

CIO HANDBOOK

3 January 2003

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART DD FORM 1844

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 13
1. NAME OF CLAIMANT	ENTER LAST NAME, FIRST NAME, MIDDLE INITIAL
2. CLAIMANT'S INSURANCE COMPANY	
A. NAME OF THE INSURANCE COMPANY	IF CLAIMANT HAS PRIVATE INSURANCE, THE NAME OF THE INSURANCE COMPANY IS ENTERED (I.E., USAA, ARMED FORCES CO-OP, STATE FARM, ETC). <u>NOTE</u> : A CLAIM <u>MUST</u> BE FILED WITH THE PRIVATE INSURER PRIOR TO, OR CONCURRENTLY WITH THE GOVERNMENT CLAIM.
B. POLICY NUMBER	POLICY NUMBER OF THE APPLICABLE INSURANCE POLICY
3. DATE OF PICKUP	DATE THE PROPERTY WAS PICKED UP AT SHIPMENT ORIGIN FROM THE CLAIMANT OR THE CLAIMANT'S AGENT
4. DATE OF DELIVERY	DATE THE PROPERTY WAS DELIVERED TO THE CLAIMANT OR THE CLAIMANT'S AGENT
5. LINE NUMBER	THIS SHOULD REFLECT EACH LINE ITEM CLAIMED, NUMBERING THE ITEMS IN SEQUENCE (I.E., 1, 2, ETC.)
6. QUANTITY	NUMBER OF ITEMS CLAIMED (I.E., 2 END TABLES, 1 COFFEE TABLE, ETC.)
7. DAMAGED OR LOST ITEMS	STATE IN AS MUCH DETAIL AS POSSIBLE THE BRAND NAME, MODEL, SIZE, FINISH, TYPE, STYLE, AND YEAR OF MANUFACTURER, AS APPROPRIATE. WHEN AN ITEM IS MISSING, STATE " <u>MISSING</u> " AND WHERE DAMAGED IS CLAIMED, GIVE A DETAILED DESCRIPTION OF THE DAMAGE. <u>NOTE</u> : ESTIMATE FEES, AND/OR PICKUP AND DELIVERY FEES TO AND FROM THE REPAIR SHOP, ARE TO BE LISTED AS SEPARATE LINE ITEMS.
8. INVENTORY NUMBER	ENTER INVENTORY NUMBER AS SHOWN ON THE PICK-UP (ORIGIN) INVENTORY. WHERE ITEMS ARE PACKED IN A CARTON, ENTER THE CARTON INVENTORY NUMBER, EVEN WHERE ONLY PART OF THE CONTENTS OF THE CARTON ARE CLAIMED. EACH ITEM LISTED <u>MUST</u> HAVE AN INVENTORY NUMBER. <u>DO NOT ENTER UNKNOWN FOR THE INVENTORY NUMBER</u>
8. ORIGINAL COST	PURCHASE PRICE OF THE ITEM <u>MUST</u> BE INDICATED; WHERE MORE THAN ONE ITEM IS ON THE LINE, ENTER TOTAL PURCHASE PRICE. IF ITEM IS A GIFT, THE VALUE OF THE ITEM AT THE TIME RECEIVED <u>MUST</u> BE STATED
9. MM/YY YY PURCHASED	ENTER THE MONTH AND YEAR PURCHASED. IF ITEM IS A GIFT, ENTER THE MONTH AND YEAR PURCHASED, IF UNKNOWN, ENTER THE MONTH AND YEAR RECEIVED.
10. AMOUNT CLAIMED	
A. REPAIR COST	STATE THE COST OF THE REPAIR FOR EACH <u>SEPARATE</u> LINE ITEM. IF AN ESTIMATE OF REPAIR OR REPAIR BILL INCLUDES MORE THAN ONE ITEM, THE ESTIMATE OR BILL <u>MUST</u> BE ITEMIZED TO REFLECT ACTUAL COST FOR <u>EACH</u> AND THAT AMOUNT IS ENTERED. IF REPAIR ESTIMATE OR BILL COVERS REPAIR OF BOTH OLD OR NEW DAMAGE, IT MUST BE ITEMIZED TO SHOW A SEPARATE COST FOR EACH ON LETTERHEAD PAPER (SHOWING NAME, ADDRESS, AND PHONE NUMBER OF REPAIR FIRM) AND SIGNED BY THE REPAIRMAN.
B. REPLACEMENT COST	ENTER THE PRICE FOR REPLACEMENT OF MISSING OR UNREPAIRABLE ITEMS. AMOUNT <u>MUST</u> BE FOR A NEW ITEM IDENTICAL OR SUBSTANTIALLY SIMILAR TO THE MISSING OR UNREPAIRABLE ITEM. IF THE REPLACEMENT COST EXCEEDS THE PURCHASE PRICE, WRITTEN REPLACEMENT COST FROM A REPUTABLE FIRM <u>MUST</u> BE SUBMITTED FOR THE HIGHER REPLACEMENT COST TO BE CONSIDERED.
11. REMARKS	THIS SPACE IS FOR CLAIMANT TO PROVIDE ANY ADDITIONAL INFORMATION REGARDING THE CLAIM ITEMS
12. TOTAL AMOUNT CLAIMED	ON THE LAST PAGE OF CLAIMANT'S DD FORM 1844, ENTER THE <u>TOTAL AMOUNT</u> ON THE CLAIM. THIS AMOUNT, IN TURN, <u>MUST</u> BE ENTERED ON THE DD FORM 1842, BLOCK 9.
PAGE ___ OF ___ PAGES	NUMBER EACH PAGE ON THE DD FORM 1844 SHOWING THE TOTAL NUMBER OF PAGES SUBMITTED (I.E., "PAGE 1 OF 3 PAGES, PAGE 2 OF 3 PAGES, PAGE 3 OF 3 PAGES"). THIS ACTION FROM THE CLAIMANT WILL HELP PREVENT THE CLAIM FROM BEING ADJUDICATED WITH MISSING PAGES.