CLICK HERE TO PRINT. SIGN AND FAX/MAIL TO US (Click here for contact info)

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)*

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

Reset