

## 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](http://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](mailto:plc-claims@eur.army.mil)

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

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### CLAIMS FOR PROPERTY DAMAGE DUE TO FIRE, FLOOD, VANDALISM, THEFT, OR OTHER UNUSUAL OCCURENCES

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)

\_\_\_\_\_ Photographs of damage or inspection by Claims Personnel

\_\_\_\_\_ PCS Orders/Amendments

\_\_\_\_\_ Electronic Funds Transfer Form

\_\_\_\_\_ Privacy Act Statement

\_\_\_\_\_ Evidence of Replacement Cost (Original receipts, catalog pages, webpages)

\_\_\_\_\_ Written Repair Estimate

Other documents as requested by Claims Personnel:

\_\_\_\_\_ MP Reports/Police Reports \_\_\_\_\_ Vehicle Registration \_\_\_\_\_ Insurance policy  
Declaration page

\_\_\_\_\_ Driver's License \_\_\_\_\_ Insurance Settlement

Other: \_\_\_\_\_

**The Personnel Claims Act is not intended to substitute for private insurance or to benefit private insurers. Claimants whose insurance policies cover all or part of their loss must provide a copy of their insurance policy to the claims office. As a general rule, such claimants must file and settle with their insurers before settling a claim with the United States.**

**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.)

<b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial) DOE, John C.	<b>2. BRANCH OF SERVICE</b> USA	<b>3. RANK OR GRADE</b> SGT/E5	<b>4. SOCIAL SECURITY NUMBER</b> 111-22-3333
<b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)  CMR address		<b>6. CURRENT MILITARY DUTY ADDRESS</b> (If applicable) (Street, City, State and Zip Code)  Unit address	
<b>7. HOME TELEPHONE NO.</b> (Include area code) or cell number	<b>8. DUTY TELEPHONE NO.</b> (Include area code) DSN	<b>9. AMOUNT CLAIMED</b> \$500.00	

**10. CIRCUMSTANCES OF LOSS OR DAMAGE** (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

Explain the circumstances of the loss or damage here.

<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED AND YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 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.

<b>17. SIGNATURE OF CLAIMANT</b> (or designated agent)	<b>18. DATE SIGNED</b> (YYYYMMDD)
Must be signed by sponsor. If spouse, must provide POA	

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

<b>19. PROCEDURE</b> (X one)	<b>20. AMOUNT AWARDED.</b> 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)

<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	<b>c. REVIEWING AUTHORITY</b>	<b>d. DATE SIGNED</b> (YYYYMMDD)
<b>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY</b>		<b>f. SIGNATURE OF APPROVING AUTHORITY</b>	<b>g. DATE SIGNED</b> (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.)

<b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial)	<b>2. BRANCH OF SERVICE</b>	<b>3. RANK OR GRADE</b>	<b>4. SOCIAL SECURITY NUMBER</b>
<b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)		<b>6. CURRENT MILITARY DUTY ADDRESS</b> (If applicable) (Street, City, State and Zip Code)	
<b>7. HOME TELEPHONE NO.</b> (Include area code)	<b>8. DUTY TELEPHONE NO.</b> (Include area code)	<b>9. AMOUNT CLAIMED</b>	
<b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			

<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (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.)	<b>YES</b>	<b>NO</b>
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (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.)		
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (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.

<b>17. SIGNATURE OF CLAIMANT</b> (or designated agent)	<b>18. DATE SIGNED</b> (YYYYMMDD)
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**PART II - CLAIMS APPROVAL** (To be completed by Claims Office)

<b>19. PROCEDURE</b> (X one)	<b>20. AMOUNT AWARDED.</b> 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		
<b>21. SIGNATURES</b> (Signatures at a and c not required if small claims procedure is utilized)		
<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	<b>c. REVIEWING AUTHORITY</b>
		<b>d. DATE SIGNED</b> (YYYYMMDD)
<b>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY</b>		<b>f. SIGNATURE OF APPROVING AUTHORITY</b>
		<b>g. DATE SIGNED</b> (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**

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

<b>a. TYPED NAME</b>	<b>b. GRADE</b>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)
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# 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\_\_.

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Signature of Claimant

## 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.

<p><b>AUDIO/STEREO/TV</b></p> <p>AAFES Pick-Up Point HD Shopping Center 06221-1374671 or PHV 06221-1374670 Cost estimate: \$35 for electronic items except PCs</p> <p>Deytronic Elektrohandels-gesellschaft Landenburgerstrasse 85 69120 Heidelberg 06221-410335 Cost estimate: € 23.80</p> <p>Power Zone HD Shopping Center 06221-161870 Cost estimate: \$ 36 for TVs</p> <p><b>COMPUTER REPAIR</b></p> <p>AAFES Pick-Up Point HD Shopping Center 06221-1374671 Cost estimate: \$75</p> <p>Heinlein Buero- u. Computertechnik GmbH Hans-Bunte-Str. 8 69123 Heidelberg 06221 - 707408 Cost estimate: approximately € 25</p>	<p><b>FURNITURE</b></p> <p>Theo Fleig Masters Craftsmen Grabenstrasse 6 69117 Heidelberg 06221-419413 0179-6603040 Cost estimate: € 75 - 80</p> <p>Der Moebeldoktor Heidelberger Strasse 30 68723 Schwetzingen 06202/8595994 Cost estimate: € 15 - 20</p> <p>Der Moebeldoktor Peter Zimmermann Friesenheimer Strasse 14 68169 Mannheim 0621-7624074 Cost estimate: € 80 - 100</p> <p>Jochen Stumpf - Schreinerei - Innenausbau GmbH Max Berk Strasse 7 69226 Nussloch 06224-146441 06221 - 300062</p> <p><b>WATER BEDS</b></p> <p>U. Kaboth-Baehr Waterbed Discount Hauptstrasse 73 69207 Sandhausen 06224-923513</p>	<p><b>AUTO REPAIR</b></p> <p>A. T. U Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge (perform smart repair)</p> <p>Lucky Lack Rudolf-Diesel-Str. 4 69115 Heidelberg 06221-21314 Cost estimate: € 65</p> <p>Auto-Service Grossmueller Heinrich-Lanz-Str. 6 69115 Heidelberg 06221-166051 Cost estimate: free of charge</p> <p>Autospengerei Autolackiererei Mohr GmbH Haillesche Strasse 30 68309 Mannheim 0621-701081</p> <p><b>SEWING MACHINES</b></p> <p>Pfaff Nachzentrum Ploeck 30 69117 Heidelberg 06221-25797 Cost estimate: € 25</p>	<p><b>BICYCLE REPAIR</b></p> <p>Outdoor Recreation PHV Bldg 104 06221-576258</p> <p>Tari Bikes Bahnhofstrasse 2 69168 Wiesloch 06222-383791 Cost estimate: €15</p> <p>Zweirad Schmidt Heinrich-Fuchs-Str. 6 69126 Heidelberg 06221-390993 Cost estimate: €20 -30</p> <p><b>ANTIQUES</b></p> <p>Eid und Sengle Auktionen/Antiquitaeten Bergheimer Strasse 101 69115 Heidelberg 06221-22784 (only appraisals for high value items)</p> <p><b>CERAMIC REPAIR</b></p> <p>Porzellan-Klinik Gabriele Habers Knochenhauerstr. 5 28195 Bremen (0421) 321616 Cost estimate: € 25</p>	<p><b>CLOCKS</b></p> <p>Clockworld Kurfuersten-Anlage 69 69115 Heidelberg 06221-6531593 Cost estimate: free of charge</p> <p>Till Lotterman Seckenheimer Hauptstrasse 128 68239 Mannheim 0621-473010 Cost estimate: depends</p> <p>Juwelier Maier Inh. Uwe Maier Hauptstrasse 103 69207 Sandhausen 06224-2731 Cost estimate: free of charge</p>	<p><b>UPHOLSTERY AND CARPET CLEANING</b></p> <p>Genthner Dossenheimer Landstrasse 39 69121 Heidelberg 06221-480365</p> <p>Alle Kotte Truebnerstrasse 22 69121 Heidelberg 06221-474192 Cost estimate: free of charge</p> <p><b>WATER BEDS</b></p> <p>U. Kaboth-Baehr Waterbed Discount Hauptstrasse 73 69207 Sandhausen 06224-923513</p> <p><b>AUTO PARTS</b></p> <p>A. T. U Autoteile Heidelberg Eppelheimer Strasse 36 0180-52727466 Cost estimate: normally free of charge</p> <p>Panik's U.S. Auto parts &amp; supply Am Kiefernschlag 10 91126 Schwabach 09211-61939</p>	<p><b>GLASS AND FRAMING</b></p> <p>Arts &amp; Craft/Photo PHV Bldg 4507 06221-338 9421 06221-338 9422</p> <p>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</p> <p><b>PIANO REPAIR</b></p> <p>Klavierhaus Udo Mueller Friedrichstrasse 14 69412 Eberbach 06271-71971</p> <p>Klavierhaus Kohler Ziegelgasse 29 68307 Mannheim 0621-771143</p>
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