

FILING A CLAIM FOR PERSONAL PROPERTY LOSS DUE TO FIRE, FLOOD, THEFT, VANDALISM AND OTHER PERSONAL PROPERTY LOSSES

1. GENERAL.

These instructions are designed to provide specific guidance to DON personnel who want to file a claim with the government for damage or loss sustained to your personal property incident to service and caused by fire, flood, theft, vandalism, natural disaster or other unusual occurrence. 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. The claim accrues on the date the incident occurred that gave rise to your claim. 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. The PCA also applies to Department of the Navy (DON) Federal employees. Reservists or retired members may only claim for damages under the PCA if loss or damage to their personal property occurred while they were on active duty.

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. Many Region Legal Service Offices (RLSOs) provide POA on a walk-in basis. The prospective claimant must be present to grant a POA. 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). 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 non-appropriated 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 DUE TO FIRE, FLOOD, THEFT, VANDALISM AND OTHER PERSONAL PROPERTY LOSSES

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 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. For claims for damage to POV's, the declarations page from my policy, showing types and limits on coverage, is attached. I have included a copy of any correspondence from my insurance company.
4. _____ 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).**
5. _____ 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).
6. _____ One repair estimate or if the item is missing or destroyed, a replacement cost estimate for any and all articles over \$100.00. **If the cost of the estimate will be over \$75, I will contact the PCU before I obligate myself to pay that estimate fee.**

a. _____ **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.

b. _____ **REPAIR COST.** If I am claiming the cost to repair an item exceeds \$100.00, I have provided an estimate from a firm that is in the business of repairing such items (e.g., washer/dryer from an appliance repair firm, furniture from a furniture repair or re-upholstery shop). If the item is damaged beyond economical repair, the estimate must state this and I have submitted evidence to prove the replacement price of the item as described above. **The estimate must clearly state the specific area on the item and damages to the item that are being repaired. An estimate that simply shows "repair" or "refinish" is not acceptable.**

c. _____ **ELECTRICAL/ELECTRONIC ITEMS.** For each electrical/electronic item (such as TV's, stereos, computers, refrigerators, etc.) with a value over \$100 that I am claiming a repair cost over \$100.00, I submitted one of the attached electrical/electronic repair forms completed by a person in the business of repairing such items. (You can copy the form.)

d. _____ **Re-upholstery.** The estimate must state that:

1) the materials used are of comparable quality to the original material; 2) patching, reweaving, using material from a different part of the item or any less expensive method of repair is not possible; and 3) must list cost of material and labor separately.

e. _____ **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.

ALL ESTIMATES MUST BE IN ENGLISH OR HAVE AN ENGLISH TRANSLATION ATTACHED.

7. _____ 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.

8. _____ Military or civilian police or fire report (if available) is attached.

9. _____ For POV claims, copy of current registration for vehicle.

10. _____ 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)

ELECTRICAL/ELECTRONIC REPAIR FORM

_____ Date to the Estimator:

We must determine if damage to this item is as a result of some other cause rather than a manufacturer's defect or the result of normal wear and tear by age. Please complete this form to document your evaluation, or attach your firm/company documentation as appropriate, as long as the same type of information is provided.

Firm Name & Address: _____

Firm Telephone Number: _____

Firm Contact Representative: _____

ITEM ESTIMATED: _____ (Include
Make/Model/Description) Estimated Age: _____

1. There (was) (was not) external damage to the item.
2. I (was) (was not) able to determine the cause of the damage. To the best of my knowledge, I have determined the nature and extent of damage as follows:

3. I summarize the cost of repairs as follows:

(parts) _____ \$ _____
(parts) _____ \$ _____
(parts) _____ \$ _____
(parts) _____ \$ _____
(labor) _____ \$ _____

Totals: Parts/Labor: \$ _____ Overall Total: _____

Tax: \$ _____

4. I (have) (have not) determined that the item damaged as described above (is) (is not) beyond economical repair. I estimate a similar or comparable replacement item to be valued at \$ _____