT	29. CARRIER LIABILITY
1	1	Kenmore Washer Model ZX756- Will not agitate, cabinet door dented.	32	350.00	06/2008	175.00							
2	3	Austrian Crystal Wine Glasses - Crushed	14	100.00	04/2007	100.00							
3	1	Computer Desk- Missing	73	245.00	03/2006	235.00							
4	1	Estimate Fee				75.00							
<h1 style="font-size: 4em; margin: 0;">SAMPLE ONLY!!!</h1>													
12. REMARKS				13. TOTAL \$	585.00	30. TOTAL AMOUNT ALLOWED \$	0.00	31. THIRD PARTY LIABILITY \$	0.00				

MANUAL CEFT INPUT INFORMATION

PLEASE PRINT CLEARLY

Payee Name _____

SSN _____ EIN _____

Corporate Status Code _____ 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 _____

CLALIMS SURVEY

Please answer the questions below and provide comments to assist us. If the space provided for your comments is insufficient, please continue your comments on the reverse side of this sheet or attach an additional sheet.

1. My overall evaluation of the assistance and services I received at the Claims Office located on Redstone Arsenal is as follows: (mark one)

_____ Excellent _____ Good _____ Fair _____ Poor

2. Do you believe your claim was settled in a fair manner? _____ Yes _____ No
If not, why? _____

3. Were you treated courteously by the staff? _____ Yes _____ No
If not, with whom did you deal and what was the problem? _____

4. When you received your claims packet, did the written instructions and the directions from the claims clerk adequately explain how you were to prepare the forms? _____ Yes _____ No
If not, what did we fail to explain? _____

5. If your claim could not be paid in full, were you given a thorough explanation of the method used to settle your claim? _____ Yes _____ No
If not, what did we fail to explain? _____

6. If you had repair work accomplished on your damaged items, please list and rate the repair facility below:

	FIRM	ITEM(S) REPAIRED	RATING	COMMENTS
a.				
b.				

7. Please provide comments on any other areas of the Claims Office which you feel are worthy of praise or need improvement.

(Date)

(Name & Phone #) (OPTIONAL)

**MAILING IN YOUR CLAIM?
COMPLETE THIS FORM AND SUBMIT WITH YOU CLAIM.**

IF YOU ARE MAILING YOUR CLAIM TO REDSTONE ARSENAL CLAIMS OFFICE, YOU MUST COMPLETE THE FOLLOWING QUESTIONNAIRE. CIRCLE "YES" OR "NO." IF YOU RESPOND "NO" TO ANY QUESTIONS, PLEASE EXPLAIN. INCLUDE THIS IN YOUR CLAIM.

1. Did you note all loss and damage on the DD Form 1840/1840R and submit it to this office within 70 days after delivery? YES or NO
2. Have you included all shipment documents requested in the claim packet? YES or NO
3. Have you enclosed a copy of all estimates of repair or replacement? YES or NO
4. Compare your DD Form 1844 to the sample DD Form 1844 that we provide:
 - A. Did you include a complete description of the item claimed and a complete description of the damage claimed? YES or NO
 - B. Did you include a purchase date and amount on every item? YES or NO
 - C. Did you include either a cost of repair or cost to replace? YES or NO
 - D. Did you include the inventory number for each item listed on the DD Form 1344? YES or NO

***IF YOU ANSWERED "NO" TO ANY PART OF QUESTION #4, REVIEW AND COMPLETE YOUR FORM. THIS INFORMATION IS REQUIRED FOR YOUR CLAIM.**

5. My e-mail address is:

***YOUR E-MAIL ADDRESS IS SOLEY FOR THE PURPOSE OF SENDING YOU A BRIEF CUSTOOMER SATISFACTION SURVEY. CLAIMS SERVICE WILL NOT RELEASE YOUR E-MAIL ADDRESS TO ANY THIRD PARTY.**

**MAILING ADDRESS: Commander
U.S. Army Aviation and Missile Command
ATTN: AMSAM-L-J-C
Redstone Arsenal, AL 35898-5120**

**PERSONNEL OTHER THAN ARMY PERSONNEL SHOULD
FORWARD THEIR CLAIM(S) TO THE APPROPRIATE
AUTHORITY AS LISTED BELOW.**

**INCLUDE ALL DOCUMENTS LISTED ON PAGE TITLED "REQUIRED
DOCUMENTS TO FILE A CLAIM" AND A COPY OF THE DD FORM 1840/40R
SIGNED BY A CLAIMS OFFICE.**

U.S. MARINE CORPS:

**Commandant of the Marine Corps
Headquarters Marine Corps
MRP-2
Quantico, VA 22134**

U.S. AIR FORCE:

**42 ABW/JA
ATTN: Claims
50 LeMay Plaza 5
Maxwell AFB, AL 36112-6334
334-953-5133**

U.S. NAVY (Alabama)

**Claims Officer
Navy Legal Service Office
Bldg. 45
NAS Pensacola, FL 32508-5000**

U.S. NAVY (Tennessee)

**Navy Legal Service Office
Bldg. 794, NAS Memphis
Millington, TN 38054-5000**

SMDC Personnel

**SMDC
P.O. Box 1500
ATTN: CMDC-LC
Huntsville, AL 35807**

**MAKE A COPY OF ALL DOCUMENTS BEFORE YOU MAIL YOUR CLAIM. SEND
YOUR CLAIM CERTIFIED MAIL TO ENSURE IT ARRIVES TO THE CLAIMS
OFFICE. THE CLAIMS OFFICE IS NOT RESPONSIBLE FOR MISDIRECTED OR
LOST MAIL.**
