

CERTIFICATION OF NON-AVAILABILITY OF PRIVATE INSURANCE

REQUIREMENT OF CLAIMANT

1. When Filing a claim against the United States under the provisions of the Military Personnel & Civilian Employees Claims Act (JAGINST 5890.1A, Encl (6)) implementing Title 31, U.S. Code, Section 3729, a claimant MUST first file a claim with his/her own insurance company if he/she has **ANY TYPE** of insurance which may cover all or part of the claimed loss and/or damage. A copy of the insurance settlement must be submitted with his/her claim to the government.

2. You **DO NOT HAVE TO FILE** with your private insurance company **IF** your claim is for loss/damage to your personal property (HHG/POV) **while it was being shipped or stored at government expense.**

The above exception to filing with your private insurance company is limited to that specific type of claim.

3. Insurance coverage includes automobile theft or comprehensive coverage, home owners insurance, household goods insurance, i.e., with U.S.A.A. or Armed Forces CO. OP. Insurance Company, personal effects coverage, or any other type of insurance which may cover all or part of your loss or damage.

IF YOU DO HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do have private insurance.	
Policy Insurance Name:	
Policy Insurance Number:	
Check for optional election to filing with the Government instead of Private Insurance (per Para 2 above) for loss/damage to HHG/POV while shipped or stored at Government expense: <input type="checkbox"/> Yes	
Claimant Signature:	Date:

IF YOU DO NOT HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code, Section 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage in my claim against the United States.	
Claimant Signature:	Date: