



Date (mm-dd-yyyy)

CLAIM FOR PRIVATE PERSONAL PROPERTY AGAINST THE UNITED STATES

PRIVACY ACT STATEMENT: Pursuant to 31 U.S.C. 240-243, the information requested on this form establishes a claim against the U.S. Government and is used in the adjudication of that claim. Without the information requested the action agency cannot process the claim.

INSTRUCTIONS TO CLAIMANT

To present a claim for an incident to service loss pursuant to 14 FAM 640, a request for the payment of a specific sum of money must be submitted to an appropriate agency of the United States within two (2) years of the date of the incident giving rise to the claim. The two year period of limitation, being statutory, may not be waived by any administrative agency.

Part I of this form should be completed fully, including the answering of all questions, and signed by the claimant. In the event it is being presented by a duly authorized agent, legal representative or survivor of the claimant, evidence of the authority to present the claim, i.e., a power of attorney, letters of administration, etc., must be submitted with the claim.

If the claim is for loss of, or damage to, personal property while being transported or stored incident to the service of employment of the claimant, all documents relating to such transportation or storage, e.g., Household Goods Inventory, Warehouse

Receipt, travel orders, etc., must be submitted.

You are entitled to claim the following:

a. The reasonable local repair cost if an item is economically repairable. In such case, a written estimate of repair from a reliable disinterested concern, competent bidder, or, if repairs have been completed, a signed, itemized receipt should be submitted. Repair costs will be paid up to the depreciated value of the item damaged.

b. The reasonable cost of obtaining local estimates of repair/replacement cost, provided such estimates cannot be obtained without cost and such costs are not refundable upon completion of repairs.

Any further instructions or information may be obtained from Department of State (A/LM/OPS/TTM/CL).

Claimant's Name (Last, First, Middle) Employee ID Number

Current Mailing Address

E-mail Address Phone Number Agency Employed By

Claimant Claim is hereby submitted for damage to or loss of personal property incident to service or employment listed in detail on the schedule of property attached. All applicable documentation required by 14 FAM 646 is attached. Amount of claim (In U.S. Dollars)

Date, Place, Facts and Circumstances of the Incident (State facts in detail, use additional sheet if necessary. If this is a transportation claim, complete Form DS-1620B.)

- 1. The damage or loss for which this claim is made was caused in whole or in part by my negligence or wrongful act.
2. I have recovered the property and/or had it replaced by the Government.
3. I agree to give written notice to the office paying this claim if any of the property for which claim is made is later covered by insurance or 3rd party or recovered by carrier.
4. I have private insurance, and all correspondence with my insurer is attached including a copy of my demand for reimbursement. If you carried no private insurance, check "No".
5. I have authorized my insurer to release any information to the United States regarding insurance coverage I have for this loss.
6. A demand against a common carrier or warehouseman has been made. If yes, all correspondence with carrier or warehouseman is attached including a copy of the demand for reimbursement.
7. None of the items are Government property, but were privately purchased or gifts.
8. All documents required are attached hereto, and a detailed list of the property is set forth on the Schedule of Property and made a part of this statement. I have full knowledge of the penalties involved for willfully making a false, fictitious, or fraudulent claim (Section 287 of title 18 U.S.C., provides a maximum fine of \$10,000 or imprisonment for five years or both.)
9. I hereby assign to the United States, to the extent of any payment on this claim accepted by me, all my right, title, and interest in and to any claim I have against any carrier, insurer, or other party arising out of the above-described incident and will, upon request, furnish such evidence as may be required to enable the United States to enforce such claim.
10. I further authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other party when I am also reimbursed by the United States and for any payments made by the United States in reliance on the information contained herein which thereafter is determined to be incorrect or untrue.
11. I have not made a previous claim against the United States for loss or damage now claimed.

Signature of Claimant or Agent Date (mm-dd-yyyy) Signature of Witness Date (mm-dd-yyyy)