JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY

Privacy Act Statement

AUTHORITY: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).

PRINCIPLE PURPOSE(S): The information requested is to be used in evaluating claims.

ROUTINE USE(S): The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.

DISCLOSURE: Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

SECTION A - GENERAL *(To be completed by carrier/contractor)*

1. NAME OF OWNER *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT

5. ORIGIN OF SHIPMENT *(City and State/Country)*	6. DESTINATION OF SHIPMENT *(City and State/Country)*

7. PPGBL/ORDER NUMBER	8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR

10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.

SECTION B - RECORD OF LOSS OR DAMAGE *(To be completed jointly by member and carrier's/contractor's representative)*

13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. **THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.**

a. Inv. No.	b. Name of item	c. Description of loss or damage *(If missing, so indicate)*

SAMPLE

14. ACKNOWLEDGMENT BY MEMBER OR AGENT *(X and complete as applicable and sign below)*

a. I received my property in apparently good condition except as indicated above. A continuation sheet [ ] was [ ] was not used.

b. Unpacking and removal of packing material, boxes, cartons, and other debris [ ] is [ ] is not waived.

c. I estimate the amount of my loss and/or damage at $

d. I have received three copies of this form. **I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.**

e. Telephone Number | f. Date Signed

g. Signature

15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE *(X and complete as applicable and sign below)*

[ ] a. Property was delivered in apparently good condition except as otherwise noted above.

[ ] b. I will initiate tracer action for missing items.

c. Name of delivering carrier/agent/contractor

d. Storage in transit? [ ] Yes [ ] No

e. Signature | f. Date Signed

BEFORE USING - REVERSE CARBONS

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - *(To be completed by member)*

1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property.

a. Name of Member *(Last, First, Middle Initial)*	b. PPGBL/Order Number	c. Date of Delivery

d. Origin of Shipment *(City and State/Country)*	e. Destination of Shipment *(City and State/Country)*

f. You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2. LIST OF PROPERTY LOSS / DAMAGE *(NOTE: Tracer action is requested for items listed as missing)*

a. Inv. No.	b. Name of Item	c. General Description of Loss or Damage *(If missing, so indicate)*

SAMPLE

SECTION B - *(To be completed by claims office)*
(NOTE: Mail original to home office of carrier / contractor listed in item 9 on DD Form 1840)

3. TO *(Home Office of Carrier/Contractor)*

a. Name and Address *(Street Address, City, State, and ZIP Code)*	b. Date of Dispatch

4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a. Name and Address of Claims Officer	b. Signature	
	c. Date Signed	d. Telephone Number