

**DEVENS RESERVE FORCES TRAINING AREA
LEGAL ADVISOR'S OFFICE, CLAIMS
BOX 5, 30 QUEBEC STREET
DEVENS, MASSACHUSETTS 01434-4479
(978-796-2701)**

HOUSEHOLD GOODS CLAIMS INSTRUCTIONS
(follow carefully for speedy consideration of your claim)

DOCUMENTS NEEDED TO PROCESS A CLAIM

1. **DD FORM 1840/1840R.** NOTICE OF LOSS OR DAMAGE (pink form)- This document should be given to you by the carrier.
2. **GOVERNMENT BILL OF LADING (GBL).** This document should be given to you by the carrier or maybe obtained through the destination Transportation Office.
3. **DD FORM 1842.** CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE (see sample)
4. **DD FORM 1844.** LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (see sample)
5. **ESTIMATES.** SEE SECTION 111, PARAGRAPH 3, BELOW FOR MORE INFORMATION.
6. **ORDERS.** One copy of PCS, ETS, or other orders or document authorizing shipment.
7. **INVENTORY.** Your copy of the pickup inventory (Photo copies are not accepted). When completing your claim forms (DD Form 1844), The inventory number of each line item must be listed in the block "INV. NO." In addition, you must circle the inventory numbers of the items being claimed on the inventory.
8. **STORAGE AUTHORIZATION.** A copy of DD FORM 1164 is required for local deliveries from non-temporary storage
9. **MISSING ITEM STATEMENT.** SEE EXAMPLE PROVIDED.

II. PREPARATION FOR FILING YOUR CLAIM.

1. **FIRST IMPORTANT TIME LIMIT (DD FORM 1840/1840R).** Written notice must be given to the carrier within 70 days after delivery. **THIS NOTICE IS NOT YOUR CLAIM.** If you have not received instructions for handling the DD FORM 1840/1840R (NOTICE OF LOSS/DAMAGE STATEMENT), contact the nearest claims office without delay.

2. **SECOND IMPORTANT TIME LIMIT.** Your claim against the Government for the loss/damage must be submitted within two years from the date of delivery. The claim must be in the Claims Office's possession before or at the 2 year limit.

3. **PRIVATE INSURANCE.** If you have any policy of insurance that may provide coverage of your loss, then you may elect to make a demand (claim) against the company prior to or concurrent with submission of your claim against the government. (THIS REQUIREMENT IS NO LONGER MANDATORY.) Once you present your claim to the government, your right to file against the insurance company is barred. To prevent delays, problems and unnecessary paperwork, it is preferable that you completely settle the claim with your insurance company before filing a claim with us.

4. **DISPOSITION OF PROPERTY. DO NOT DISPOSE** of any damaged or destroyed property until authorized to do so by the Claims Office. It must be kept available for further inspection by the transportation office and often by the carrier. In addition, if you are paid the full depreciated value of an item, it will become either government property or the carrier's property and you may be requested to turn it over for salvage to either agency.

5. **COPIES OF DOCUMENTS.** The claims office cannot make personal copies of claims documents for you. Therefore, if you desire to keep copies, please make them before you file your claim.

III. SUBSTANTIATING AND DOCUMENTING YOUR CLAIM.

1. It is the responsibility of the claimant to substantiate ownership or possession, the fact of the loss or damage, and the value of the property claimed. Failure to comply with regulations and these instructions may cause excessive delays or disapproval of portions or all of your claim.

2. **SIZE IS VITAL.** It is important that all descriptions be consistent on all documents. You must list the exact size and specific description and include the damage as listed on the 1840/1840R on the SCHEDULE OF PROPERTY (DD FORM 1844.) This must be consistent with the Government Inspection Report (DD Form 1841) and on estimates of repair or replacement costs. Correct descriptions are important, for example, carpets (10X12) shag or oriental, dressers 4,5, drawer, mattress, box springs, headboards, (Twin, Queen, King) and televisions 19, 25, 32)

3. **ESTIMATES/RECEIPTS.** Itemized receipts for repairs or repair estimates for damaged items must be obtained in writing on the letterhead or other suitable form of a reputable firm. It must list the exact size, specific description of the items(s) and the damage. **IF THE REPAIRMAN DETERMINES THAT AN ITEM IS NOT ECONOMICALLY REPAIRABLE ASK HIM TO WRITE THIS ON THE ESTIMATE ALONG WITH THE SALVAGE VALUE OR TRADE-IN VALUE, IF ANY.** Our office requires estimates for all items claimed over \$99.00 per item. If an

item is determined by the repair firm as non repairable, also provide a current replacement cost in writing or a catalog cut-out which includes the price to replace the item. If any repair involves re-upholstery work, you must make sure the estimator states separately the cost of material and labor. Often times the cost to reupholster an items exceeds its value, therefore, also provide a current replacement cost for that item. Claims for **MECHANICAL/ELECTRICAL** internal damage must be substantiated by the technician as occurring incident to shipment. Without such verification, the claim will not be considered. **ALSO ATTACH A WRITTEN STATEMENT ATTESTING TO THE WORKING CONDISION OF THE ITEM JUST PRIOR TO SHIPMENT. ESTIMATES MUST REFLECT THE COST FOR REPAIRING THE DAMAGE WHICH OCCURRED IN SHIPMENT(NOT PRE-EXISTING DAMAGE).** You should carefully check the pick-up inventory and furnish accurate information to the estimator to insure a proper estimate. A second estimate may be required at the Claims Examiner's discretion.

4. **AGREED COST OF REPAIRS.** As an exception to the requirement for receipts or estimates of repair, the Claims Examiner can agree with the claimant on any reasonable cost of repair per item not to exceed \$100.00. This does not mean you should claim \$99.00 per item, but a fair and reasonable amount based on the actual damage caused in shipment. Providing photographs of the damaged property is an excellent source of expediting your claim.

5. **REPLACEMENT COST.** It is your responsibility to substantiate replacement cost of items lost or not economically repairable. Values cannot be accepted unless evidence establishes that the replacement item submitted by the claimant is in fact identical or similar to the item that was lost. Receipts of purchase are helpful especially is the item claimed is a recent purchase. Other means of substantiation may include: prior appraisals, bills, finance statements, photographs, owner's manuals, statements from disinterested parties who can describe the lost item in sufficient details. Provide catalog cut outs that include the current replacement cost of the particular item.

IV. FILING YOUR CLAIM.

Review and compare your claims forms and documents to these instructions. If you have any questions or problems, please contact us in person or by telephone. Our office is located in Moore Hall, Building 666, First Floor, Room 145. Telephone Number is at the top of these instructions. Your completed claims packet can be mailed or hand-delivered. SEE ADDRESS AT THE TOP OF THESE INSDTRUCTIONS.

V. AWAITING SETTLEMENT.

Upon receipt, your claim will be screened. If you have properly completed your part, your file will be processed as quickly as possible. If further information is required, we will contact you. If claim is settled, any communication, letter, notice of items recovered, offer, check from carrier should be promptly reported to this office.

FURNITURE REPAIRS

PLEASE USE YOUR LOCAL YELLOW PAGES FOR OBTAINING ESTIMATES
FROM QUALIFIED REPAIRMEN

LOOK FOR FURNITURE REFINISHERS (FOR FURNITURE REPAIR)
LOOK UNDER ELECTRONICS FOR ELECTRICAL REPAIRS

NOTE THAT ESTIMATE FEES ARE REIMBURSED AS LONG AS THEY ARE NOT
EXCESSIVE. UP TO \$100.00-\$125.00

Contact our office if you need assistance

(978) 796-2701

MISSING ITEM STATEMENT

SWORN STATEMENT

Items(s) number (ed) __ - ____, _____, _____ and _____ on the attached DD FPORM 1844 were owned or possessed and used prior to the move, but were not delivered by the carrier.

After my Household goods were packed at origin, I checked all rooms in the house to ensure nothing was left behind and it appeared that all items had been packed by the carrier.

SPECIFIC ITEMS(S):

INVENTORY NUMBER

NAME OF ITEM

SIGNATURE: _____

DATE: _____

****THIS STATEMENT MUST BE HAND WRITTEN BY SERVICE MEMBER****

SAMPLE

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 <input type="checkbox"/>
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.)			NO <input type="checkbox"/>
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.)			<input type="checkbox"/>
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.)			<input type="checkbox"/>
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.)			<input type="checkbox"/>
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 (or designated agent)			18. DATE SIGNED (YYYYMMDD)
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)

<p>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.</p>	<p>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: \$</p>		
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
25. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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) SMITH, ROBERT J.	2. BRANCH OF SERVICE U.S. ARMY	3. RANK OR GRADE SSG	4. SOCIAL SECURITY NUMBER 000-00-0000
5. HOME ADDRESS (Street, City, State and Zip Code) 1000 SMITH ROAD WHITMAN, MASSACHUSETTS 02382		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) RETIRED	
7. HOME TELEPHONE NO. (Include area code) (781)447-4162	8. DUTY TELEPHONE NO. (Include area code) NONE	9. AMOUNT CLAIMED \$210.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) MY PROPERTY WAS PICKED UP FROM 83 BROOK AVENUE, FORT RUCKER, ALABAMA ON JUNE 8, 1999 BY COOKS MOVING AND STORAGE. THE PROPERTY WAS DELIVERED TO 1000 SMITH ROAD, WHITMAN, MASSACHUSETTS ON JANUARY 23, 2000 BY E.W. GRENON AND SON UNDER GBL CP 666,010. LOSS AND DAMAGE WAS NOTED AT THE TIME OF DELIVERY ON THE NOTICE OF LOSS AND OR DAMAGE STATEMENT. I DID NOT HAVE A GOVERNMENT INSPECTION.			
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 XX
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.)			XX
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.)			XX
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.)			XX
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.)			XX
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 (or designated agent) SAMPLE ONLY			18. DATE SIGNED (YYYYMMDD) 2000-02-14
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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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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1. NAME OF CLAIMANT (Last, First, Middle Initial) SMITH, ROBERT J.		3. PICK-UP DATE 1999-08-08		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (If applicable) a. NAME		4. DELIVERY DATE (YYYYMMDD) 2000-01-23		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
b. POLICY NO.		11. AMOUNT CLAIMED (or) Repair Cost 210.00		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 MM/YYYY PURCHASED	10. MM/YYYY REPAIR COST	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	3	COMPACT DISC CABINETS BROKEN, CRACKED, DENTED ON THE LEFT AND RIGHT SIDES	23	50.00 10/98	60.00	* LIST THE ORIGINAL COST AND MONTH AND YEAR OF PURCHASE OF EACH ITEM YOU ARE CLAIMING. LIKE ITEMS MAY BE GROUPED TOGETHER.							
2	1	WASHING MACHINE, DENTED ON THE BACK, DOESN'T WORK.	22	379.00 06/95	100.00	* BE SURE TO LIST THE CORRESPONDING INVENTORY NO FOR EACH ITEM CLAIMED.							
		PAID ESTIMATE FEE FOR WASHING MACHINE			50.00	* PAID ESTIMATE FEES SHOULD BE LISTED ON A SEPARATE LINE. * BE SURE TO TOTAL THE CLAIM AT THE BOTTOM OF THIS FORM							
12. REMARKS				13. TOTAL	\$ 210.00	30. TOTAL AMOUNT ALLOWED	\$	31. THIRD PARTY LIABILITY	\$				