



**Kaiserslautern Legal Services Center
Claims Information**

**Filing A Claim for POV
Shipment-Related
Damage or Loss**



This information paper provides basic information only, and is not intended to serve as a substitute for a personal consultation with a Claims Examiner or Claims Attorney. For an appointment to see a Claims Examiner or Claims Attorney, dial DSN 483-8414/8862 or Civilian 0631-411-8414/8862.

Please read the following instructions carefully. Complete the forms neatly, and give us all the information that you can to facilitate adjudication and settlement of your claim.

GENERAL INFORMATION:

- a. Your POV claim must be filed within two years of the date you picked up your car. The time limit is set by statute.
- b. By statute, only service members or Government employees can file these type of claims. 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.
 - An example of a written authorization: “I, SPC John Doe, hereby authorize my wife, Jane Doe, [SSN] to file a claim against the U.S. Government on my behalf for damage to my [2005 Toyota Corolla]. [Signed] [date]”

HERE'S WHAT YOU NEED TO FILE YOUR CLAIM:

- ____ 1. DD Form 1842, Claim for Personal Property Against the United States (see attached sample)
- ____ 2. DD Form 1844, Schedule of Property (see attached sample)
- ____ 3. Vehicle Inspection & Shipping Form (VISF) (the copy you obtained when you picked up your vehicle)
- ____ 4. Vehicle registration (we can make a copy)
- ____ 5. PCS orders authorizing shipment of POV with all amendments
- ____ 6. Insurance policy or declaration page or a letter of cancellation from the insurance company if you canceled your insurance prior to shipment.
- ____ 7. Inspection by claims office
- ____ 8. Estimate 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 item on DD Form 1844. **DO NOT OBTAIN AN EXPERT OPINION (GUTACHTEN) UNLESS IT IS AUTHORIZED BY THE CLAIMS ATTORNEY. IF THERE HAS BEEN NO AUTHORIZATION, YOU WILL NOT BE REIMBURSED FOR THE GUTACHTEN FEE.**

- ____ 9. Verification of replacement cost—for missing items. Look for something that is the same as or similar to what you had.
- ____ 10. Copy of power of attorney (if necessary)
- ____ 11. Bank Information Sheet

ADDITIONAL INFORMATION:

- Normally, only damage that was noted on the back of the VISF at the time of pick-up will be considered for payment.
- The cost of repair cannot exceed the value of the POV.
- List each area of damage as a separate line item on the DD Form 1844; ask whoever prepares your estimate to have the estimate correspond as closely as possible to the specific line items.
- 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. 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.
- Value-Added Tax (Mehrwertsteuer)—You will normally not be reimbursed for the German value added tax. You can get tax relief forms at the community Tax Relief Office **before** paying you bill. The cost of the tax relief form may be claimed as a separate line item on your DD Form 1844.

If you have any questions concerning the completion of this form, call the Kaiserslautern Legal Services Center's Claims Office at DSN 483-8414/8862 or Civilian 0631-411-8414/8862.

**INSTRUCTIONS ON COMPLETING DD FORM 1842
FOR A POV SHIPMENT CLAIM**

This is the form on which you will actually make a demand against the Government for a specific sum of money. Its purpose is to give details as to why and how the damage or loss occurred. You need to submit one original.

1-8. **IDENTIFYING DATA:** Self-explanatory. Note that #5 should be your quarters address. #6 should be your mailing address, which in most cases means your duty address. If you want your letter to be sent through the German mail, then list your street address.

9. **AMOUNT OF CLAIM:** You must list a **dollar amount** in this block. If you are claiming some amounts in Euros on your DD Form 1844, we will convert them to dollars for purposes of a total. For a paid bill, the exchange rate on the date of the transaction will be used. For an estimate, the rate on the day you submit the claim will be used. If you have problems, someone from the claims office will help you do the conversions, but you will be asked to enter the final number on the form yourself.

10. **DATE, PLACE, FACTS AND CIRCUMSTANCES OF INCIDENT:** For a POV shipment claim, your form should be pre-printed and all you need to do is fill in the blanks. If this block is empty, use the format on this sample to complete it.

11. **QUESTIONS:** Answer questions 11-15 by marking the appropriate box with an "X". If your answer to question 11 is "no", mark 12 "NA".

12. **SIGNATURE:** **DO NOT SIGN AND DATE THE FORM UNTIL YOU ARE IN THE PRESENCE OF CLAIMS PERSONNEL. YOU ARE MAKING AN OFFICIAL STATEMENT.**

If you have any questions concerning the completion of this form, call the Kaiserslautern Legal Services Center's Claims Office at DSN 483-8414/8862 or Civilian 0631-411-8414/8862.

INSTRUCTIONS ON COMPLETING DD FORM 1844 FOR A POV SHIPMENT CLAIM

This form provides detailed information on the damage to your POV and/or the loss of items from your POV. A decision on how much we pay you is based primarily on the information you supply on this form, so you should complete it very carefully.

1. Self-explanatory.
2. **NAME OF INSURANCE CO. AND POLICY:** If you had private insurance on your POV which was in effect during shipment, enter the insurance company's name and policy number.
3. **LINE NUMBER:** This is simply the sequence number. Start with "1" and number each line item. List the year and make of your POV and when and how much you purchased it for on line one. Each damaged part of your car should be listed separately. Follow the repair estimate if possible.
4. **QUANTITY:** List the number of items claimed on this line, e.g. 4 tires, 2 speakers, etc. NOTE: Do not list different types of items on one line.
5. **DAMAGED OR LOST ITEM:** List the make, model and year of your POV on the first line followed by specific items to be repaired or replaced on the lines beneath. EXAMPLE: 1 installed Panasonic cassette deck, model XYZ, tuning knob broken.
6. **ORIGINAL COST:** This is the price you originally paid for the POV or for parts you need to have replace. If the item claimed was purchased as part of the car originally, leave this space blank.
7. **MONTH/YEAR OF PURCHASE:** This is the month and year that you originally purchased the POV or individual item claimed. If the item claimed was part of the original POV purchase, leave this line blank.
8. **REPAIR COST:** This is based on an estimate attached to your claim or, for very minor damage (less than \$100), an agreed cost of repairs arrived at after discussion with claims personnel.
9. **REPLACEMENT COST:** Where an item is lost or irreparably damaged, you will claim an amount here. Generally, anything valued at more than \$100.00, and possibly some things of lesser value, will require written verification. If you are not told which items to substantiate, please ask before you prepare your claims packet.
10. **TOTAL AMOUNT CLAIMED:** If you have more than one page, the grand total should appear at the bottom of the last page. The total must be in dollars, so if you have some figure in Euros, you should either convert them or wait to fill in this block until claims personnel can help you arrive at a dollar total.

If you have any questions concerning the completion of this form, call the claims office.