



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
OFFICE OF THE STAFF JUDGE ADVOCATE
7090 ALABAMA AVENUE, BUILDING 1454
FORT POLK, LOUISIANA 71459

AFZX-JAC

13 May 2010

MEMORANDUM FOR Personnel Concerned

SUBJECT: Instructions for Filing an AR 27-20, Chapter 11 Claim for Vandalism

1. AR 27-20, Chapter 11 requires you provide clear and convincing evidence that the loss occurred incident to your military service at assigned quarters or on a military installation. Your uncorroborated statement that your vehicle was vandalized on the military installation will not be sufficient. You should contact the military police to report the incident as soon as possible. You should take pictures of your vehicle as soon as possible. If applicable, please document any broken glass around your vehicle or any other vandalized vehicles in the same parking lot or in the same area.
2. You have **TWO YEARS** from the **DATE OF INCIDENT** to file your claim. This deadline may not be waived.
3. You must file your claim online with PCLAIMS at [http:// www.jagcnet4.army.mil/pclaims](http://www.jagcnet4.army.mil/pclaims). You must login with an **AKO** (Army Knowledge Online) username and password. Contact the **AKO** help desk at 703-704-4357 (DSN 312-654-4357) if you do not already have an **AKO** username and password. Once you log in, look left and click on USARCS. The USARCS home page appears and you must again look left and click on PCLAIMS. Before you can submit a claim or notice of loss, you must first create your personal profile. The personal profile must be for the Soldier (not the Soldier's Spouse). You only need to create this profile the first time you submit a claim or notice of loss. If you have previously used PCLAIMS to file your household goods claim, you will not need to create a new profile.
4. You must complete the following steps in PCLAIMS to submit your claim. You must fill out the General Tab, Item Tab, and Insurance/FRV tab for our office to process your claim! It is optional for you attach documents in the Attachment Tab; however, this feature benefits you and helps you provide additional documentation to substantiate the value of your claim.
 - a. **New Claim (General Tab)** – You must complete this screen in order to file your claim. See the PCLAIMS Example at Enclosure 1. If you are unable to file your claim in PCLAIMS, you must complete a **DD Form 1842** and submit it to the Fort Polk Claims Office (FPCO). You may download this form at <http://www.army.mil/usapa/> or pick up a copy at our office. The DD Form 1842 must be signed in Block 17 by the Soldier or Spouse. If the spouse signs the form, they must provide a Power of Attorney and write "Attorney in fact for." Make sure the amount of the claim is put in block 9. See DD Form 1842 Sample at Enclosure 3.

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b. **Claim Item Details (Item Tab)** – You must complete this screen and list the Name of the Item, Quantity and Amount Claimed. Choose Missing or Damaged as appropriate. Answer the Yes/No questions as appropriate. You must click “Save Item.” See PCLAIMS Example at Enclosure 2. You must enter the above information for each individual item you wish to claim! If you are unable to file your claim in PCLAIMS, you must complete a **DD Form 1844** and submit it to the Fort Polk Claims Office. You may download this form at <http://www.army.mil/usapa/> or pick up a copy at our office. You may want to fill out a **DD Form 1844** to use as a guide to ensure you remember to enter all of your items in the PCLAIMS system. See DD Form 1844 Sample at Enclosure 4.

c. **Insurance/FRV Details (Insurance/FRV Tab)** – You must complete this section if an insurance company and/or carrier paid you for any item you listed in the Item Tab. You are required to file with your private insurance company for all AR 27-20, Chapter 11 claims, except Household Goods and POV shipments at the governments expense. Failure to provide proof that you filed with your private insurance could result in denial of your claim.

d. **Attachments (Attachment Tab)** – You must scan and attach a copy of the following documents. In addition, you should scan and attach any other documents to support your claim. If you do not have the ability to scan and attach your documents at home, scanners are typically available at the Fort Polk Library or your local public library. The FPCO recommends you attach **two Repair Estimates, Vehicle Registration, and Proof of Insurance.**

e. **Declaration** – You must read the Declaration and click the “Yes I Agree” button to proceed and file your claim. If you correctly completed the above steps, you should see the “Thank you for creating the Claims through our Online System” Screen. You click the button “Print this screen for my records” and save this in a safe place. You may view your newly submitted claim and all past claims filed in the PCLAIMS system.

5. For **PCLAIMS Technical Support Questions**, contact the Information Technology Division help desk at 901 North Stuart Street, Suite 1202, Arlington, VA 22203. Telephone: (703) 588 - 2560. You can email questions, comments or additional requirements to itdhelpdesk@jagc-smtp.army.mil.

6. Army Regulations do not permit payment for incidental expenses such as a rental car. Typically, hit and run incidents are not payable.

7. If you have obtained this claims packet without first receiving a briefing from the FPCO, there may be additional documents or information requested from you at the time you turn in your claim. FPCO typically requires a claimant to bring the vehicle to the FPCO for an inspection by FPCO personnel and to photograph the damage to the vehicle for our records.

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8. If you have any questions or want to confirm receipt of your claim in the PCLAIMS system, please contact the Fort Polk Claims Office at (337) 531- 2636/1576/1197. Our Customer Service hours are Monday through Friday from 0800-1130 and 1230 -1630. We are closed on all Federal holidays. The Claims Office is located (next to the Showboat Theatre) at 7090 Alabama Avenue, Building 1454, Fort Polk, Louisiana 71459.

2 Encl.

1. New Claims PCLAIMS Screen
2. Claim Item Details PCLAIMS Screen
3. DD Form 1842 Example
4. DD Form 1844 Example

New Claim

- General
- Items
- Shipment
- Insurance/FRV
- Attachments
- Need help?

Note: You have 730 days from the date of incident to complete and submit this form

Claim Details	Dates	Amounts
Claim Office: FT LEWIS	Dt. of Incident: <input type="text"/>	Amt. Claimed: \$0.00
Branch of Service: A		
SSN: XXX-XX-6789		

Please describe in your own words how the property was damaged or lost

Insurance Claims and Property Details

- DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?**
(If "Yes" attach a copy of your policy) Yes No [?](#)
- HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?**
(If "Yes" attach a copy of your correspondence) Yes No [?](#)
- 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.) Yes No
- HAVE YOU FILED A CLAIM WITH THE CARRIER?** Yes No

Claimant Contact Details

[Click here for help on address format](#)

Unit: HEADQUARTERS COMPA	Phone: 555-555-5555	Email: GENERALJONES@PCLAIMS.GOV
Address1: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
Address2: <input type="text"/>	Zip Code: <input type="text"/>	Country: <input type="text" value="-Please Select-"/>

Please verify your contact details before submitting to the Claims office

- Save Now and Submit Later
- Go to next page to enter claim Items

Encl 1

Claim Item Details



Note : All costs and amounts should represent the entire quantity of items.

Item Details

Need help?

Details about the damaged/missing item

Name of Item	<input type="text"/>	Quantity	<input type="text"/>
Missing/Damaged?	<input type="radio"/> Missing <input checked="" type="radio"/> Damaged		
Description of damage	<input type="text"/> ?		

Inventory details and item costs

Inventory No.	<input type="text"/>	Original Cost	<input type="text" value="\$0.00"/>	Amt. Claimed	<input type="text" value="\$0.00"/>
Dt. Purchased (MM/YYYY)	<input type="text"/>	Repair Cost	<input type="text" value="\$0.00"/>	Insurance/Carrier Payment	<input type="text" value="\$0.00"/>
		Replacement Cost	<input type="text" value="\$0.00"/>		

If you have received a payment from an insurer or carrier for this item(s), enter the amount in insurance/carrier payment

Declaration

Did this item belong to the government or someone other than you or your family member?	<input type="radio"/> Yes <input type="radio"/> No
Was this item acquired or held for sale or acquired or used in a private profession/business?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Save Item

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) Smith, Joseph A.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SFC	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) 333 Hometown Road Hometown, AR 00000		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) 1111 Army Road Fort Polk, LA 71459	
7. HOME TELEPHONE NO. (Include area code) (111) 222-3333	8. DUTY TELEPHONE NO. (Include area code) (337) 531-XXXX	9. AMOUNT CLAIMED \$200.00	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)
I parked my 2002 Ford Bronco outside my residence on the Fort Polk Military Installation. I came out to my car a few hours later and found my driver's window shatter and the driver's side door keyed. I contacted the Military Police immediately. They came out and investigated.

Sample

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
	X	
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) ***ORIGINAL SIGNATURE IN INK ** THE SOLDIER MUST SIGN HERE, OR PROVIDE A POA	18. DATE SIGNED (YYYYMMDD) 20100512
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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)

ENC13

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)*

<p>23. DENIAL <i>(X if applicable)</i></p> <p>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.</p>	<p>24. SUPPLEMENTAL PAYMENT <i>(X and complete if applicable)</i></p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>
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25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>

26. APPROVING/SETTLEMENT AUTHORITY <i>(Settlement Authority is required for denial.)</i>			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

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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)		3. PICK-UP DATE (YYYYMMDD)		4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR (YYYYMMDD)		17. 2ND CONTRACTOR (YYYYMMDD)		21. CLAIM NUMBER		22. NET WT/MAX CAR					
Smith, Joseph A.																	
2. CLAIMANT'S INSURANCE COMPANY (If applicable)		b. POLICY NO.		10. ORIGINAL COST MM/YYYY PURCHASED		11. AMOUNT CLAIMED (a. Repair Cost (b) Replacement Cost)		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET (YYYYMMDD)		23. GBL NUMBER					
State Farm Insurance Co.		5555555															
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 (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
1		2002 Ford Bronco Broken Driver's side window		14,000.00	10/2002	120.00											
2		Deep Scratches on Driver's side door				80.00											
		SAMPLE															
12. REMARKS		13. TOTAL \$		200.00		30. TOTAL AMOUNT ALLOWED \$		0.00		31. THIRD PARTY LIABILITY \$		0.00		0.00		0.00	