



## DEPARTMENT OF THE NAVY

OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE, SUITE 205  
NORFOLK, VIRGINIA 23511-2949

### TORT CLAIMS ACT CLAIMS PROCEDURES

Claims for property damage and/or personal injury or wrongful death caused by the negligence of a government employee acting within the scope of employment are payable under the Federal Tort Claims Act (FTCA) or the Military Claims Act (MCA). A claim must be presented to the TCU or other appropriate federal agency within **2 years** of accrual. The proper format for filing a claim is a completed Standard Form 95 (SF-95). By federal law, we have **six months** from the date the claim is properly presented to take action on the claim. In order for us to adjudicate your claim fairly and quickly, please fill out the SF-95 according to the following directions, and attach all requested documents:

1. **Block 1** - Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, VA 23511-2949
2. **Block 2** - Name and current mailing address of claimant (or authorized agent, or legal representative). If authorized agent, provide evidence establishing express authority to act for claimant, showing title/legal capacity of person signing with evidence of authority to present a claim. The following forms may be attached for your convenience and use as required:

Authority to File Claim (for authorized agents)  
Attorney Authorization (for legal representatives)  
Authorization for Insurance Company to Include Deductible  
in Subrogation Claim

\* Please note that only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident.

3. **Block 3** - Check whether claimant was a member of the armed forces on active duty or a civilian employee of the United States government at the time of the incident
4. **Block 4** - Claimant's date of birth
5. **Block 5** - Claimant's marital status
6. **Block 6** - Fill in day and date of accident/incident when claim accrued
7. **Block 7** - Fill in approximate time of accident/incident when claim accrued

8. **Block 8** - Provide detailed facts that form the basis of your claim. Identify all people involved to the best of your ability, and city and state of occurrence. Attach the **police report/incident complaint report or accident information exchange sheet**, if you have one. The law requires that the Department of the Navy independently investigate each claim presented. All claims filed under the FTCA are thoroughly investigated. The more information you can provide to us regarding the government employee involved (name, duty station, phone number, etc.) the faster we can complete our investigation. Without sufficient information to investigate, we cannot adjudicate your claim.
9. **Block 9** - If you are not claiming property damage, please fill in "not applicable" or "N/A." If you are claiming property damage, please provide ownership information and describe the damage and its location. Also attach the following required information:
- a. Proof of ownership of property involved (copy of title or registration, or copy of insurance coverage for insurance company claimants). Please note that only the registered owner of a vehicle (or subrogated insurance company) may file a claim for damages to that vehicle, regardless of who was driving the vehicle at the time of the incident;
  - b. Copies of **two** separate itemized estimates for repair, or a copy of an itemized paid receipt. If the property is not economically repairable, or is lost or destroyed, provide a written statement by a dealer/mechanic/appraiser as to value of property, date of purchase, and original cost; and
  - c. Any other paid receipts for expenses related to damage (i.e. towing fee, reasonable rental car receipts, etc.).
10. **Block 10** -If you are not claiming personal injury or wrongful death, please fill in "N/A." If you are claiming personal injury or wrongful death, please state the nature and extent of each injury or cause of death. Also attach the following required information:
- a. Copies of claimant's complete medical records, both inpatient and outpatient related to this accident;
  - b. Provide a written report by claimant's attending physician(s) or other medical professional setting forth the nature and extent of the injury, nature and extent of treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization, any diminished earning capacity, and a statement of expect expenses for any future treatment required;
  - c. Itemized bills for medical, dental, and hospital expenses incurred, or itemized receipts of payments for such expenses;

d. If claiming lost wages, provide a written statement from claimant's employer showing job description, actual time lost from employment, and wages/salary actually lost. If claiming loss of self-employed income, provide documentary evidence showing amount of earnings actually lost, including tax returns.

11. **Block 11** -List names and addresses of any witnesses. If none, fill in "N/A" or "unknown."
12. **Block 12** - 12a. Total property damage claimed. If none, fill in "N/A." 12b. Total personal injury claimed. If none, fill in "N/A." 12c. Total amount for wrongful death claimed. If none, fill in "N/A." 12d. Total amount claimed (12a + 12b + 12c). **You must demand a sum certain dollar figure.** Approximate amounts or "see attached" are not acceptable. Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.
13. **Blocks 13a and 13b** - Original signature of **claimant** (or authorized representative) required. Faxed or photocopies are acceptable. Provide telephone number where claimant can be reached.
14. **Block 14** - Fill in date claim is **signed** by claimant.
15. **Blocks 15 -19** - Complete requested insurance information.

If you have any questions concerning your claim, please contact our FTCA Claims Division at (757) 350-3085, or by fax at (757) 341-4563. They can also be contacted via e-mail at [Tortclaimsunit@us.navy.mil](mailto:Tortclaimsunit@us.navy.mil). Please understand that filing a claim is **not** a guarantee of payment. You will be notified if your claim will be settled or denied. Send your completed SF-95 and all attached documentation to:

Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, Virginia 23511-2949

**Authority to File Claim**

To: Office of the Judge Advocate General  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, Virginia 23511-2949

This form is used to document the fact that the officer or agent signing the Standard Form 95 is authorized to act on behalf of the company or corporation filing the claim. This form may not be signed by the person signing the Standard Form 95.

Date: \_\_\_\_\_

The undersigned is \_\_\_\_\_  
*(Position: i.e. President, Secretary, etc.)*

of \_\_\_\_\_  
*(Name and address of corporation or company)*

and in such capacity has access to the books and records of

\_\_\_\_\_  
*(Name of corporation or company)*

\_\_\_\_\_ is  
*(Name of Agent signing claim)*

\_\_\_\_\_ of  
*(Position of Agent)*

\_\_\_\_\_  
*(Name of Corporation or company)*

and has the power and authority to file, adjust and settle claims

for and on behalf of \_\_\_\_\_

as its duly authorized agent.

\_\_\_\_\_  
Signature\*

\* This form must be signed by someone other than the person signing the Standard Form 95.

**For Subrogation: This form should NOT be signed by your insured.**

AUTHORIZATION FOR INSURANCE COMPANY TO INCLUDE DEDUCTIBLE IN  
SUBROGATION CLAIMS

To: OFFICE OF THE JUDGE ADVOCATE GENERAL  
TORT CLAIMS UNIT NORFOLK  
9620 MARYLAND AVENUE, SUITE 205  
NORFOLK, VA 23511-2949

I, \_\_\_\_\_ hereby authorize my  
(Name of Insured)

insurance company \_\_\_\_\_ to act as my  
(Name of Insurance Company)

agent in recovery of my insurance deductible of \$ \_\_\_\_\_,

incurred as the result of an incident that occurred on

or about \_\_\_\_\_.

Insurance company's claim number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
Date signed

NOTE: This form is required for all FTCA and MCA claims when the Standard Form 95 is signed by the insurance company "as subrogee and agent" of the insured.

**Attorney Authorization**

**To: Office of the Judge Advocate General\  
Tort Claims Unit Norfolk  
9620 Maryland Avenue, Suite 205  
Norfolk, Virginia 23511-2949**

I, \_\_\_\_\_, hereby designate and authorize  
*(Claimant)*

\_\_\_\_\_, associated with the law office of  
*(Name of Attorney)*

\_\_\_\_\_ to represent me and continue any  
*(Name of Law Firm)*

**and all claims which have been filed or will be filed arising from:**

\_\_\_\_\_  
*(Description of Incident)*  
\_\_\_\_\_  
\_\_\_\_\_

which occurred on \_\_\_\_\_.  
*(Date of Incident)*

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Claimant**