

PATTON LAW CENTER - CLAIMS OFFICE

Building 107, Patton Barracks
GPS Address: Speyerer Strasse 15
69124 Heidelberg
Website: www.bw.eur.army.mil/community_life/legal/claims/default.html

DSN: 373-5263 COMM 06221-17-5263
FAX: 373-9808 COMM 06221-17-9808
email: plc-claims@eur.army.mil

Office Hours:
M, T, W & F: 0900-1600 hrs
TH: 1330-1600 hrs

CLAIMS FOR DAMAGE TO HOUSEHOLD GOODS OR UNACCOMPANIED BAGGAGE SHIPPED AT GOVERNMENT EXPENSE (NON-DPS)

The Following Items Are Required To Process Your Claim:

- _____ DD Form 1842 (Claim for Loss or Damage to Personal Property Incident to Service)
- _____ DD Form 1844 (List of Property and Claims Analysis Chart)
- _____ Inventory of Shipment
- _____ Government Bill of Lading (GBL)
- _____ Written Repair Estimates
- _____ Evidence of Replacement Cost (Original receipts, catalog pages, webpages)
- _____ Photographs of damaged items
- _____ PCS Orders/Amendments
- _____ Electronic Funds Transfer Form
- _____ Privacy Act Statement
- _____ Full Replacement Value Waiver
- _____ Missing Items Statement
- _____ Electronic Repair Statement
- _____ Other _____

Untruthful acts or statements by a claimant may be considered fraud and may result in criminal prosecution, a reduction in any award or denial of the claim.

You must provide missing documentation to the claims office within 10 duty days of the date this checklist is signed. After this time, the claims office may process your claim as filed which may result in a reduction of an award or denial of the claim.

_____ (Claimant signature) _____ (Date)

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 (Last, First, Middle Initial) DOE, John C.	2. BRANCH OF SERVICE USA	3. RANK OR GRADE SGT/E5	4. SOCIAL SECURITY NUMBER 111-22-3333
5. HOME ADDRESS (Street, City, State and Zip Code) CMR address		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) Unit address	
7. HOME TELEPHONE NO. (Include area code) or cell number	8. DUTY TELEPHONE NO. (Include area code) DSN	9. AMOUNT CLAIMED \$500.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) Pursuant to orders transferring me from Fort Bliss, TX to Heidelberg, Germany my household goods/unaccompanied baggage was packed by Foremost Forwarders on 1 Jul 2010, and delivered to my quarters by NTS on 1 September 2010. Inspections were noted on the DD Form 1840. Subsequent damage found after the carrier departed my quarters was not noted on the DD Form 1840R filed via DPS/directly with the carrier/ with the military claims office on 15 October 2010. My property was shipped under Government Bill of Lading Number KL222333.			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (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 copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURANCE? (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.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. 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," DD Form 1844.)		
15. 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," DD Form 1844.)		
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 this 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 (designated agent) Must be signed by sponsor or spouse, must provide POA	18. DATE SIGNED (YYYYMMDD)	

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

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is 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: \$		
21. 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)

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 (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
Pursuant to orders transferring me from _____ to _____ my household goods/unaccompanied baggage was packed by (name of carrier) _____ on (date packed) _____ and delivered to my quarters by (name of carrier) _____ on (date delivered) _____ Exceptions were/were not noted on the DD Form 1840. Subsequent damage found after the carrier departed my quarters was/was not noted on the DD Form 1840R filed via DPS/directly with the carrier/ with the military claims office on (date sent to carrier) _____ My property was shipped under Government Bill of Lading Number _____			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (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 copy of your policy.)	YES	NO
12. 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.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. 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," DD Form 1844.)		
15. 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," DD Form 1844.)		
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 (or designated agent)	18. DATE SIGNED (YYYYMMDD)	

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

19. PROCEDURE (X one)	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 (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. 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)*

23. DENIAL *(X if applicable)*

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.

24. SUPPLEMENTAL PAYMENT *(X and complete if applicable)*

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
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25. APPROVING/SETTLEMENT AUTHORITY *(Settlement Authority is required for denial.)*

a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, John		3. PICK-UP DATE (YYYYMMDD) 20100801		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR LIABLE			
2. CLAIMANT'S NSURANCE COMPANY (if applicable)		4. DELIVERY DATE (YYYYMMDD) 20101015		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
a. NAME		b. POLICY NO.		9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	BEDROOM DRESSER LEFT DOOR BROKEN	40	12/2003	450.00								
2	1	DINING ROOM TABLE GLASS TOP SHATTERED	32	06/2004	400.00								
3	1	DINING ROOM CHAIR SCRATCHED ON ALL LEGS	30	06/2004	35.00								
4	1	ESTIMATE OF REPAIR 50 Euro		12/2010	64.00								
12. REMARKS				13. TOTAL	\$	30. TOTAL AMOUNT ALLOWED	\$	31. THIRD PARTY LIABILITY	\$				

EXAMPLE

ELECTRONIC FUND TRANSFER WORKSHEET

PAYEE INFORMATION

Name (Last, First, Middle Initial): _____

Social Security Number: _____

Mailing Address: _____

Telephone Number (DSN or COMM): _____

FINANCIAL INSTITUTION INFORMATION

Name: _____

Address: _____

9 Digit Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Claimant Signature _____

Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P. L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 C.F.R. 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's or individual's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Privacy Act Statement

Authority: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

Principal Purpose: 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 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 of or all of the claim.

I acknowledge that I am hereby informed of the above matters regarding the information to be solicited from me this _____ day of _____, 20__.

Signature of Claimant

**Waiver Form for Claimants Wishing to Waive Their Right to Full Replacement Value (FRV)
Coverage in Return for Immediate Army Adjudication**

1. Under the new DOD program that makes carriers liable for full replacement value coverage (FRG), you may file your claim for shipping loss or damage with either a military claims service or directly with the carrier that is responsible for the shipment of your goods. In most cases, you should file directly with the carrier within **9 months of delivery**, as the carrier will usually pay more money and you will have to do less work to establish the cost of repairing or replacing your goods.
2. The contract under which your household goods were shipped states that IF you file your claim directly with the carrier that transported your goods within 9 months of delivery, that carrier will be liable for the full replacement value (FRV) on any items that were lost or destroyed. That means that the carrier will have to replace old items that were lost or destroyed with new ones. If the carrier pays cash for those items, it may not depreciate the replacement cost. However, if you elect to file your claim directly with a military claims office, rather than directly with the carrier within 9 months, you give up your right to FRV coverage and you will not receive the full replacement value from either the military claims office or from the carrier.
3. Even if your items are only damaged and can be repaired, it may be better for you to file directly with the carrier within 9 months and have your claim settled under the FRV terms. If you file directly with a military claims office, we **will not pay** more for repairs than the depreciated value of a damaged item. For example, if you have a ten year old television with a depreciated value of \$100 that is damaged in transit, the Army will not pay more than \$100 for repairs. However, if the full replacement value for this television is \$300, the carrier would probably pay as much as \$295 for repairs, as that would be cheaper than replacing it.
4. In addition to paying more money, IF you file directly with the carrier within nine months of delivery, then the carrier is also responsible for obtaining estimates of repair and determining the replacement cost of any items that are lost or damaged.
5. I have read the information above and still wish to have the Patton Claims Office adjudicate and settle my household goods claim (including all lost or damaged items) in full. I hereby affirmatively waive my right to have my claim considered under the full replacement provisions of the contract under which my household goods were shipped. I affirmatively elect to have the Army adjudicate and settle my claim based on the depreciated value of my goods. I understand that I **will not** be paid the full replacement value by either the Army or the carrier for any of my items that were lost or damaged.

Claimant Signature

Date

Claims Personnel Signature

Date

List of Estimators

Listing of a firm is not an endorsement, but you should consult the claims office before getting estimates from an unlisted firm. Listing of a firm does not provide any warranty or guarantee of the quality of service rendered by that firm. In adjudicating your claim, we are not bound by the estimate. **IMPORTANT:** The German word for estimate is "Kostenvoranschlag". Do not get a "Gutachten" (appraisal). The fee for a "Gutachten" is not compensable. **CAUTION:** Claims regulations required that a repair estimate must be from a repair shop that is in the business of actually doing the repairs for which they are providing the estimate. An estimate for the body work and painting of a vehicle must be from an auto body shop that will perform the work, and not from an auto dealer or repair shop that will subcontract the body work and painting to a third party.

<u>AUDIO/STEREO/TV</u>	<u>FURNITURE</u>	<u>AUTO REPAIR</u>	<u>BICYCLE REPAIR</u>	<u>CLOCKS</u>	<u>UPHOLSTERY AND CARPET CLEANING</u>	<u>GLASS AND FRAMING</u>
AAFES Pick-Up Point HD Shopping Center 06221-1374671 or PHV 06221-1374670 Cost estimate: \$35 for electronic items except PCs	Theo Fleig Masters Craftsmen Grabenstrasse 6 69117 Heidelberg 06221-419413 0179-6603040 Cost estimate: € 75 - 80	A.T.U Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge (perform smart repair)	Outdoor Recreation PHV Bldg 104 06221-576258 Tari Bikes Bahnhofstrasse 2 69168 Wiesloch 06222-383791 Cost estimate: €15	Clockworld Kurfuersten-Anlage 69 69115 Heidelberg 06221-6531593 Cost estimate: free of charge	Genther Dossenheimer Landstrasse 39 69121 Heidelberg 06221-480365	Arts & Craft/Photo PHV Bldg 4507 06221-338 9421 06221-338 9422
Deytronic Elektrohandels-gesellschaft Landenburgerstrasse 85 69120 Heidelberg 06221-410335 Cost estimate: € 23.80	Der Moebeldoktor Heidelberger Strasse 30 68723 Schwetzingen 06202/8595994 Cost estimate: € 15 - 20	Lucky Lack Rudolf-Diesel-Str. 4 69115 Heidelberg 06221-21314 Cost estimate: € 65	Zweirad Schmidt Heinrich-Fuchs-Str. 6 69126 Heidelberg 06221-390993 Cost estimate: €20 -30	Till Lotterman Seckenheimer Hauptstrasse 128 68239 Mannheim 0621-473010 Cost estimate: free of charge	Alle Kotte Truebnerstrasse 22 69121 Heidelberg 06221-474192 Cost estimate: free of charge	Roland Friedrichs Dantestrasse 43 69115 Heidelberg 06221-24527 Cost estimate: Glas Reidel GmbH Carl-Bosch-Strasse 2 69115 Heidelberg 06221-53950 Cost estimate: free of charge
Power Zone HD Shopping Center 06221-161870 Cost estimate: \$ 36 for TVs	Der Moebeldoktor Peter Zimmermann Friesenheimer Strasse 14 68169 Mannheim 0621-7624074 Cost estimate: € 80 - 100	Auto-Service Grossmueller Heinrich-Lanz-Str. 6 69115 Heidelberg 06221-166051 Cost estimate: free of charge	<u>ANTIQUES</u> Eid und Sengle Auktionen/Antiquitaeten Bergheimer Strasse 101 69115 Heidelberg 06221-22784 (only appraisals for high value items)	Juwelier Maier Inh. Uwe Maier Hauptstrasse 103 69207 Sandhausen 06224-2731 Cost estimate: free of charge	<u>WATER BEDS</u> U. Kaboth-Baehr Waterbed Discount Hauptstrasse 73 69207 Sandhausen 06224-923513	<u>PIANO REPAIR</u> Klavierhaus Udo Mueller Friedrichstrasse 14 69412 Eberbach 06271-71971
<u>COMPUTER REPAIR</u> AAFES Pick-Up Point HD Shopping Center 06221-1374671 Cost estimate: \$75 Heinlein Buero- u. Computertechnik GmbH Hans-Bunte-Str. 8 69123 Heidelberg 06221 - 707408 Cost estimate: approximately € 25	Jochen Stumpf - Schreinerei - Innenausbau GmbH Max Berk Strasse 7 69226 Nussloch 06224-146441 06221 - 300062	<u>SEWING MACHINES</u> Pfaff Naechzentrum Ploeck 30 69117 Heidelberg 06221-25797 Cost estimate: € 25	<u>CERAMIC REPAIR</u> Porzellan-Klinik Gabriele Habers Knochenhauerstr. 5 28195 Bremen (0421) 321616	Cost estimate: free of charge	<u>AUTO PARTS</u> A.T.U Autoteile Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge	Klavierhaus Kohler Ziegelgasse 29 68307 Mannheim 0621-771143