

# FLOOD DAMAGE OR LOSS



## CLAIMS SECTION

<http://humphreys.korea.army.mil/ILO>

DSN: 753-8747

## Filing a Claim for Flood Damage

*Client Legal Services Division- 9 July 09*

### **What Property is Covered?**

The Military Claims Branch may be able to compensate you for damage to personal property, including clothing, stereo equipment, televisions, and appliances, caused by the flood. Flood damage to your POV is also compensable. However, you have a duty to mitigate the damage. That is, you should do everything reasonable to salvage as much of your property as possible, either by elevating it to a dry area or moving it to another facility. The claims office is not the proper place to file for damage to or loss of government-issued equipment. For damage to government-issued equipment, such as TA-50 gear, contact your unit's supply sergeant (S-4) who will coordinate with your unit commander.

### **What Should You Do Before Filing Your Claim?**

First, do not throw away any damaged items until your claim is approved! We realize the inconvenience of holding on to wet clothes and appliances. But by keeping these items, you will ensure the best chance of receiving the maximum amount allowable for your claim. Second, if possible take a picture of your damaged items or damaged area. Pictures will assist the claims office in processing your claim more quickly. Third, make a personal list of all items you wish to claim before you go to the Military Claims Branch. Doing so will enable you to fill out the necessary paperwork more quickly, and permit the claims office to settle your claim in the shortest time possible. Forth, if any personal property has been washed away, make a list of those items describing them in detail. State when you purchased the item and how much the item originally cost, and what it would cost for the same item today. You also need to get a written statement signed by a neutral party saying he/she knew you had that item and describing the item.

**NOTE:** Some people are always tempted to exaggerate the value of their lost/damaged items, or to claim items they did not actually own. Submitting a false claim is fraud and punishable under the Uniform Code of Military Justice. The Military Claims Branch has a duty to pay the proper claims of our service members. The Military Claims Branch also has a duty to ensure suspicious claims are investigated. Please be honest when filing a claim.

### **How Can You Get Money in the Short-Term?**

We will try to arrange for the immediate payment of small claims. For larger claims, emergency advance payments may be available, if necessary. However, we cannot guarantee Finance can meet this need. If you need immediate cash because of the loss of your property, you may also be able to obtain an advance on your salary. Your claims representatives will do everything within their power to pay properly submitted claims as quickly as possible. Thank you for your patience.

**PERSONAL PROPERTY CLAIM  
FLOOD CLAIMS  
CHECKLIST**

1. Please bring the original and clear copies of the indicated forms to aid us in processing your claim quickly and thoroughly. Your claim must include the following:

\_\_\_ a. **DD Form 1842** (enclosed)

\_\_\_ b. **DD Form 1844** (enclosed)

\_\_\_ c. **MP Blotter/MP Report/KNP Report** – The report must state that the flood affected the item that is damaged. Include a statement from your Commander, 1SG, or Platoon Sergeant verifying the damage or loss was a result of the flood. Also include any evidence available, i.e., personal knowledge or inspection of the flooded area, photos of the flood if any were taken, etc.

\_\_\_ d. **Statement from Chain of Command and other evidence.**

\_\_\_ e. **Repair Estimate-** A list of repair shops is enclosed.

\_\_\_ f. **Replacement Cost-** For destroyed items you can obtain replacement costs from catalogues or the internet. You will also need a repair estimate indicating the item can not be repaired or that repair is not feasible.

\_\_\_ g. **Purchase Receipts/Photos** – In order to adjudicate your claim, we need copies of purchase receipts, appraisals, or some other form of substantiation to prove ownership and cost of high-value items.

\_\_\_ h. **Orders and/or Amendments**

\_\_\_ i. **Insurance Policy**

\_\_\_ j. **Power of Attorney (POA)** – You must have a POA if you are filing for your sponsor, spouse, or someone else.

\_\_\_ k. **Electronic Fund Transfer Worksheet** (enclosed)- If you are not Active Duty Army you will need to complete this form.

\_\_\_ l. **Vehicle Registration** (USFK Form 207)

\_\_\_ m. **USFK Driving Permit** (USFK Form 134EK)

**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) SNUFFY, Joseph B.		2. BRANCH OF SERVICE US Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) USAFCS-K PSC 303, Box3 APO AP 96205		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) USAFCS-K UNIT #12345, APO AP 96205		
7. HOME TELEPHONE NO. (Include area code) 720-1234	8. DUTY TELEPHONE NO. (Include area code) 738-1234	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.)

\*\*\*IN YOUR OWN WORDS DESCRIBE WHAT HAPPENED\*\*\*

\*\*\*DO NOT WRITE STATEMENTS SUCH AS "SEE POLICE/DPW REPORT"\*\*\*

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 a 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.)		X
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.)		X
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.)		X
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.)		X

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)  ***You or your agent, authorized with a power of attorney, must sign.***	18. DATE SIGNED (YYYYMMDD) Date of signature
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**PART II - CLAIMS APPROVAL (To be completed by Claims Office)**

19. PROCEDURE (X one) a. SMALL CLAIMS b. REGULAR CLAIMS	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:  \$
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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.)

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 a 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)
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**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 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: \$
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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**

<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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**26. 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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1. NAME OF CLAIMANT (Last, First, Middle Initial)  
 McMillan, Saleemah M.

3. PICK-UP DATE  
 (YYYYMMDD)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART  
 (Items 14 through 37 to be filled out by Claims Office)

2. CLAIMANT'S INSURANCE COMPANY (if applicable)  
 a. NAME b. POLICY NO.

4. DELIVERY DATE  
 (YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR

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/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY		
1	1	Sony 20" Color TV Model # S-100032 Completely filled with water, not repairable		230.00	12/99	200.00													
2	1	Panasonic VCR Model # P-10098766, front portion of casing dented, fell off dresser by water current		120.00	11/02	100.00													
3	2	Summer BDU Set		105.00	09/01	104.00													
4	1	Estimate Fee		14.00	8/03	14.00													
		All above items verified by: S. L. Mack, SFC, Platoon Sergeant																	
12. REMARKS				13. TOTAL	\$	418.00													
												30. TOTAL AMOUNT ALLOWED	\$						
												31. THIRD PARTY LIABILITY	\$						



**COMMANDER'S STATEMENT**

1. This statement is provided as an enclosure to the claim of:

\_\_\_\_\_   
 Claimant's name, SSN, and Unit

2. Does the unit maintain records of high value personal property of unit personnel?  
\_\_\_\_ YES \_\_\_\_ NO

3. Did the soldier record with the unit the property being claimed?  
\_\_\_\_ YES \_\_\_\_ NO

4. Did the soldier know how to record high value personal property with the unit?  
\_\_\_\_ YES \_\_\_\_ NO If NO, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In your opinion, do you believe the loss took place as alleged?  
\_\_\_\_ YES \_\_\_\_ NO If NO, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In your opinion, did the soldier take reasonable measures to safeguard the property?  
Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State any other factors you believe should be considered in adjudicating this claim.

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NAME

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RANK/BRANCH

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TITLE

# ELECTRONIC FUND TRANSFER WORKSHEET

## PAYEE INFORMATION

NAME (Last, First, Middle Initial): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number (DSN or COMM): \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

9-digit Routing Number: \_\_\_\_\_

Depositor 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.

**\*\*NOTE: This is the only means available to receive your claims settlement, unless your situation provides for an emergency payment, which will be determined by the NCOIC, Personnel Property Claims or the Claims Judge Advocate.**

## PARTIAL LISTING OF REPAIR SHOPS

The Claims Service has prepared this as a service to USFK Personnel. It is intended as a partial listing only. Listing of a firm does not constitute an endorsement of its products or services by the U.S. Government or the Claims Service. Exclusion of a firm from this list does not imply that such a firm is unreliable or should not be used. All phone numbers listed are off-post Korean civilian numbers unless otherwise noted. If you find any errors in the listings below or if you are aware of any additional firms performing any of the services listed. Please let our office know.

### AUTOMOTIVE REPAIR

AUTO Craft Shop  
TEL : 753-8547

SAM'S GARAGE  
TEL: 031-667-7878 (Off Post)

### BICYCLE REPAIR

JACK Bicycle (Mr. Chon)  
TEL : 031-691-7163 (Off Post by walk thru Gate)  
Cell : 011-228-3825

### CARPET/SOFA/SURTAIN/UPHOLSTERY

Furniture Repair Center (Mr. Sung)  
TEL : 031-665-5502 (Off Post)  
Cell : 011-295-7862

### COMPUTERS/PRINTERS

JAY Computer (On Post, Bldg #575)  
TEL : 753-8123  
Cell : 017-503-1343

DIGITAL Shop (Mr. Chong)  
TEL : 031-692-9067  
(Anjung Ri - In front of Enterprise Hotel)  
Cell : 018-245-9477

### FUR/LEATHER/SUEDE

Laundry Service  
TEL : 753-7707  
Or 753-3628

### FURNITURE REPAIR

Furniture Repair Center (Mr. Sung)  
TEL : 031-665-5502 (Off Post)  
Cell : 011-295-7862

### GRANDFATHER CLOCKS

Furniture Repair Center (Mr. Sung)  
TEL : 031-665-5502 (Off Post)  
Cell : 011-295-7862  
(For External Damage only)

Engraving/Watch Shop (Mr. Yi)  
TEL : 031-651-8547  
Cell : 011-340-9727  
(For Internal Damage only)

### MUSICAL INSTRUMENTS

Vienna Instrument Shop  
TEL : 031-652-8247

### TV/RADIO/STEREO REPAIR

DIGITAL Shop (Mr. Chong)  
TEL : 031-692-9067  
(Anjung Ri - In front of Enterprise Hotel)  
Cell : 018-245-9477

AAFES Electronic Repair (Osan Air Base)  
TEL : 784-8996  
Or 784-2666

CLAIMS SURVEY

Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Claims Office or fold it in half and mail it postage free through the Military Postal System.

1. What was the name of the person who assisted you during your visit to our office?

\_\_\_\_\_

2. Is there anything you would like this person to have done differently?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How would you rate the service you were provided during your visit (Check One)

Excellent     Good     Fair     Poor

4. Did the instructions in the claims packet adequately explain how to prepare your claim forms?

Yes     No    If not, what was it that was unclear to you? How could it be improved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Were you given a satisfactory explanation concerning the methods the Claims Office used to compute your claim settlement?

Yes     No    If not, what other information should we have provided?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPTIONAL: \_\_\_\_\_  
                            Your Name                      Work Number                      Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF UNDERSTANDING

Paragraphs 11-10f and 11-21b (5) of AR 27-20, provide that no claim may be paid under this chapter if there is private insurance that may cover the loss. Therefore, if you have any insurance, which may cover all or any parts of this loss, you must first settle with your insurer. Your claim against the Army must include a copy of your insurance settlement.

Insurance coverage includes: comprehensive automobile, automobile theft, homeowners' renters, and personal effects floater policies. If you have none of these types of insurance in effect either now, or at the time of loss/damage being claimed, please read the statement below and sign.

I READ AND UNDERSTAND THE ABOVE REQUIREMENTS. I HAVE INDICATED ON MY CLAIM AGAINST THE UNITED STATES (DD FORM 1842) THAT I DO NOT HAVE ANY PRIVATE INSURANCE WHICH MAY COVER ALL OR ANY OF THE LOSS OR DAMAGE ON MY CLAIM AGAINST THE UNITED STATES, IF I BECOME AWARE AT ANY TIME THAT I HAD INSURANCE THAT COVERED SUCH LOSS OR DAMAGE, I WILL SO NOTIFY THE CLAIMS OFFICE.

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SIGNATURE OF CLAIMANT

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DATE