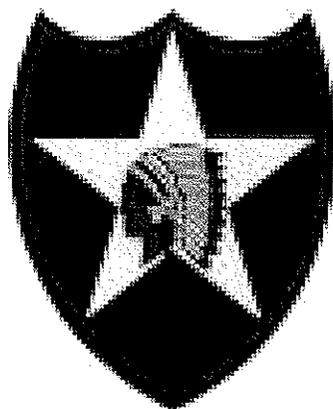


DISASTER CLAIMS PACKET

(FLOOD DAMAGE)

<http://www.2id.korea.army.mil/programs/legalservices>



CASEY LEGAL CENTER - CLAIMS OFFICE
2D INFANTRY DIVISION
730-3687
Maude Hall, Bldg 2440, Room 235
yongmi.chon2.ln@us.army.mil

PRELIMINARY MATTERS

1. Do not throw away damaged items until your claim is approved.
2. Hang up wet items to dry.
3. Take pictures of the damaged items and place.
4. Make a list of damaged or missing items, and have the list verified by your platoon leader, platoon sergeant, or higher.

FLOOD CLAIMS CHECKLIST

The following items are required to process your claim:

___ DD Form 1842 (Enclosed)

___ DD Form 1844 (Enclosed)

___ Insurance Disclaimer (Enclosed)

___ Manual CEFT Input Information (Enclosed)

___ Statement/Summary of the flood damage (provided by your CO, ISG, PL or PSG) –
Verifying the damage or loss and including any available evidence you may have MP Reports, photos, etc.

___ Estimate of Repair (if item is over \$100)

___ Proof of Purchase and Ownership (i.e., store sales receipts, high dollar value item sheet, credit card receipts, photos, etc.)

___ Insurance Policy (if applicable)

- Missing or incomplete documents will delay the processing of your claim.
- If you have any questions at any point in filing your claim, please contact this office, Camp Casey Legal Center, 730-3687 (Maude Hall, Bldg 2440, Rm 235 at Camp Casey).

REMEMBER! YOU ONLY HAVE TWO YEARS FROM THE DATE OF THE INCIDENT TO FILE YOUR CLAIM. EARLY FILING IS IMPORTANT TO PRESERVING DOCUMENTATION OF YOUR CLAIM AND TIMELY PAYMENT.

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

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| <p>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.</p> <p>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 (<i>such as a spouse</i>) 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.</p> <p>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 <u>within 70 days after delivery</u>.</p> <p>4. You may obtain further information from a Claims Office.</p> | <p>5. You are entitled to claim the following:</p> <p>a. Reasonable local repair cost, if an item can be economically repaired. (<i>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.</i>)</p> <p>b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (<i>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.</i>)</p> <p>c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (<i>Normally, you may not claim appraisal fees.</i>)</p> |
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PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

<p>23. DENIAL (<i>X if applicable</i>) 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 (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>
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25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
25. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

MANUAL CEFT INPUT INFORMATION

Payee Name _____

SSN _____ EIN _____

Corporate Status Code (see attached list) _____ 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 _____

NOTE: Failure to annotate legibly, or provide all required information will delay processing of your claim payment.

SECTION I REPAIR FORM 수 리 서

1. OWNER'S NAME: 소유자 성명:	2. ITEM EXAMINED: 검사한 물품:	3. SERIAL NUMBER: 고유 번호:
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4. TYPE OF ITEM: 물품의 종류:	5. MAKE: 제조 회사:	6. MODEL: 모델:	7. YEAR: 연도:
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8. THERE WAS/WAS NOT EXTERNAL DAMAGE TO THE ITEM: 물품에 외형적인 파손이 있었다/없었다.

a. The damage was: 파손은 _____ 생겼다:
 New 새로 Old 오래전에 Can't tell 구분 할 수 없음

b. Description and location of new external damage: 새로 생긴 외부 파손의 위치 및 설명:

c. The new external damage was caused by shipment: 새로 생긴 외부 파손은 선적 중에 야기되었다.
 Definitely Probably Possibly No Can't tell
 확실히 상당히 아마도 아니다 구분할 수 없다

d. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발생하지 않았다면 최 대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하십시오:

9. THERE WAS/WAS NOT INTERNAL DAMAGE TO THIS ITEM: 물품에 내형적인 파손이 있었다/없었다.

a. The damage was: 파손은 _____ 생겼다:
 New 새로 Old 오래전에 Can't tell 구분 할 수 없음

b. Description and location of new internal damage: 새로 생긴 내부 파손의 위치 및 설명:

c. The new internal damage was caused by shipment: 새로 생긴 내부 파손은 선적 중에 야기되었다.
 Definitely Probably Possibly No Can't tell
 확실히 상당히 아마도 아니다 구분할 수 없다

d. The reason why I think the internal damage was due to shipment are: 내부 파손이 선적 중에 발생했다고 생각하는 이유:

e. To the best of your knowledge and belief, the damage was caused by (if not caused by shipment): 선적 중에 발생하지 않았다면 최 대한 귀하가 아는 대로 그 파손의 발생 요인을 기술하십시오:

SECTION II. COST OF REPAIRING THE DAMAGE WHICH IS DUE TO SHIPMENT. 선적중 발생한 수리 비용 명세

1. NAME OF PARTS: 부품명	1a. Cost: 가격 \$	2. OTHER SERVICES: 기타 용역	2a. Cost: 가격 \$
3. LABOR: 노동	3a. Cost: 가격 \$	3. ESTIMATE FEE: 견적 비용	4a. Cost: 가격 \$
If the item cannot be repaired 이더면 이 물품은 수리가 불가능함		GRAND TOTAL 총 견적	
		5 Cost: 가격 \$	

6. WILL YOU DEDUCT THE ESTIMATE FEE FROM THE TOTAL BILL? 귀하는 총 청구액에서 견적비용을 공제할 것입니까?
 Yes 예 No 아니오

7. FOR ITEMS THAT CANNOT BE REPAIRED, HAS THE ESTIMATE FEE ALREADY BEEN PAID? 수리할 수 없는 물품의 견적 비용은 지불되었습니까?
 Yes 예 No 아니오

3. PRINT NAME & RANK: 성명과 계급:	4. SIGNATURE: 서명:	5. DATE: 일자:
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SECTION III REPAIR FIRM 수 리 회 사

NAME OF FIRM: 회사명:	ADDRESS: 주소:	TELEPHONE NUMBER: 전화번호:
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CAMP RED CLOUD CLAIMS OFFICE SURVEY FORM



Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Camp Red Cloud Legal Center or fold it in half and mail it postage-free through MPS.

1. What was the name of the Claims Office personnel who assisted you?

2. How do you rate the service provided by him/her? (Check one)

Excellent Good Average Below Average Poor

3. Is there anything you would like this person to have done differently?

4. Did the instructions in the claims packet adequately explain how to prepare your claims forms?

Yes No (If not, what was it that was unclear for you?)

5. Were you given a satisfactory explanation concerning the methods of the Claims Office used to compute your claim settlement and new FRV (Full Replacement Value) program that is a claim to the TSP (Carrier) on line?

Yes No (If not, what was it that was unclear for you?)

6. If you had repair work or estimates done on your damaged items, please rate the quality of service received below:

<u>Firm</u>	<u>Item/Items worked on</u>	<u>Rating</u>	<u>Comments</u>
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OPTIONAL: _____
Your Name
Work Number
Date