Torii Claims Services

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES



Okinawa, Japan

Building 218

Room 222

652-4742

(Updated February 2022)

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Service

NOTICE: The U.S. Army will no longer pay for claims for loss or damage of personal property due to unusual occurrences that are weather related under the Army Directive 2019-21 (restriction on Personnel Claim Payments) effective 29 May 2019.

You have indicated intent to file a claim for loss or damage of your private property due to theft, vandalism, or other unusual occurrence (other than those caused by acts of nature or weather phenomena) from your quarters or other authorized place.

Please file your claim to U.S. Army Center for Personnel Claims Support (CPCS, located at Fort Knox, KY) electronically via "PClaims Plus", the Army's on-line filing program. The URL for PClaims Plus is: **https://www.jagcnet.army.mil/Apps/PCLAIMS/PCLAIMSPublic.nsf** (CAC required). If you are unable to access the PClaims Plus system, please see the information below regarding the process to file a paper claim.

[Note: Any claim for damage that was primarily caused by the fault or negligence of a government contractor must first be referred to the contractor for settlement. We can assist in referring the claim to the contractor].

In order for you to be compensated for your loss and damages as quickly as possible, the following documents must be submitted with your claim:

❑ DD Form 1842 and DD Form 1844

- DD Form 1842 **MUST** be signed and a specific amount claimed

❑ A simple diagram of your quarters showing the location of the property stolen, lost, or damaged *(If loss occurred at your quarters)*

❑ Assignment of on-base quarters/off-base quarters lease *(If loss occurred at your quarters)*

❑ PCS orders

❑ Written repair estimate for damaged items (normally only required for items having value in excess of $100)

- Estimate **MUST** be written in English
- Estimate **MUST** describe the repairs to be made, and if an item is not repairable, state why it is not repairable

- Used auto body and glass replacement parts in Japan usually costs 50% less than new parts. In line with insurance industry practices, ***it is standard to make auto body and glass repairs with quality used parts for any car 5 years and older***. Used parts must be in good quality and in the mechanic's view appropriate with regard to safety and reliability. You **MUST** have the estimator include the cost of repair with used parts. If used parts are: not available, cannot feasibly be used in the repair, would cost more than new parts (considering charges for labor of searching for parts and transportation of said parts), or the estimator will not include them in their business - the estimator must indicate those reasons on the estimate. **If you submit a claim that does not comply with this requirement, we will deduct 50% from the cost of new parts.** Claimants can always ask the estimator to include the cost of repair using new parts in addition to the required estimate above. Claimants may also elect to pay the "new parts" cost over and above the used parts cost.

❑ Statements from any witnesses, such as friends or neighbors, who were aware of the incident causing the loss or damage, the nature and value of your property, and any precautions taken by you to protect said property

❑ Evidence of value and ownership such as receipts, bills of sale, credit card statements and photographs

❑ A copy of the Japanese original title *(for vehicle damage only)*

❑ Military registration and certification of title *(for vehicle damage only)*

❑ A copy of the current vehicle insurance policy *(for vehicle damage only)*

❑ A copy of your private insurance policy and insurance settlement *(If loss is partially or completely covered by insurance)*

- You must first settle with your insurer if you have any insurance which may cover all or part of your loss

❑ A copy of work order(s) *(if applicable)*

- If the loss was attributable, in whole or in part, to some condition of the quarters (such as a leaky roof, malfunctioning refrigerator, etc.)

❑ Replacement cost estimate

- If the item is lost, totally destroyed, or is not repairable, provide the replacement cost for the same or similar item
- This can usually be obtained from the PX/BX, or from a commercial catalog or website (please print page and submit as part of the claim)

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Service

- ❑ Police report *(if lost or damage due to theft or vandalism)*
- ❑ Electronic funds transfer form
- ❑ Power of attorney *(if applicable)*
    - You must have a POA if you are filing for your sponsor, spouse, or someone else

DO NOT DISPOSE OF DAMAGED ITEMS UNTIL YOU CONSULT THE CLAIMS OFFICE. THE ITEMS MAY BE NECESSARY TO SUBSTANTIATE THE TYPE OF DAMAGE OR TO PROVE YOUR OWNERSHIP OF THE ITEM.

ALL CLAIMS MUST BE FILED NO LATER THAN TWO (2) YEARS FROM THE DATE OF INCIDENT GIVING RISE TO THE CLAIM.

If you have any questions regarding the filing of your claim or completing any forms please contact CPCS at 502-626-3000 or DSN: 312-536-3000. The email address is usarmy.knox.hqda-otjag.mbx.cpcs@army.mil. For more information, you can call 315-652-4742 or visit Building 218, Room 222, Torii Station.

CPCS Service Hours	Torii Station Claims Office Service Hours
Monday thru Friday: 0730 – 1630 EST	Monday thru Friday: 0730 – 1130 and 1300 – 1600 With exception of Thursday: 1300 – 1600

NOTE: Fraudulent Claims. The submission of a claim that contains information known to be false is a crime. Obviously, a claim for an item you did not own or did not ship is illegal. It is also illegal to deliberately falsify purchase prices, dates of purchase, and similar information. Claims suspected of fraud are usually referred to the Criminal Investigation Division (CID). Verified fraud may be dealt with by prosecution, disciplinary action, and/or denial of payment on your entire claim. The maximum punishment under the Uniform Code of Military Justice for a fraudulent claim includes a dishonorable discharge and 5 years confinement. Therefore, you should be very careful in filling your claim.

I have read and understand the "Guide for filing claims for damage or loss due to theft, vandalism, or other unusual occurrences" presented to me by claims personnel.

_____

Signature

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Service

Please feel free to share this note with the garage you are working with to assist you in receiving a valid estimate.

To Garage:

This repair is for damage to the claimant's vehicle cause by government activities. Please provide the claimant with an accurate written estimate of repair. For any car 5 years or older, it is appropriate to make auto body repairs with quality used parts. If quality used parts are not available, not feasible or would cost more than the new parts, please state so on the estimate. If used parts are available but the claimant wants the estimate to include the cost of new parts as well, the estimate will need to show prices for both new and used parts. When the claimant disregards this requirement, 50% will be deducted from the cost of new parts. Thank you.

修理工場各位様

これから作成していただく修理の見積書は、当アメリカ合衆国軍側が原因で発生した事故により、損害を受けられた方々(軍人・軍属)への損害請求手続きに必要な書類です。よって、以下の注意事項を考慮の上正式な修理見積書を作成していただくよう、お願い申し上げます。

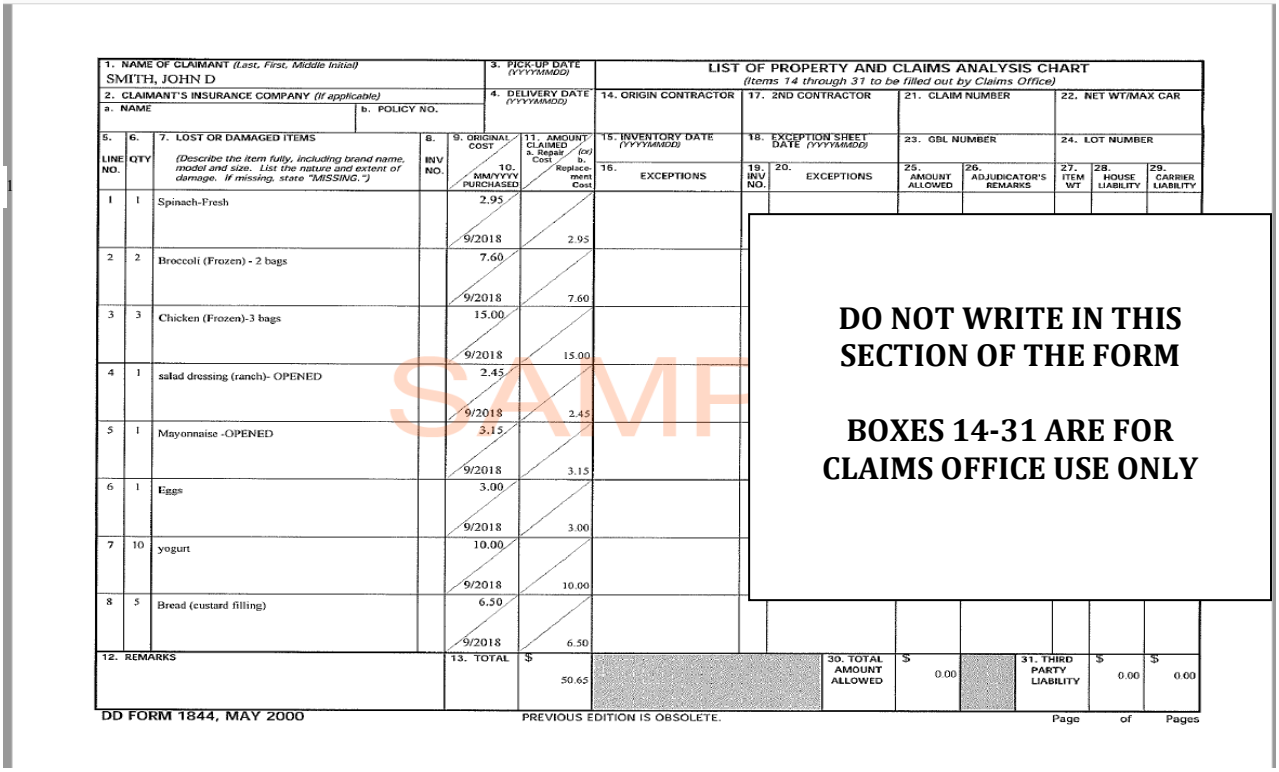
5 年を経過した車両の修理には中古部品を適応してください。もし、中古部品が入手困難な場合、使用が適正でない場合、或は中古部品使用の方が高額になる場合等、その理由を見積書に明記して下さい。尚、中古部品があっても客(車の修理依頼者)の好みであえて新品部品を使用する場合にも、その旨見積書に明記して下さい。その場合は、新旧部品、両方の値段を書いて下さい。

*上記に違反しますと、支払元(軍)は不当新品部品使用とみなしてその部品額の 50%をカットします。

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Service

Instructions on how to complete DD Form 1844(Food Loss)



1. NAME OF CLAIMANT (Last, First, Middle Initial): SMITH, JOHN D
3. PICK-UP DATE (YYYYMMDD)
2. CLAIMANT'S INSURANCE COMPANY (If applicable)
4. DELIVERY DATE (YYYYMMDD)
a. NAME
b. POLICY NO.

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

14. ORIGIN CONTRACTOR | 17. 2ND CONTRACTOR | 21. CLAIM NUMBER | 22. NET WT/MAX CAR
15. INVENTORY DATE (YYYYMMDD) | 18. EXCEPTION SHEET DATE (YYYYMMDD) | 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/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost / (or) b. Replacement Cost
1	1	Spinach-Fresh		2.95 / 9/2018	2.95
2	2	Broccoli (Frozen) - 2 bags		7.60 / 9/2018	7.60
3	3	Chicken (Frozen)-3 bags		15.00 / 9/2018	15.00
4	1	salad dressing (ranch)- OPENED		2.45 / 9/2018	2.45
5	1	Mayonnaise -OPENED		3.15 / 9/2018	3.15
6	1	Eggs		3.00 / 9/2018	3.00
7	10	yogurt		10.00 / 9/2018	10.00
8	5	Bread (custard filling)		6.50 / 9/2018	6.50

16. EXCEPTIONS | 19. INV NO. | 20. EXCEPTIONS | 25. AMOUNT ALLOWED | 26. ADJUDICATOR'S REMARKS | 27. ITEM WT | 28. HOUSE LIABILITY | 29. CARRIER LIABILITY

DO NOT WRITE IN THIS SECTION OF THE FORM

BOXES 14-31 ARE FOR CLAIMS OFFICE USE ONLY

12. REMARKS | 13. TOTAL $ 50.65 | 30. TOTAL AMOUNT ALLOWED $ 0.00 | 31. THIRD PARTY LIABILITY $ 0.00 | $ 0.00

DD FORM 1844, MAY 2000 PREVIOUS EDITION IS OBSOLETE. Page of Pages

Instructions for completing form:

Box 1: Service members name

Box 2 (a. and b.): Only complete if you have filed a claim with your private insurance

Box 3: N/A

Box 4: N/A

Box 5: This is the line number, see example

Box 6: List the quantity of items that will be claimed on each line

Box 7: Name the item and then list the damage to the item that you wish to claim (as specific as possible)

Box 8: Leave Blank

Box 9-10: In this box note the original cost of the item and the year the item was purchased.

Box 11 (a. and/or b.): In this box you will list the amount you wish to claim on the item – either the repair cost or replacement cost (if costs of more than one item are being claimed, please indicate the TOTAL amount)

Box 12: N/A

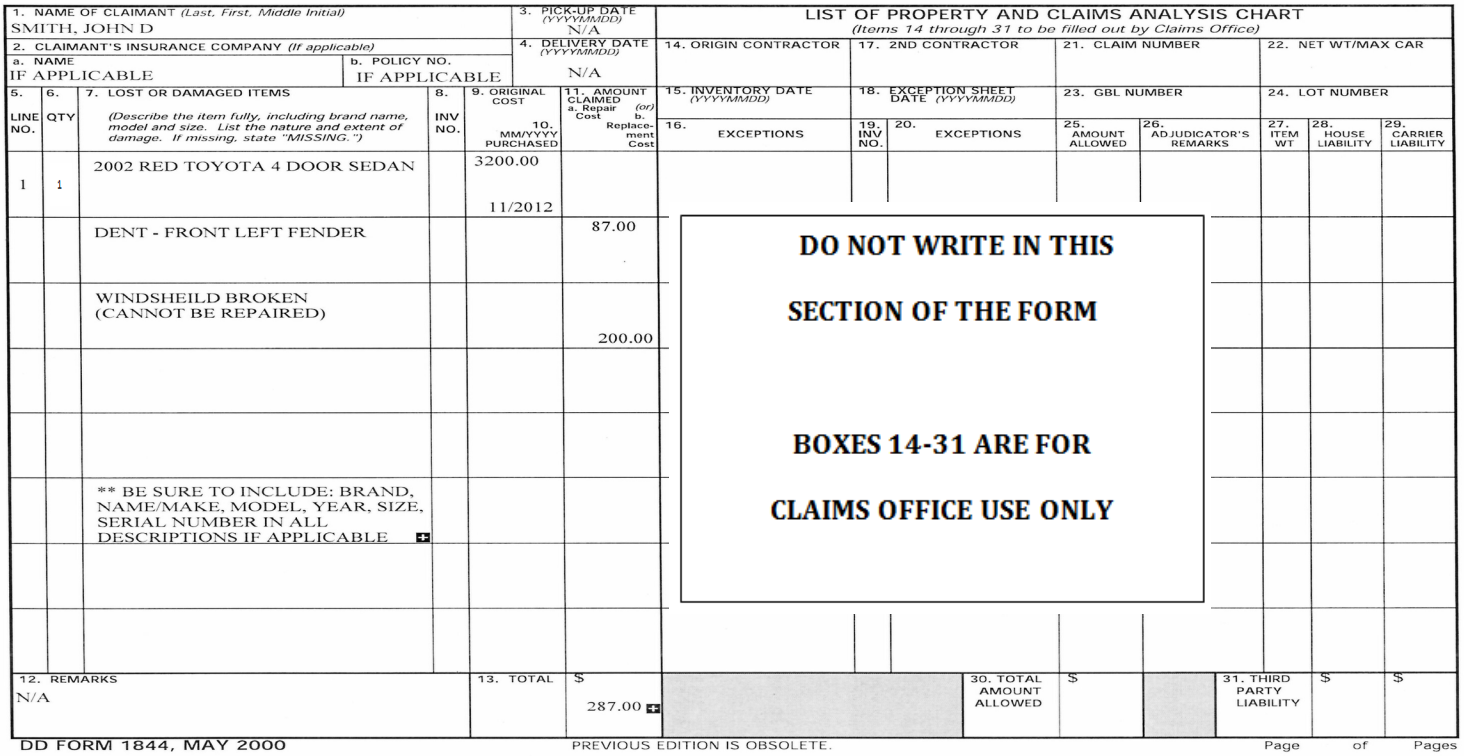
Box 13: In the box with the dollar sign ($). This is the total amount of your claim. This is the amount that goes in box 9 on the DD Form 1842.

DO NOT FILL IN BOXES 14-31 - THESE BOXES ARE FOR CLAIMS OFFICE USE ONLY

GUIDE FOR FILING CLAIMS FOR DAMAGE OR LOSS DUE TO THEFT, VANDALISM, OR OTHER UNUSUAL OCCURRENCES

Torii Claims Service

Instructions on how to complete DD Form 1844(Vehicle Damage)



1. NAME OF CLAIMANT (Last, First, Middle Initial): SMITH, JOHN D
3. PICK-UP DATE (YYYYMMDD): N/A
2. CLAIMANT'S INSURANCE COMPANY (If applicable)
4. DELIVERY DATE (YYYYMMDD): N/A
a. NAME: IF APPLICABLE
b. POLICY NO.: IF APPLICABLE

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

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 (or) b. Replacement Cost
1	1	2002 RED TOYOTA 4 DOOR SEDAN		3200.00 11/2012	
		DENT - FRONT LEFT FENDER			87.00
		WINDSHEILD BROKEN (CANNOT BE REPAIRED)			200.00
		** BE SURE TO INCLUDE: BRAND, NAME/MAKE, MODEL, YEAR, SIZE, SERIAL NUMBER IN ALL DESCRIPTIONS IF APPLICABLE			

14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR
15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER

16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY

DO NOT WRITE IN THIS SECTION OF THE FORM

BOXES 14-31 ARE FOR CLAIMS OFFICE USE ONLY

12. REMARKS: N/A
13. TOTAL: $ 287.00
30. TOTAL AMOUNT ALLOWED: $
31. THIRD PARTY LIABILITY: $ $

DD FORM 1844, MAY 2000 PREVIOUS EDITION IS OBSOLETE. Page of Pages

Instructions for completing form:

Box 1: Service members name

Box 2 (a. and b.): Only complete if you have filed a claim with your private insurance

Box 3: N/A

Box 4: N/A

Box 5: This is the line number, see example

Box 6: List the quantity of items that will be claimed on each line

Box 7: Name the item and then list the damage to the item that you wish to claim (as specific as possible)

Box 8: Leave Blank

Box 9-10: In this box note the original cost of the item and the year the item was purchased.

Box 11 (a. and/or b.): In this box you will list the amount you wish to claim on the item – either the repair cost or replacement cost (if costs of more than one item are being claimed, please indicate the TOTAL amount)

Box 12: N/A

Box 13: In the box with the dollar sign ($). This is the total amount of your claim. This is the amount that goes in box 9 on the DD Form 1842.

DO NOT FILL IN BOXES 14-31 - THESE BOXES ARE FOR CLAIMS OFFICE USE ONLY