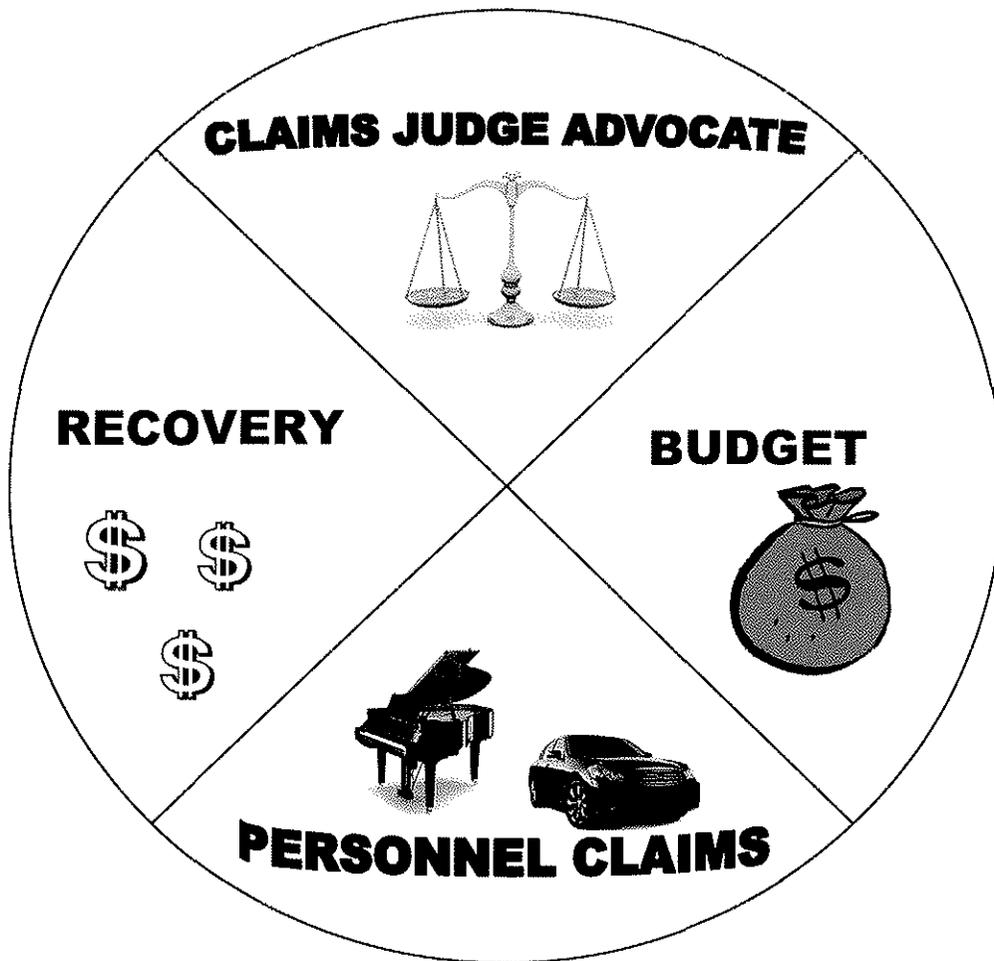


CAMP CASEY CLAIMS OFFICE

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

DSN 730-3687



2D INFANTRY DIVISION



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D INFANTRY DIVISION
CAMP CASEY LEGAL CENTER
UNIT #15104
APO AP 96224-5104

EAID-JA

6 December 2012

MEMORANDUM FOR All Claimants

SUBJECT: Procedures for Filing Claims

1. Welcome to the Claims Office at the Camp Casey Legal Center. We regret that you have experienced a loss or damage to your personal property incident to your government service. The attached checklist and enclosures provide the information you will need to properly file a claim for your loss or damage.
2. Our goal is to fairly investigate and settle your claim as quickly as possible. Congress and the Department of the Army have placed certain restrictions and limitations on how much money our office can pay you and under what circumstances and conditions. To ensure that we can pay you the full amount of money you are entitled to by law, it is important that you carefully read and follow the instructions contained in the attached checklist and enclosures and that you submit all the required documentation.
3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service to you and welcome any suggestions for improvements. Please return this form at the time you file your claim or fold it in half and mail it postage-free through the MPS. If you have additional comments at a later time, extra survey forms are available at the Claims Office.
4. The Claims Office is open for you from 0830-1130 and 1300-1600, Monday to Friday. Our office is closed on some special occasions or events without prior notice so please contact our office and make an appointment to file your claim. If you need assistance at any stage in the claims process, please do not hesitate to contact us at 730-3687 or Legal Assistance Office at Room 235, Bldg 2440 in Maude Hall, Camp Casey if claims office is closed. You may also contact our claims specialist, Mrs. Chon, Yongmi at yongmi.chon2.ln@mail.mil

A handwritten signature in black ink, reading "Jeremy D. Burkhart".

JEREMY D. BURKHART
CPT, JA
Claims Judge Advocate

HOUSEHOLD GOODS/HOLD BAGGAGE SHIPMENT CLAIM

1. The following document must be presented to the **Casey Claims Office (Bldg S2440, Room 235 in Maude Hall)** to file a household goods/hold baggage shipment damage/missing claim:

- ___ a. **DD Form 1842** (Attached) -- Complete applicable blocks 1-18.
- ___ b. **DD Form 1844** (Attached) -- Complete applicable blocks 1-13.
- ___ c. **DD Form 1840/1840R or Form 1850/1851**
- ___ d. **Government Bill of Lading (GBL)** -- can be obtained from the Transportation Office (Bldg 2440, Casey Maude Hall, 730-3321) if you don't have it.
- ___ e. **Inventory of Shipment**
- ___ f. **PCS Orders assign you Korca**
- ___ g. **Written Repair Estimate**
 - (1) Camp Casey Electronic Repair Shop -- Inside of Casey PX Mini Mall, 730-4870.
 - (2) Furniture, Electronic & Computer -- Do-all 02-797-3213 or Chinhan Company, 02-749-0692/010-6216-5043.
- ___ h. **Statement** (*Please sign and date*)
 - (1) ___ **Missing Items** -- If there was anything missing from your shipment, you must provide a statement. A sample is enclosed. Also you must go to Transportation to initiate a tracer action and request a copy of the tracer.
 - (2) ___ **Internal Damage** -- If any electronic items had no external damage, you must provide a statement. A sample is enclosed.
- ___ i. **Proof of Purchase and Ownership** -- i.e. store sales receipts, high dollar value item sheet, credit card receipt, photos, video taped inventory (must substantiate date and cost of purchase).
- ___ j. **Insurance Policy** -- if applicable.

2. **DO NOT DISPOSE OF ANY ITEMS.** They will be inspected by the claims office or the carrier, and will possible have to be turned in prior to payment.

3. Any questions should be directed to the Camp Casey Claims Office, Mrs. Chon, Yong Mi, 730-3687/3655, Fax 730-4433 or email at yongmi.chon2.ln@mail.mil

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 <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i> Pursuant to orders, my household goods/hold baggage were picked up on _____ in _____ (Date) (City/State) and delivered on _____ in my residence in _____. The goods were shipped (Date) (City/State) under TCMD (DD Form 1348)/GBL (SF 1203B) _____. Loss and/or damage was incurred in the (GBL Number) shipment as noted in my claim. **e-mail address: _____			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(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.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(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.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION		

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 <i>(or designated agent)</i>	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	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:	\$
<input type="checkbox"/> a. SMALL CLAIMS		
<input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
CHON, YONG-MI		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)
JEREMY D. BURKHART, CPT, JA Claims Judge Advocate		

1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, JOHN H.			3. PICK-UP DATE (YYYYMMDD)		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)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR LIABLE							
a. NAME		b. POLICY NO.																
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	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	HP Laptop Computer, HP Pavilion 16" Select Edition Model HP DV7T, Serial #4T0082SU3401 LCD Screen cracked (Destroyed beyond repair)	17	1499.00	Jul 09	1220.00												
2	1	TV 42" Sharp, Model SL-42TLS90 SN 2519287CP, Case cracked, Won't turn on	89	896.00	Jan 10	896.00												
3	1	Dining Table, Face scratched, deep gouged (Pictures attached)	32	370.00	Mar 07	100.00												
4	1	Ceramic Bird, 7" high Base broken, wings broken (Picture attached)	38	59.00	Aug 11	70.00												
12. REMARKS			13. TOTAL		\$ 2286.00		30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$		\$			

SAMPLE

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.

Waiver Form for Claimants Wishing to Waive Their Right to Full Replacement Value (FRV) Coverage in Return for Immediate Army Adjudication

1. Under the new DOD program that makes carriers liable for full replacement value coverage (FRV), you may file your claim for shipping loss or damage with either a military claims service or directly with the carrier that is responsible for the shipment of your goods. In most cases, you should file directly with the carrier within 9 months of delivery, as the carrier will usually pay more money and you will have to do less work to establish the cost of repairing or replacing your goods.

2. The contract under which your household goods were shipped states that IF you file your claim directly with the carrier that transported your goods within 9 month of delivery, that carrier will be liable for the full replacement value (FRV) on any items that were lost or destroyed. That means that the carrier will have to replace old items that were lost or destroyed with new ones. If the carrier pays cash for those items, it may not depreciate the replacement cost. However, if you elect to file your claim directly with a military claims office, rather than directly with the carrier within 9 months, you give up your right to FRV coverage and you will not receive the full replacement value from either the military claims office or from the carrier.

3. Even if your items are only damaged and can be repaired, it may be better for you to file directly with the carrier within 9 months and have your claim settled under the FRV terms. If you file directly with a military claims office, we will not pay more for repairs than the depreciated value of a damaged item. For example, if you have a ten year old television with a depreciated value of \$100 that is damaged in transit, the Army will not pay more than \$100 for repairs. However, if the full replacement value for this television is \$300, the carrier would probably pay as much as \$295 for repairs, as that would be cheaper than replacing it.

4. In addition to paying more money, IF you file directly with the carrier within nine months of delivery, then the carrier is also responsible for obtaining estimates of repair and determining the replacement cost of any items that are lost or damaged.

I have read the information above and still wish to have the Camp Casey Claims Office adjudicate and settle my household goods claim (including all lost or damaged items) in full. I hereby affirmatively waive my right to have my claim considered under the full replacement provisions of the contract under which my household goods were shipped. I affirmatively elect to have the Army adjudicate and settle my claim based on the depreciated value of my goods. I understand that I will not be paid the full replacement value by either the Army or the carrier for any of my items that were lost or destroyed.

Claimant Signature

Date

Claims Personnel Signature

Date

MISSING ITEMS STATEMENT

Example of GOOD missing items statement

"I was present the whole time the movers packed up my belongings for my move from Fort Benning, Georgia to Fort Lewis, Washington. I saw the packers take the Lladros and Hummels out of my schrunk and wrap them very carefully and pack them in boxes #33 and #34. They labeled the boxes "Figurines". They also packed Kaisers and the ceramics my seven year old daughter made for me that were displayed on tables around the living room in box #37. They labeled this box as "Figurines" also. All three boxes were missing at delivery.

I watched the movers pack everything in our home. I saw them carefully wrap my new mountain bike and place it on the truck. This was missing at delivery too.

Everything was put into the moving van. There was nothing left behind.

John Doe

INTERNAL DAMAGE STATEMENT

Please write a statement concerning electronic items which tells how you know the item was working before it was picked up for shipment. (Please date and sign on the statement.)

Example of GOOD internal damage statement

“The movers came on Monday, September 7, 2002. When the movers arrived, I was watching the Oprah Winfrey Show. I remember watching the show because it was a special on weddings and I was getting married two days later. The movers allowed me to finish watching the show before they packed it. They packed it with padding just in brown paper. When it arrived, the 19” Panasonic TV no longer worked.”

John Doe

Another example of a GOOD statement

“The movers came on Tuesday, January 5, 2002. I had a few friends over the night before for the college national championship game between Tennessee and Florida State. After watching the game, we listened to music on my stereo. The stereo worked just fine the night before the move. When the stereo arrived, the Sony CD Player Model S-151 would not turn on and the Technics Cassette Player Model No. S300 made a funny clicking noise. Since we had listened to both CDs and cassette tapes the night before the move, I know both these items worked.”

John Doe

Example of INSUFFICIENT internal damage statement

“My Sony CD Player Model S151, Serial No. 657300, was working the day prior to shipment. So was the Kenwood Dual Cassette Player Model No. X300, Serial No. 882291. When the carrier delivered these items, neither one would play.”

John Doe



CAMP CASEY LEGAL CENTER 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