

## CLAIMS PACKET - JBPHH

# CIVILIANS IN HOUSING AREAS IMPACTED FROM BEING SERVICED BY NAVY WATER

## FILING INSTRUCTIONS

### BACKGROUND INFORMATION

1. You must file your claim within two years after it accrues. In this case, every claim accrued on 28 November 2021.
2. Your claim will be adjudicated by the Office of the Judge Advocate General's Personnel Claims Unit (PCU) in Norfolk, Virginia and forwarded to Commander Naval Region Hawaii (CNRH) for processing.
3. Taking the time to correctly complete the attached claims package and provide the required documentation will ensure a quick response to your claim.
4. If you mail your claim, retain a copy for your records.

### IT'S YOUR CLAIM

#### 1. GENERAL.

These instructions are designed to answer questions regarding who can file, where to file, and how to file a claim with the government for damages to your personal property as a result of exposure to the base water system on or from November 28, 2021. **Reading these instructions carefully and answering all questions will ensure the most expeditious processing of your claim.** By not completing the forms properly or providing all required documentation and substantiation will result in delay and/or denial of your claim. **Keep copies of all submitted documents for your records.**

**Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for a successful claim.**

#### 2. WHO MAY FILE A CLAIM?

**Proper Claimant.** Any civilian resident (federal employee, retiree, and other non-Department of Navy affiliated individual) who resides in an area serviced by DoN water on or about 28 November 2021 may file a claim for damage to personal property.

### 3. WHAT FORMS WILL I NEED TO FILE?

The two forms you need to file your claim are ***Claim for Damage to Personal Property (Civilians-JBPHH)*** and ***List of Property and Claims Analysis Chart (Civilians-JBPHH)***. Copies of these forms are in this packet.

- Forms and this package can be found online through the Navy's Office of the Judge Advocate General website, [www.jag.navy.mil](http://www.jag.navy.mil) by clicking on "Claims," then "Packets & Forms" (select "Red Hill" and "All Others" on the screen)
- 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.

### 4. WHAT ARE MY TIME LIMITS?

The claim must be filed no later than **two years** from 28 November 2021. That means that the PCU must **receive** your claims package by that date. **This is a strict requirement that will not be waived.**

### 5. WHERE DO I FILE WITH THE NAVY?

Completed claims packets may be emailed to the PCU at [norfolkclaims@us.navy.mil](mailto:norfolkclaims@us.navy.mil), dropped off at RLSO NW Det HI, 850 Williamette St, Bldg 1746 (2<sup>nd</sup> floor, Legal Assistance), JBPHH, or mailed to the office listed below:

#### **Personnel Claims Unit Norfolk**

9053 First Street Suite 102  
Norfolk, VA 23511-3605  
(888) 897-8217/Fax (866) 782-7297  
DSN 564-3310/Fax DSN 564-3337

Be sure that your claim is completed, as described in this package, and signed before filing. If you are e-mailing the claim, remember to sign the Claim for Damage to Personal Property (Civilians-JBPHH) form 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, \*.tiff, \*.gif, or \*.bmp. Claims may also be dropped off via DOD SAFE at <https://safe.apps.mil/>. If files are encrypted, please provide the passphrase.

## **6. PRIVATE INSURANCE.**

You must file with your insurance company if you have a private insurance policy that may cover all or part of your loss before the government can pay any part of your claim. Include a copy of any correspondence you have had with your insurance company.

## **7. HOW DO I GET PAID?**

If an award is adjudicated, it will be forwarded to Commander Naval Region Hawaii (CNRH) for processing.

## **8. DAMAGE INSPECTION**

It is possible that the claims examiner may request an inspection to substantiate the damage of claimed items. You should keep any items for which you are making a claim until settlement of your claim.

## **9. ADDITIONAL INFORMATION**

**A checklist is provided in this package to assist you in completing your claim packet. Compliance with this checklist will help to expedite your claim, and noncompliance will delay processing.**

## CHECKLIST FOR 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 CLAIMS OFFICE RECIEVES MY CLAIM WITHIN TWO YEARS FROM 28 November 2021. I UNDERSTAND THAT SIMPLY MAILING THE CLAIM WITHIN THE TWO YEARS IS INSUFFICIENT; THE CLAIMS OFFICE MUST RECEIVE THE CLAIM WITHIN TWO YEARS.**

1. \_\_\_\_ This checklist.
2. \_\_\_\_ Claim for Damage to Personal Property (Civilians-JBPHH), **including Block 7, Amount Claimed, Block 8, Circumstance of Irreparable Damage, and Block 14, 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, renters insurance, or vehicle insurance. I understand I must submit a demand against the insurer for payment at the 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. \_\_\_\_ List of Property and Claims Analysis Chart (Civilians-JBPHH). I have completed each section of the form including all applicable information in Blocks 1 through 7. I have provided detailed descriptions of damage to each item claimed, original cost, and month and year of purchase (Blocks 8-14).
7. \_\_\_\_ **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 and attached that documentation to my claim.
8. \_\_\_\_ **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 List of Property and Claims Analysis Chart (Civilians-JBPHH) Form, on the picture. I understand I will not be reimbursed for the cost of the pictures.
9. \_\_\_\_ I understand the claims examiner may require further information or proof of replacement costs for any item listed on the List of Property and Claims Analysis Chart (Civilians-JBPHH) Form while in the process of adjudicating the claim. For instance, I may be asked to provide proof that I owned the type and quality of item I have claimed.

\_\_\_\_\_  
(CLAIMANT SIGNATURE) (Date)

\_\_\_\_\_  
(CLAIMANT EMAIL)

## CLAIM FOR DAMAGE TO PERSONAL PROPERTY (Civilians-JBPHH)

### PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. HOUSING UNIT	3. USG EMPLOYEE / RETIREE / NON-AFFILIATED
4. HOME ADDRESS (Street, City, State and Zip Code)		
5. TELEPHONE NO. (Include area code)	6. EMAIL ADDRESS	7. AMOUNT CLAIMED
8. CIRCUMSTANCES OF IRREPARABLE DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)		
9. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a claim if you had renter's or homeowner's insurance Attach a copy of your policy.)		YES NO
10. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (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.)		
11. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," JBPHH Civilians.)		
12. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," JBPHH Civilians.)		
<p>13. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:          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 an 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.</p>		
14. SIGNATURE OF CLAIMANT (or designated agent)		15. DATE SIGNED (YYYYMMDD)

### PART II - CLAIMS APPROVAL (To be completed by Claims Office)

16. AMOUNT AWARDED. The claim is meritorious and the claimant, by nature of his/her residence as referenced above, is a proper recipient of EEE; 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:		\$
17. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

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

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

<p><b>23. DENIAL</b> <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><b>24. SUPPLEMENTAL PAYMENT</b> <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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<b>25. SIGNATURES</b>			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>

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

