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): Doe, John L.

3. PICK-UP DATE (MMDDYY): 5-12-96

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

a. NAME: Insuring this shipment

b. POLICY NO.:

4. DELIVERY DATE (MMDDYY): 6-18-96

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR LIABLE

15. INVENTORY DATE (MMDDYY)

18. EXCEPTION SHEET DATE (MMDDYY)

23. GBL NUMBER

24. LOT NUMBER

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/YY PURCHASED	11. AMOUNT CLAIMED a. REPAIR COST / b. (OR) REPL COST	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. WARE-HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	19" RCA Color TV Right front corner broken off	1	$500.00 Jun 86	$75.00								
2	1	JVC 4-Head VCR Missing	12	$250.00 Apr 91	$200.00								
3	1	Dining room chair Deep gouge on seat broken left front leg	14	$850.00 Oct 79	$125.00								
4		Estimate Fee Joe's Furniture Repair			$45.00								

EXAMPLE

12. REMARKS

13. TOTAL AMOUNT CLAIMED $

30. TOTAL AMOUNT ALLOWED $

31. THIRD PARTY LIABILITY $ $

DD Form 1844, FEB 89

Previous editions may be used until exhausted

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