

CLAIMS PACKET - JBPHH

DoN ACTIVE DUTY RESIDENTS OF HOUSING SERVICED BY NAVY WATER - FILING A CLAIM FOR PERSONAL PROPERTY DAMAGE

FILING INSTRUCTIONS

1. GENERAL.

These instructions are designed to provide specific guidance to DON personnel who want to file a claim with the government for personal property damage or loss sustained as a result of exposure to Navy water at JBPHH. You should file your claim at the Personnel Claims Unit (PCU) at:

Personnel Claims Unit Norfolk
9053 First Street Suite 102
Norfolk, VA 23511-3605
Toll Free (888) 897-8217/Fax (866) 782-7297
Commercial (757) 440-6315
DSN 564-3310/FAX DSN 564-3337
Email: norfolkclaims@us.navy.mil

Read these instructions carefully and answer all questions in order to ensure the most expeditious processing of your claim. Failure to complete the forms properly or to provide all required documents and substantiation will result in delay or even denial of your claim. **Keep copies of all documents submitted.**

Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for the fast and fair adjudication of your claim. The claim will be adjudicated pursuant to the Military Personnel and Civilian Employees Claims Act (PCA) (31 U.S.C. § 3721). The PCA is a gratuitous payment statute and is not intended to replace insurance. The PCA only allows payment up to the fair market value (FMV) (depreciated value) of lost or destroyed items.

2. DEADLINES FOR FILING YOUR CLAIM.

Federal law requires that you deliver your claim with the PCU within two years after it accrues. In this case, every claim accrued on 28 November 2021. This requirement is statutory and cannot be waived.

3. WHO MAY FILE A CLAIM?

a. Proper Claimant. The Military Personnel and Civilian Employees' Act (PCA) covers all active duty members and reservists on active duty for training under federal law.

b. Power of Attorney (POA). A legal representative who has been designated as your legal representative by a POA in order to communicate with the PCU. Payment will be made to the claimant's account, not to the agent's, unless the POA specifically authorizes the agent to both file the claim and receive payment. If an agent is filing a claim on your behalf, the agent must include a copy of the POA. Your agent must have either a General POA granting the agent the power to do everything the claimant could do, or a Specific Power of Attorney, granting the agent the authority to file your claim. If you need a POA, please visit Region Legal Service Office Det HI. Remember, the POA must be effective on the date the claim is submitted.

4. WHAT FORMS WILL I NEED TO FILE?

The two forms you need to file your PCA claim are the **DD Form 1842, *Claim for Loss of or Damage to Personal Property Incident to Service***, and the **DD Form 1844, *List of Property and Claims Analysis Chart***. Forms, and this package, can be found online through the Navy's Office of the Judge Advocate General website, www.jag.navy.mil (by selecting "Claims" on the screen and then "Red Hill")

When preparing your claim, please read and follow the attached check-off list.

Make sure that you completely fill in the information required on each form and on the check-off list and attach all supporting documentation listed on the check-off list before you file your claim.

Be sure that your claim is completed, as described in this package, and signed before filing your claim. If you are e-mailing the claim, remember to sign the DD Form 1842 before scanning your documents. Please make sure that if you are e-mailing your claim all scanned documents are legible and in one of the following formats: ADOBE, PDF, JPG File, TIFF Document, GIF File, or Bitmap Image. Claims examiners will then adjudicate your completed claim and determine the amount of compensation you are entitled to receive based on the information you provide. You will be provided a written explanation of the adjudication of your claim.

5. PRIVATE INSURANCE.

You are required to file a claim against private insurance (home owners, renters, vehicles etc.,). You do not have to wait for your private insurance company to settle your claim before filing a claim with the government. However, we will not be able to finalize your claim until we receive a copy of the insurance settlement package.

6. HOW DO I GET PAID?

Your claim will be adjudicated pursuant to the Military Personnel and Civilian Employees Claims Act (PCA) (31 U.S.C. § 3721). The PCA is a gratuitous payment statute and is

not intended to replace insurance. The PCA only allows payment up to the fair market value (FMV) (depreciated value) of lost or destroyed items.

Claims Payments by the PCU are processed through the Defense Finance and Accounting Service (DFAS). DFAS electronically deposits payments directly into your account. If you do not have a DFAS pay account (i.e., you are no longer in the military or work for any Department of Defense agency), you will need to fill out the attached Electronic Funds Transfer (EFT) Data sheet. If you are a nonappropriated fund (NAF) employee, your claim will be submitted to your activity for payment from NAF funds.

A checklist is attached to this package to assist you in completing your claim. Failure to comply with this checklist will delay processing of your claim.

CLAIMS PACKET

CHECKLIST FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

I understand that my claim must contain the following information and documentation. I have included one copy of each document and I have kept a copy of each document for my own records. My initials on each line mean I have included a copy of the requested document in this file.

I MUST BE SURE THE PCU RECEIVES MY CLAIM WITHIN TWO YEARS FROM THE DATE OF THE INCIDENT FOR WHICH I AM MAKING THIS CLAIM. I UNDERSTAND THAT SIMPLY MAILING THE CLAIM WITHIN THE TWO YEARS IS INSUFFICIENT; THE PCU MUST RECEIVE THE CLAIM WITHIN TWO YEARS.

1. _____ This checklist.
2. _____ DD Form 1842 (Claim for Loss of or Damage to Personal Property Incident to Service). I have completed every section of the DD Form 1842, **including Block 9, Amount Claimed, and Block 10, Circumstance of Loss or Damage, and Block 17, Signature.**
3. _____ I have read and complied with the guidance contained in the Oahu Military Water Response Resident Resources document.
4. _____ I have retained all items for which I am submitting a claim.
5. _____ I have private homeowner's insurance, renter's insurance, or vehicle insurance. I understand I must submit a demand against the insurer for payment at the same time I submit my claim with the government, and I understand that I will not be paid by the government until my claim is adjudicated by my private insurer. I have included a copy of any correspondence from my insurance company.
6. _____ If I have authorized someone else to file my claim or to receive payment, I have included a **POWER OF ATTORNEY. (A SIGNED STATEMENT IS NOT SUFFICIENT).**
7. _____ DD Form 1844, (List of Property and Claims Analysis Chart). I have completed each section of the DD Form 1844 including all applicable information in Blocks 1 and 2. I have provided detailed descriptions of damage to each item claimed, original cost, month and year of purchase (date of manufacture if I acquired the item used), and repair cost or replacement cost (Blocks 5-11).
8. _____ **REPLACEMENT COST.** I have verified a claimed replacement cost

of \$100.00 or more by clippings from catalogs, newspaper advertisements, etc., which show pictures and prices of identical or comparable items or written quotes from a firm which sells identical or comparable items.

9. _____ **PHOTOGRAPHS.** If I have pictures of visible damages to the items being claimed, I have included them with my claim. I placed the item's line number, from the DD Form 1844, on the picture. I understand I will not be reimbursed for the cost of the pictures.

10. _____ I understand the claims examiner may require further information or additional repair estimates or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating the claim or if the repair or replacement cost submitted is excessive for average repairs or replacement of like items in the area. For instance, I may be asked to provide proof that I owned the type and quality of item I have claimed.

11. _____ I have completed the Electronic Fund Transfer (EFT) Data sheet. (Only necessary if you do not have a current pay account through the Defense Finance and Accounting Service [DFAS], such as personnel who have left military service without retiring).

If any information is missing, my claim will be adjudicated with the information provided and may result in items being paid for lesser amounts than claimed or denied for failure to substantiate the claim.

(CLAIMANT SIGNATURE) (Date)

(EMAIL ADDRESS)

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>			

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
		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>

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 (<i>X if applicable</i>)</p> <p>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 (<i>X and complete if applicable</i>)</p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:</p> <p align="right">\$</p>
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25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)

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

1. NAME OF CLAIMANT (Last, First, Middle Initial)			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						
a. NAME			b. POLICY NO.															
5.	6.	7. LOST OR DAMAGED ITEMS			8.	9.	11.		15.	18.		23.		24.				
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")			INV NO.	ORIGINAL COST	AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		INVENTORY DATE (YYYYMMDD)	EXCEPTION SHEET DATE (YYYYMMDD)		GBL NUMBER		LOT NUMBER				
						10. MM/YYYY PURCHASED			16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY		
12. REMARKS					13. TOTAL		\$					30. TOTAL AMOUNT ALLOWED		\$	31. THIRD PARTY LIABILITY		\$	\$

SUBJECT: NEW INFORMATION REQUIRED BY DEFENSE FINANCE AND ACCOUNTING SERVICES (DFAS)

DFAS recently updated its payment system and all submissions are now accomplished electronically. Occasionally, this new system will reject an electronic invoice and require the submission of a Corporate Electronic Funds Transfer (CEFT) Form. Due to the frequency of this requirement since the new system was implemented and the impact it has on the payment processing time, we are providing you a copy of the CEFT Form and requesting you take this extra step to prevent any delays in the payment process.

Submit the CEFT form directly to us to upload to DFAS you can do so by emailing it to us at norfolkclaims@us.navy.mil. You can also fax the document to us at toll free 866-782-7297; commercial 757-440-6316 or DSN 564-3337.

Corporate Electronic Funds Transfer (CEFT) Form

**** ALL FIELDS ARE REQUIRED. PLEASE TYPE ALL FIELDS EXCEPT SIGNATURE. ****

Payee Name (Exactly as filed with IRS) _____

SSN _____ or EIN/TIN _____

Status Code:

Corporation? Answer Y/N _____

DoD connected? Answer Y/N _____

Individual? Answer Y/N _____

Payee **MAILING** Address: _____

City _____ State _____ Zip _____

Payee Bank Name _____

Payee Bank Address _____

City _____ State _____ Zip _____

Payee Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor (Payee) Account Number _____

Type of Account (Checking or Savings) _____

Payment Format (CTX, CCD, or PPD) _____

Account Holder's Name _____

Account Holder's Signature X _____

POC Name (for the Payee) _____

POC Phone Number _____

POC Email Address _____

Corporate Electronic Funds Transfer (CEFT) Form