

HOUSEHOLD GOODS AND HOLD BAGGAGE CLAIMS PROCEDURES

The Claims Office is located at Kleber Kaserne, Building 3210 (Kaiserslautern
Legal Services Center), Room 110.

Phone numbers: DSN 483-8862/8414; civilian 0631-411-8862/8414.

Monday – Wednesday and Friday:

0900 – 11:30

1300 – 15:30

We are closed each Thursday morning for training.



Mrs. Martina Berndt

Senior Claims Examiner

Law Center Kaiserslautern, Claims Office

DSN 483-8855, civ. 0631-411-8855

Martina.Berndt@eur.army.mil

To file your claim you should either call to schedule and appointment or
come in on Wednesdays between 09:00 to 11:00 and 13:00 to 15:00 on a
walk-in basis.

CLAIM PACKET

Your complete claim packet is compiled of the following documents:

- _____ **DD Form 1842** (Claim for Loss of or Damage to Personal Property Incident to Service – a pre-printed form is included in this packet). If you are close to the 2-year filing limit, submit this form to the Claims Office immediately and request additional time for completion of the rest of the claim packet)
- _____ **Power of attorney** (if applicable)
- _____ **DD Form 1844** (List of Property and Claims Analysis Chart – a pre-printed form is included in this packet)
- _____ **PCS Orders** that initiated the move/shipment and all amendments or (for local moves) quarters assignment or housing letter
- _____ **The inventory** that pertains to the shipment for which you want to file a claim. If you do not have a copy of the inventory, let us know right away.
- _____ **Missing Items Statement and/or Electronic Items Statement** together with the Electronic Repair Form (if applicable)
- _____ **Estimate(s)** of repair or replacement
- _____ **Your copy of DD Form 1840/1840R**, Notice of Loss or Damage
- _____ **Government Bill of Lading** (GBL)
- _____ **DD Form 1299**, Application for Shipment/Storage of Property.
- _____ **DD Form 619-1**, Statement of Accessorial Services Performed
- _____ **Insurance policy** and declaration page (if applicable)
- _____ **Bank Information Sheet** (Electronic Fund Transfer Information)
- _____ **Pictures** of the damaged item (if you can). You should take a general picture of each damaged piece and then focus on the damaged areas of the items for additional pictures. We will schedule inspections of you cannot provide pictures or if we need to look closer at the items. **Bring in small damaged items for inspection when you file your claim.**



FILING A HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE CLAIM



The purpose of the following instructions is to assist you in completing a proper claim packet thus facilitating the timely processing and payment of your claim. Please read the following instructions carefully. Complete the forms neatly in ink, and give us all the information that you can to help for a faster and fairer adjudication and payment.

GENERAL INFORMATION:

1. A separate claim must be filed for each shipment. Do not mix up hold baggage and household goods. For example, do not list items that were part of your household goods shipment on the "pink form" for the unaccompanied baggage shipment.
2. Turn in your DD form 1840/1840R (the pink form) within 70 calendar days from the date you received your property. **Normally, you cannot be paid for items not timely reported on that form.** You receive one form (in triplicate) per shipment. The front page (1840) is for damage/loss discovered upon delivery (the carrier representative is still present and will sign the form with your notation(s) on it). The backside (1840R) is for damage/loss discovered after the carrier representative left.

REMEMBER: TURNING IN DD FORM 1840/1840R (THE PINK FORM) IS NOT THE SAME AS FILING YOUR CLAIM!

3. You have **TWO YEARS** from the date of delivery of your goods to file your claim (not the pink form). This time limit is set by statute. There is no need to submit your claim on DD Form 1842; however, the properly completed paperwork must be submitted to the Claims Office within a fixed period of time before your claim can be paid.
4. By statute, only service members or Government employees can file these types of claims. As an exception, a representative may file on your behalf with a power of attorney; a spouse may file using a power of attorney or a specific written authorization. The claim settlement check still goes to the sponsor.

- An example of a written authorization: "I, SPC John Doe, 555-55-5555, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for the loss of/damage to my hold baggage/household goods." (Signed) (Date)

HOW TO SUBSTANTIATE YOUR CLAIM:

CLAIMANTS MUST SUBSTANTIATE 3 THINGS. FIRST, OWNERSHIP. SECOND, THAT THE MOVERS LOST/DAMAGED THE ITEM. THIRD, THE DOLLAR VALUE OF THE DAMAGE.

1. **Proof of ownership:** First, determine if the item is on the inventory; put the correct inventory number on all claims forms.

- If an expensive item is not individually listed on the inventory, provide the purchase receipt and pictures of the item in your home prior to the move.

2. **Cost of Repair:** It cannot exceed the current value of the item.

- a. Bring small damaged items to the claims office for inspection. We will take a look at the pictures you provided or schedule a claim inspection to let you know if a repair estimate should be obtained.
- b. Normally you will need a repair estimate for internal damage to new or high value electronic equipment.
- c. Reasonable estimate fees are usually paid, unless the fee is reimbursable upon repair. You cannot be reimbursed the fees for estimates you obtain without the authorization from Claims Office personnel. Fees for appraisals (GUTACHTEN) are NOT PAYABLE!

3. **Replacement Cost:** You will be awarded the fair market value of an item that was lost or damaged beyond repair during shipment. You can submit replacement estimates based on the Internet, mail order catalogs, AAFES, or local merchants. Please make a copy of the catalog page or supply a written estimate from the merchant to include POC and telephone number. AAFES will usually issue a written statement of replacement costs. Please make sure that the item is available for shipping to your destination.

ADDITIONAL INFORMATION:

Do not throw away any carrier damaged items until your claim has been settled, unless you have the prior approval of the Claims Office.

-The carrier who delivered your property has the right to inspect the damage. **If you prevent the carrier from inspecting, your claim may be reduced.** If the carrier schedules an inspection, please let us know.

PRIVATE INSURANCE

You are no longer required to file a claim against your private insurance prior to filing with the Government **IF** your claim is for personal property that was lost or damaged while being shipped or stored at Government expense. You may file a claim with your private insurance company if you want to; however, you are not required to do so according to the Army Claims Policy. You still need to answer the questions on the first page of DD Form 1842. (See attached New Army Claims Policy on Private Insurance).

Value Added Tax (Mehrwertsteuer) - You will normally not be reimbursed for the German Value Added Tax. You can get tax relief forms at the community Tax Relief Office **before** paying your bill. The cost of the tax relief form may be claimed as a separate line item on your DD Form 1844.

MISSING ITEMS

You need to prepare a "Missing Items Statement" (handwritten) for items that were part of your shipment, however, were not delivered by the destination carrier (see attached sheet for questions that you should answer within your statement). Include specific circumstances, if any, regarding the packing of any particular missing item. Don't forget to date and sign your statement.

ELECTRONIC ITEMS STATEMENT SAMPLE

This statement is required for electronic items with no external damage. You need to hand write and date it as well. Please describe the condition of the item prior to shipment and try to remember when you used it the last time before it was packed. Again, you should include specific circumstances, if any, regarding the packing and handling you noticed when the carrier representatives packed the items (see attached sheet for questions that you should answer within your statement).

INSTRUCTIONS FOR DD FORM 1842

FOR A

HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE CLAIM

This is the form you must complete to receive payment of your claim. Its purpose is to give details as to why and how the damage or loss occurred. You need to submit one original written in ink.

1-8. **IDENTIFYING DATA:** Self-explanatory. Note that column 5 should be your quarters address. Column 6 should be your mailing address.

9. **AMOUNT OF CLAIM:** You must list a **Dollar amount** in block 9. If you are claiming Euro amounts on DD Form 1844, we will convert them to Dollars. For a paid bill, the exchange rate of the transaction date will be used. For an estimate, the exchange rate of the day you submit the claim will be used.

10. **DATE, PLACE, FACTS AND CIRCUMSTANCES OF INCIDENT:** For a household goods or unaccompanied baggage claim, fill in the blanks in block 10.

11. **QUESTIONS:** Answer questions 11-15 by marking the appropriate box with an "X"

12. **SIGNATURE:** **Do not sign and date the form until you are in the Claims Office filing your claim. You are making an official statement.**

INSTRUCTIONS FOR DD FORM 1844
FOR A HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE CLAIM

On this form you need to provide detailed information on your lost or damaged items.

1-2. Self explanatory.

3. **LINE NUMBER (Block 5):** This is simply the sequence number on the DD Form 1844. Any damaged/missing item that has its own inventory number should be listed as a separate line item, for example, six dining room chairs with six different inventory numbers should be listed as six different line items on DD 1844. If the inventory indicates a box of something, like "clothes", list the individual missing/damaged items inside the box as individual line items on DD 1844 as detailed as possible. If possible, please try to list the items in the same order as you did on your DD Form 1840/1840R.

4. **QUANTITY (Block 6):** List the number of items, e.g. 4 broken cups, 10 books missing, etc. NOTE: Do not list different types of items on one line. If you have a living room set consisting of several pieces, you need to list each piece separately.

5. **DAMAGED OR LOST ITEM (Block 7):** It is important to be specific with both, the description of your property and the description of damage. Avoid words like "broken" or "damaged" (see example of DD Form 1844). Use two or more lines, if needed. DD Form 1840/1840R will help you to complete DD Form 1844 because you were already required to render detailed descriptions on this Form. List "missing" for items that you did not receive when your goods were delivered.

6. **INVENTORY NUMBER (Block 8):** Put the inventory number from the inventory list for the individual line item in this block.

6. **ORIGINAL COST (Block 9):** This is the price you paid for the item. If you received the item as a gift or bought it used, please state so in this block.
7. **MONTH/YEAR OF PURCHASE (Block 10):** Please state the month and year you purchased the item or received it as a gift.
8. **REPAIR COST (Block 11a):** This amount is either based on an estimate that you provided or represents and agreed cost of repair that you discussed and agreed upon with claims personnel.
9. **REPLACEMENT COST (Block 11b):** This block applies if an item is lost or irreparably damaged. Generally, anything valued over \$100.00 and, possibly, some things of lesser value, will require written substantiation, for example, a purchase receipt. If you are not sure for which items you need substantiation, contact Claims Office personnel prior to preparing your claims packet.
11. **TOTAL (Block 13 under the Dollar sign):** If you have more than one page, the grand total should appear at the bottom of the last page. The total sum must be in Dollars.

MISSING ITEMS STATEMENT

Please describe in your own words the events that took place on the day your items were packed.

Answer the following questions in your statement:

How do you know that the missing item(s) was/were part of the shipment?

Explain why you believe that the carrier took custody of the missing item(s)!

Did you make sure that all items were packed and nothing was left behind?

**DO NOT TYPE YOUR STATEMENT, HANDWRITE IT!
PLEASE SIGN AND DATE YOUR STATEMENT!**

ELECTRONIC ITEMS STATEMENT

Please describe in your own words the events that took place on the day your items were packed.

Answer the following questions in your statement:

How do you know that the appliance that is not working now was functioning properly prior to shipment?

When did you use it last?

How was the item packed?

**DO NOT TYPE YOUR STATEMENT, HANDWRITE IT!
PLEASE SIGN AND DATE YOUR STATEMENT!**

This list is not an endorsement. It does not provide any warranty or guarantee of the quality of service rendered by any of these firms.

ART & GALERY

Jung, Fackelstrasse 30, Kaiserslautern,

0631-362880

CLOCK REPAIR

Mr. Lieser, Ludwigstrasse 32, Landstuhl

06371-2637

Company Lenhardt, Hauptstrasse 113b, Huetschenhausen

06372-1400/61963

ELECTRIC APPLIANCES/STEREO EQUIPMENT/TELEVISION/COMPUTER REPAIR

Jaeger Electronic Service (JES), Vogelwoogstrasse 23-25, 67659 Kaiserslautern

0631-96768

MOMs, Building 2113, Ramstein Air Base

06371-47-5902 or 480-5902

Schulz& Sossna, Kaiserstrasse 115, Kindsbach

06371-51081

Computer Guy, PC Service, Building 2011, Kaiserslautern-Vogelweh

0631-3504381

(e-mail: computerguy@t-online.de)

Wedemann Company (rear projection.plasma/LCD televisions only)

06403-92240/92241

ELECTRONIC FITNESS EQUIPMENT REPAIR

Body-M Sport Shop, Pariser Strasse 180, 67655 Kaiserslautern

0631-96117

e-mail: info@body-m.de

Ralf Eicher, von-Miller-Strasse 15, 67661 Kaiserslautern

06374-991205 or

0170-1028341

FRAMES – PICTURES/PAINTINGS

Galerie Rahmen und Bild, Kaiserstrasse 1, Kaiserslautern-Einsiedlerhof

0631-51100

FURNITURE REPAIR

JJ-Furniture Repair, Sterkstrasse 2, Kaiserslautern, e-mail: JJ-Furn-Rep@gmx.de

PHONE NUMBERS

06307-4010092, 017621778141

Ian Nichols, Spesbacher Strasse 2a, 66882 Katzenbach

06371-52221, 01752736951

Schreinerei Schaefer, 67697 Otterberg, Muehlstrasse 3-7

06301-9498

e-mail: firma@schaefer-otterberg.de

Mr. Schneider, 67693 Fischbach

06303-983620

06305-5852 (fax)

GLASS (e.g. table tops)

Glas Huege, Denisstrasse 113, Kaiserslautern,

0631-35290

Glas Koelbel, Froebelstrasse 3-11, Kaiserslautern,

0631-3606130, Fax 3606132

MUSICAL INSTRUMENTS

Musik Mueller, Eisenbahnstrasse 25, Kaiserslautern,

www.musik-mueller.de

0631-64493 or 0631-64494

Musik Schaller, Muehlstrasse 10, Kaiserslautern,

www.musik-schaller.de

0631-70217

SEWING MACHINE REPAIR

Baeumer, Wormser Strasse 4, Kaiserslautern,

0631-92512

TYPEWRITER REPAIR

Doerr Buerotechnik, Rudolf-Breitscheid-Strasse 23, Kaiserslautern

0631-12064, Fax 27538

UPHOLSTERY/LEATHER REPAIR

Mr. Schneider, Zum Ellerbach 2, Kaiserslautern 27

0631-73670 or 0631-97891

Lederservice Follmann, Hauptstrasse 25, 66957 Ruppertsweiler

06395/7010 Fax 06395-1752

DC Polster & Schaumstoff Design, Messerschmittstr. 6, 67681 Sembach

06303-808757

www.dc-polster.de, e-mail: dc-design@t-online.de

Fax: 06303-809287

UPHOLSTERY CLEANING

Mr. Vogtlaender, Kanalstrasse 65, 67655 Kaiserslautern

0631-48598

Mr. Kling, Spesbacher Strasse 24, 66877 Ramstein-Miesenbach

06371-50657

(Mr. Kling also des **carpet cleaning**)

NEW ARMY CLAIMS POLICY ON PRIVATE INSURANCE

1. If you have a private insurance policy that may cover all or part of your loss, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, IF your claim is for a loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. The change is limited to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.
2. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you **MUST FILE** with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid .
3. **You may not be paid by both the Army and your private insurance company for the same item.** This would be unjust enrichment and possibly fraud.
 - a. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.
 - c. If you are paid for an item by the Army and then file with the insurance company, the insurance company may pay you, but the Army will learn about this second payment. Insurance companies, after paying claims for goods lost during government shipments or storage, report to the Army what they have paid so that the Army can recover that amount from the responsible carrier or warehouse on their behalf.
4. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.
5. **Why would you file with your private insurance, if you do not have to?**
 - a. If you have a catastrophic loss, it is possible that you will not be fully compensated by the Army. There are limits on both the total amount that the Army can pay (\$40,000 in most cases) and limits on how much we will pay for most types of property. For example, the Army will usually not pay more than \$3,000 for any item of furniture or

more than \$4,000 for any computer, its software, and accessory equipment. However, you should check your insurance policy for similar limits imposed by your insurance company.

b. Your private insurance may pay you more than the Army will pay, especially if your policy includes a provision or endorsement that requires the insurance company to pay full replacement value (i.e. new-for-old) rather than the fair market (i.e. depreciated) replacement value.

c. In addition, your private insurance may pay for items for which the Army will not pay you. For example, we will not pay for items that are purchased or used for a private business. We will try and recover for those items from the carrier, and, if successful, we will send that amount to you. But this may take several months. If these items are covered by your insurance policy, you will probably receive payment faster from your insurance company.

d. Your insurance company may not require the same number of estimates or the same amount of substantiation that the Army requires you to submit with your claim.

6. Why not file with private insurance first?

a. Most insurance policies that cover goods in transportation or storage, pay only for lost or destroyed items. They usually do not pay for repair of damaged items. Therefore, if you have both lost and damaged items, you would have to file two claims, one with your insurance and one with the Army, to be fully compensated. It may be easier and faster just to file a single claim with the Army, if you are willing to accept the depreciated replacement cost for lost or destroyed items.

b. While insurance companies may not raise your rates merely because you file a single claim, they do consider how often you have filed claims in the past few years when deciding whether to renew a policy or to issue you a new policy. Each insurance company may use different criteria, but it has been reported to the Army that some will refuse to insure someone who has filed three claims in the past two years. Most property insurers submit their claims information to a central data base, which is shared with other companies. So each insurance company will know about claims submitted to other companies. Army claims information is not submitted to this central data base and a claim submitted to the Army should not be considered by private insurance companies.

c. If your loss is relatively small or is only for a few damaged items, you usually will be adequately paid by the Army. Insurance coverage should be used to pay for relatively large losses that are not likely to be paid in full by the Army.

ELECTRONIC FUND TRANSFER INFORMATION

The following information is required for all incoming claims:

CLAIMANT'S NAME: _____

COMMUNITY BANK

Account number: _____ Checkings/Savings

Routing number: 051 005 504

SERVICE FEDERAL CREDIT UNION

Account number: _____ Checkings/Savings

Routing number: 211 489 656

Other (Bank name): _____

Account number: _____ Checkings/Savings

Routing number: _____
(located at bottom of check)

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 *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

Pursuant to orders, my household goods / hold baggage were / was picked up on _____
 from _____ and delivered on _____
 to _____, Germany.

Loss and / or damage was incurred during shipment.

Loss and / or damage was / was not noted at time of delivery.

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 OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

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 <i>(YYYYMMDD)</i>
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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 *(Signatures at a and c not required if small claims procedure is utilized)*

a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

1. NAME OF CLAIMANT (Last, First, Middle Initial) **DOE, JOHN R.**

2. CLAIMANT'S INSURANCE COMPANY (if applicable)

3. PICKUP DATE (MM/DD/YY) **01/02/99**

4. DELIVERY DATE (MM/DD/YY) **01/03/99**

5. NAME

6. POLICY NO.

7. ORIGIN CONTRACTOR

8. 2ND CONTRACTOR

9. CLAIM NUMBER

10. NET W/THMAX CAR LIABLE

11. LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

12. ITEMS 14 THROUGH 31 TO BE FILED OUT BY CLAIMS OFFICE

LINE NO.	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. AMOUNT PURCHASED	11. AMOUNT CLAIMED a. REPAIR COST b. (OR) REPL. COST	15. INVENTORY DATE (MM/DD/YY)	16. EXCEPTIONS	18. INV. NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	28. JUDICATORY REMAIN	27. ITEM WARE	28. WARE HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	Rug, oval, 5x7 feet, oriental style, back of rug torn/cut approx. 2"	32	\$299-	9/94	\$45-									
2	1	Refrigerator, 199 lbs., 13.4 cu.ft., whirlpool	14	\$789-	6/93	\$80-									
3	1	Right side dented													
4	1	27" C/TV, Sharp, model # 27CR4UB, back panel cracked/pushed in	22	\$479-	7/92	\$175-									
5	2	Wall unit, oak, 8' long corner of left side of cabinet broken off	35	\$1200-	3/96	\$175-									
6	4	Dining chairs, brass base upholstered seats, legs bent and broken off	5	\$985-	1/98	\$140-									
7	1	Estimates for TV Refrigerator Furniture				\$120-									
8	1	VAT FEE				\$5-									
12. REMARKS			13. TOTAL AMOUNT CLAIMED			30. TOTAL AMOUNT ALLOWED			31. THIRD PARTY LIABILITY						

EXPIRED

