

CIO HANDBOOK

3 January 2003

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE DD FORM 1842

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 18
1. Name of Claimant	Last Name, First Name, Middle Initial
2. Branch of Service	USMC (Claims filed by other Service members are to be forwarded to their respective Service).
3. Rank or Grade	*Rank or Grade of Claimant
4. Social Security Number	*SSN of Claimant
5. Home Address	Street, City, State & Zip Code (If paid by check, check will go to this address).
6. Current Military Address	State full military address
7. Home Phone Number	Area Code & telephone number
8. Duty Telephone Number	DSN and include the Area Code
9. Amount Claimed	Total claim amount (Same total amount as shown on your DD Form 1844, block 13).
10. Circumstances of Loss or Damage	Explain in <u>detail</u> , including dates, places, and <u>all</u> relevant facts (i.e., HHG picked up on 3 Jan 98 by XYZ Van Lines, GBL #DW.123.345; delivered 1 Feb 98 by ABC Moving Co...etc).
11. Did You Have Private Insurance?	This includes <u>any</u> insurance coverage, to include USAA, Armed Forces Co-op, State Farm, etc. Homeowners, Renters, Transit. Claimant <u>must</u> file a claim with the Private Insurer prior to or concurrently with the claim against the Government
12. Have You Made a Claim Against a Private Insurer?	If claim has been filed, attach copy of claim and all correspondence.
13. Was a Carrier or Warehouse Firm involved, Paid You or Repaired any Property?	If yes, indicate which items from your DD Form 1844.
14. Did any of the Claimed Items belong to the Government or Someone other than you or Your Family Member?	If yes, indicate which items from your DD Form 1844.
15. Were any of the Claim Items acquired or held for Sale, or acquired or used in a Private Professional Business?	If yes, indicate which items from your DD Form 1844.
16. Under Penalty of Law, I declare the following as part of Submitting My Claim?	Any recovered missing property <u>must</u> be reported to HQMC (Code MRP-2). By filing this claim, all rights, interest against a carrier, insurer, or other person for loss/damage are assigned to the U.S. and gives authority for your private insurance to release information concerning your insurance. Authority is given to the U.S. to withhold from your pay or accounts for any payments made to you by a carrier, insurer, or other person to the extent you are paid on this claim, and for any payment made in reliance on information which determined to be incorrect or untrue; you have <u>not</u> made any other claim against the U.S. for this incident; you understand that if any information provided in this claim is false you can be prosecuted.
17. Signature of Claimant	Must be signed by the Claimant, or a *legal representative With a Power of Attorney.
18. Date DD Form 1842 Signed	Month, Day, Year signed

*Note: If the claim is filed by legal representative and signed with a power of attorney, claim must still be filed in the name of the USMC Claimant with his or her rank/grade and SSN.