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)*

3. PICK-UP DATE *(MMDDYY)*

2. CLAIMANT'S INSURANCE COMPANY *(If applicable)*

a. NAME

b. POLICY NO.

4. DELIVERY DATE *(MMDDYY)*

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR LIABLE

15. INVENTORY DATE *(MMDDYY)*

18. EXCEPTION SHEET DATE *(MMDDYY)*

23. GBL NUMBER

24. LOT NUMBER

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.	9. ORIGINAL COST / 10. MM/YY PURCHASED	11. AMOUNT CLAIMED a. REPAIR COST / b. (OR) REPL COST	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. WARE-HOUSE LIABILITY	29. CARRIER LIABILITY

12. REMARKS

13. TOTAL AMOUNT CLAIMED $

30. TOTAL AMOUNT ALLOWED $

31. THIRD PARTY LIABILITY $ $

DD Form 1844, FEB 89

Previous editions may be used until exhausted.

*U.S. GPO: 1989-242-450/02308