

Instructions on how to complete DD Form 1844

1. NAME OF CLAIMANT (Last, First, Middle Initial) SMITH, JOHN D				3. PICK-UP DATE (YYYYMMDD) N/A		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)										
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD) N/A		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR				
5. NAME IF APPLICABLE				6. POLICY NO. IF APPLICABLE		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER				
5.	6.	7. LOST OR DAMAGED ITEMS <small>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</small>		8.	9.	11. AMOUNT CLAIMED <small>a. Repair Cost b. Replacement Cost</small>		16. EXCEPTIONS		19.	20.	25.	26.	27.	28.	29.
LINE NO.	QTY			INV NO.	10. MM/YYYY PURCHASED					INV NO.	EXCEPTIONS	AMOUNT ALLOWED	ADJUDICATOR'S REMARKS	ITEM WT	HOUSE LIABILITY	CARRIER LIABILITY
1	1	2002 RED TOYOTA 4 DOOR SEDAN			3200.00											
		DENT - FRONT LEFT FENDER			11/2012	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														
12. REMARKS N/A				13. TOTAL \$		287.00		30. TOTAL AMOUNT ALLOWED \$		31. THIRD PARTY LIABILITY \$						

DO NOT WRITE IN THIS SECTION OF THE FORM

BOXES 14-31 ARE FOR CLAIMS OFFICE USE ONLY

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

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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