

POV SHIPMENT CLAIMS PROCEDURES

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

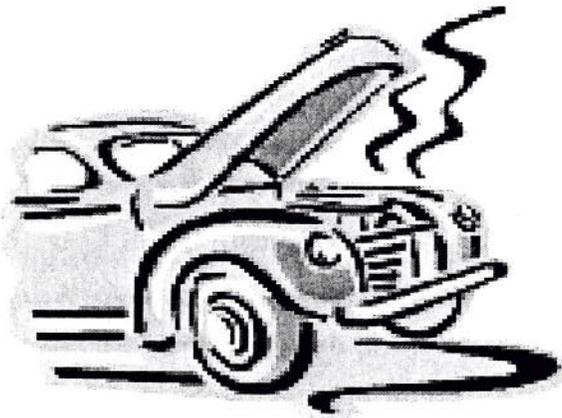
Phone numbers: DSN 483-8336/8414; civilian 0631-411-8336/8414.

Monday – Wednesday and Friday:

0900 – 11:00

1300 – 15:00

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

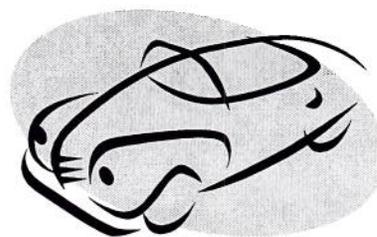
Martina.Berndt@us.army.mil or

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.**

HERE IS WHAT YOU NEED TO FILE YOUR CLAIM:

- _____ **DD Form 1842** (Claim for Loss of or Damage To Personal Property Incident to Service – pre-printed form, included in this packet)
- _____ **Power of attorney** (if applicable)
- _____ **DD Form 1844** (List of Property and Claims Analysis Chart – pre-printed form, included in this packet)
- _____ **DD Form 788**, Private Vehicle Shipping Document (you received a copy when you dropped off your vehicle for shipment)
- _____ **Vehicle registration** (we can make a copy)
- _____ **PCS orders** authorizing shipment of your POV with all amendments
- _____ **Estimate(s) of repair**; only one is required, although the Claims Office may ask for another, if appropriate. The repair estimate should be an itemized listing of all the repair costs. A reasonable estimate fee will usually be paid unless it is reimbursable upon repair. Include the estimate fee as a separate line item on DD form 1844. **DO NOT OBTAIN AN EXPERT OPINION APPRAISAL=GUTACHTEN UNLESS YOU RECEIVED AUTHORIZATION FROM THE CLAIMS ATTORNEY. IF YOU OBTAIN ONE WITHOUT PRIOR APPROVAL, YOU WILL NOT GET REIMBURSED FOR THE FEE.**
- _____ For missing item(s) - Provide replacement estimate(s) for the same or similar item(s) and Missing Items Statement
- _____ Insurance policy and declarations page (if applicable)*
- _____ Bank Information Sheet (Electronic Fund Transfer Information)



CLAIM PACKET
FOR POV SHIPMENT RELATED LOSS/DAMAGE

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY. Complete the forms neatly, and give us all the information that you can to facilitate a fast and fair payment of your claim.

GENERAL INFORMATION:

1. Your POV shipment claim must be **filed within two years of the date you picked up your car**. This time limit is set by statute.
2. By statute, only service members or Government employees can file this type of claim. As an exception, a representative may file on your behalf using a power of attorney; a spouse may file using a power of attorney or a specific written authorization. The claim settlement check still goes only to the sponsor.
3. You need to present your POV to claims personnel for inspection of the damage(s).

CLAIMS OFFICE LOCATION

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.

ADDITIONAL INFORMATION

Normally, only damage that was noted on the back of DD Form 788 at the time of pick-up will be considered for payment. The cost of repair cannot exceed the value of the POV.

Present your car to Claims personnel for inspection.

Use the first line of DD Form 1844 to provide a description of your car to include the purchase price and month and year purchased (see attached example of a properly completed DD Form 1844). List each area of damage as a separate line item on DD Form 1844; ask whoever prepares your estimate to have the estimate correspond as closely as possible with the specific line item. Bumpers will not be replaced if they only suffered nicks, scratches, marred paint, small dents or other minor damage; a loss of value will be awarded instead. Likewise, hairline (faint) scratches will only be considered for minor loss of value payment. Paint jobs, if necessary, will be depreciated based upon age of the vehicle and pre-existing damage.

List the total Dollar amount on DD Form 1842. If your estimate is in Euro, claims personnel will use the exchange rate in effect on the date you file your claim. If you had the repairs completed prior to filing your claim, use the exchange rate in effect on the date of the bill. Should you have problems with the correct calculation of the amount you want to claim, leave this space blank and ask the adjudicator to help you when you file the claim.

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 by 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 with the German value added tax. You can get tax relief forms at the Community Tax Relief Office **PRIOR** to paying your bill. The VAT Form fee may be claimed as a separate line item on your DD Form 1844.

**INSTRUCTIONS FOR DD FORM 1842
FOR A
POV SHIPMENT 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 POV shipment 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.

4. QUANTITY (Block 6): List the number of items, e.g. 2 speakers missing, etc.
NOTE: Do not list different types of items in one line.

5. **DAMAGED OR LOST ITEMS (Block 7):** Use the first line of DD Form 1844 to provide a description of your car to include the purchase price and month and year purchased . List each area of damage as a separate line item (see attached example of a properly completed DD Form 1844). It is important to be specific concerning the description of the damage. Avoid words like “broken” or “damaged”. Use two or more lines, if needed.

6. **ORIGINAL COST (Block 9):** This is the price you paid for an item (for example, missing stereo). 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 an agreed cost of repair/loss of value 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.

10. **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.

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 recovery 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.

Sample Estimate

POV Type: BMW 525, Year: 1999, License plate: HK-XX 1234, Mileage: 150.000

According to our delivery and payment rules, we estimate the repair costs as follows:

Remove and install parts on the hood	€ 45.00
Prime off the damages n the hood and paint the hood	€340.00
Remove dents out of right front fender	€ 90.00
Paint right front fender above decals	€225.00
Prime off the damages on right door and paint between door and stripes	€225.00
Repair right rear door and replace trim	€225.00
Paint right rear door below decorative stripes	€285.00
Prime the damaged rear bumper cover and paint	€ 90.00

Beispiel eines Kostenvoranschlages

Typ: BMW 525, Baujahr: 1999, Kennzeichen: HK-XX 1234, Kilometer: 150.000

Gemäss unseren umseitigen Lieferungs- und Zahlungsbedingungen bieten wir Ihnen an:

Die Anbauteile an der Motorhaube ab- und anbauen	€ 45.00
Die Beschädigungen an der Motorhaube ausspachteln und lackieren	€340.00
Den rechten vorderen Kotflügel ausbeulen	€ 90.00
Den rechten vorderen Kotflügel oberhalb Dekorstreifen lackieren	€225.00
Die Beschädigungen an der rechten Tür ausspachteln und zwischen Türleiste und Dekorstreifen in zweischicht metallic lackieren	€225.00
Die rechte hintere Tür instandsetzen. Dazu die Anbauteile ab- und anbauen und die Zierleisten erneuern	€225.00
Die rechte hintere Tür unterhalb der Dekorstreifen lackieren	€285.00
Die hintere Stosstange spachteln und lackieren	€ 90.00

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>			
<p>Pursuant to orders, my POV was shipped on _____ from _____</p> <p>and picked up on _____ from _____.</p> <p>Loss / damage(s) was/were incurred during shipment.</p> <p>I elect to file / not to file with my insurance company.</p>			

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 <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

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

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.

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 (such as a spouse) 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.

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 within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (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.)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (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.)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

<p>23. DENIAL (X if applicable) 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 (X and complete if applicable) 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)

26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

Michael Schumacher

2. CLAIMANT'S INSURANCE COMPANY (if applicable)

a. NAME

b. POLICY NO.

3. PICK-UP DATE (MM/DD/YY)

4. DELIVERY DATE (MM/DD/YY)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET W/INAX CAR LIABLE

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE

5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>	8. INV NO.	9. ORIGINAL COST	10. MONTH PURCHASED	11. AMOUNT CLAIMED a. REPAIR COST	b. (ORI) REF. COST	15. INVENTORY DATE (MM/DD/YY)	18. EXCEPTIONS	18. INVENTORY NO.	20. EXCEPTIONS	23. GBL NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT.	28. WAREHOUSE LIABILITY	29. CARRIER LIABILITY
1	1	1999 525 BMW, power windows, locks, AC, 5 speed, 18" sport rims, CD player with premium sound system		30,000.00	11/95												
2	1	Dents on drivers side front door, one 6" long, one 4" long				346.00											
3	1	Scratches on passenger side rear fender well, one 3" long and one 5" long				289.00											
4	1	Front windshield cracked, lower right hand corner to middle of windshield															
5	2	Front tire rims dented / bent				100.00											
6	1	Pioneer CD player model R1130				400.00											
7	1	Missing				300.00											
8	1	Front headlight busted				75.00											
12. REMARKS		Estimate for repair				50.00											
				13. TOTAL AMOUNT CLAIMED		\$											
				13. TOTAL AMOUNT ALLOWED		\$											
				13. THIRD PARTY LIABILITY		\$											

EXHAUSTED

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)