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)*		3. PICK-UP DATE *(YYYYMMDD)*	
2. CLAIMANT'S INSURANCE COMPANY *(If applicable)*		4. DELIVERY DATE *(YYYYMMDD)*	
a. NAME	b. POLICY NO.		

14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR
15. INVENTORY DATE *(YYYYMMDD)*	18. EXCEPTION SHEET DATE *(YYYYMMDD)*	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/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost *(or)* b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY

12. REMARKS	13. TOTAL	$		30. TOTAL AMOUNT ALLOWED	$		31. THIRD PARTY LIABILITY	$	$

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

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