

# FORM TD F 32-13.1. EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

## INSTRUCTIONS FOR COMPLETING FORM TD F 32-13.1

The claimant shall complete an original and two copies in accordance with the instructions in the following paragraphs which are keyed to the sample form. If this form and/or form TD F 32-13.2, Schedule of Property, are not completed in accordance with these instructions or are submitted without all required documentation, the claim will be returned to the claimant without processing.

**Block 1. Name of Claimant.** Enter the claimant's full name. If the claimant is not the employee, enter the name of the employee in parentheses below that of the claimant.

**Block 2. Position of Employee.** Enter the current position title of the employee.

**Block 3. Address of Claimant.** Enter the current mailing address of the claimant. Include the daytime phone number if different from that shown in block 4.

**Block 4. Office Where Employed/Telephone Number.** Enter the name of the organizational unit in which the employee is employed, the city and state where the employee's office or other facility is located and the current telephone number.

**Block 5. Employee Social Security Number.** Enter the social security number of the employee.

**Block 6. Where Loss or Damage Occurred.** Enter the location of the property at the time the loss or damage occurred. If the property was in transit, enter the point of origin and destination.

**Block 7. Date of Loss or Damage.** Enter the date when the loss or damage occurred. If the property was in transit and the date is not known, enter the dates on which the property was in transit.

**Block 8. Brief Description of Facts and Circumstances Causing Loss or Damage.** Enter in detail all relevant facts and circumstances under which the loss or damage occurred. If additional space is needed, attach an addendum. Also include all supporting documents and reports as provided in the Directive and Handbook.

**Block 9. Claimant Affirmations and Authorizations.** Check YES or NO in the appropriate block for each of the questions. Also complete the "Amount of Claim" section. Enter the sum of the figures from the amount claimed column of the Schedule of Property, TD F 32-13.2. From this total subtract any amount collected or collectible from insurance or other source to arrive at the total amount claimed. The claimant shall then sign and date the form.

**Block 10. Office Supervisor Certification.** The office supervisor is to review the claim and check the appropriate block indicating that he/she has reviewed the claim and endorses it, or has reviewed the claim and does not agree with it. Should the office supervisor not agree with the claim, he/she is to attach a separate sheet addressing the reason(s) why exception to the claim is being taken. The office supervisor is to complete the remaining blocks in 10, and sign and date the form and forward the claim to the claims review officer.

**Block 11. Review of Claim Certification.** This section is to be completed by the designated claims review officer. Within Departmental Offices, the Director of Administrative Operations, Office of Security, Safety, and Parking, will serve as the Claims Review office. In addition to completing block 11, the claims review officer is to complete the back portion of TD F 32-13.2, Schedule of Property.

**Block 12. Legal Review.** After the claims review officer has completed its investigation and the appropriate blocks on TD F 32-13.1 and TD F 32-13.2, the claim and all supporting documentation will be forwarded for legal review. (Within Departmental Offices, the Office of General Counsel (OGC) will perform the review). The OGC will ensure that any action on the claim is consistent with the relevant law and regulations. Once legal approval has been obtained, the claim will be forwarded to the appropriate budget/accounting office for fund approval and document processing/payment.

**Block 13. Accounting Information and Other Information.** The Budget/Accounting Office (within Departmental Offices, the Financial Management Division) should complete block 13.

**Block 14. Certification and Settlement of Claim.** This section is to be completed by the settlement/approving official. Treasury Order 101-15 delegates authority to settle and pay claims to the head of each bureau/office. This authority may be redelegated. (Within Departmental Offices, the Deputy Assistant Secretary (Administration)/CFO serves as the approving official.) Upon completion of the claim by the settlement official, the original copy of the claim and all supporting documentation shall be submitted to the component accounting office; a copy of the completed forms (including a copy of the documentation) shall be forwarded to the reviewing official for retention; and the final copy shall be provided to the claimant for his/her records.

**EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY**

**INSTRUCTIONS:** Claimants must complete and sign this form and submit it with a completed form TD F 32-13.2, Schedule of Property, and any supporting documents, including bills of sale or appraisals, to the claimant's immediate supervisor. Instructions for submitting a claim are contained in Treasury Directive 32-13 and handbook. The maximum amount the Government may pay to settle a claim is \$40,000. 31 U.S.C. § 3721(b).

**PRIVACY ACT NOTICE:** The disclosure of information on this form is voluntary; however, failure to supply the requested information may result in the delay or denial of all or a portion of a claim. Social security numbers are used to correctly identify claimants and insure the proper payment of claims; furnishing a social security number is voluntary and refusal shall not be the basis for denying a legal right, privilege or benefit. Principal purpose: the information is used for filing, investigating, processing and settling claims. Routine use: the information on this form may be disclosed, and used, in connection with (1) settling claims with common carriers, warehousemen, or other third parties or their insurers for damage or loss to, or destruction of, an employee's personal property, (2) investigating or prosecuting violations of, or for enforcing or implementing, a statute, rule, regulation, order or license by a federal, state, local or foreign agency, or (3) responding to a Congressional office in response to an inquiry made at the request of the individual to whom the record pertains. Authority: 31 U.S.C. § 3721.

**FALSE OR FRAUDULENT CLAIMS:** The filing of a false or fraudulent claim may result in the forfeiture of the claim, a fine of up to \$10,000 and imprisonment of up to 5 years (31 U.S.C. §§ 3729-3733; 18 U.S.C. §§ 286, 287, 1001).

1. Name of Claimant		2. Position of Employee	
3. Address of Claimant (Include Zip Code)		4. Office where Employed/Telephone No.	
5. Employee Social Security No.	6. Where Loss or Damage Occurred	7. Date of Loss or Damage:	
8. Brief Description of Facts and Circumstances Causing Loss or Damage:			

**9. CLAIMANT AFFIRMATIONS AND AUTHORIZATIONS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>YES</b>               | <b>NO</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the damage or loss for which the claim is made incident to service with the Department?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the damage or loss for which the claim is made caused in whole or in part by the negligence or wrongful act by you or your agent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the property privately insured?<br>Provide the Name and Address of Private Insurer.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the Insurer notified of the loss? If "yes", attach a copy of the claim.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you recovered or been reimbursed for any of the claimed property or has any of it been replaced by the government? Do you expect to recover or be reimbursed for any of the claimed property or expect any of it to be replaced by the government? If the answer to either of these questions is "YES", then explain on an additional sheet of paper, in detail. Include the amount (\$\$) _____ received. |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable: Was a claim made against shipper?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was reimbursement received from Shipper? If "yes", how much? \$ _____.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were police notified?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a police investigation? If "yes", attach a copy of the report.  |

**9. CLAIMANT AFFIRMATIONS AND AUTHORIZATIONS, (continued)**

**YES NO**

- Were any of the claimed items government property? If answer is "yes", indicate which items are government property on the "Schedule of Property" form.
- Was any portion of claimed property acquired for sale or used for personal business or profit?
- If any of the property for which claim is made is later recovered, I agree to promptly notify the settlement official.
- I hereby assign to the Department of Treasury, for any payment on this claim accepted by me, all my right, title, and interest in and to any claim I may have against any carrier, insurer, or other party arising out of the above described incident, and will furnish such evidence as may be required to enable the Department to enforce such claim.
- I authorize the Department of Treasury to withhold from my salary any payments made to me by a carrier, insurer, or other party for which I was also paid by the government, and for any payments made by the government in reliance on the information contained herein which is found to be incorrect.
- I hereby authorize my insurer to provide to the Department of Treasury all information pertaining to insurance coverage I may have regarding this claim.
- I have not made another claim against the government for the loss or damage now claimed.
- All documents required are attached hereto. A detailed list of the property is set forth on the "Schedule of Property" (TD F 32-13.2) and made a part of this statement.
- I make this claim with full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to payment.

**Amount of Claim (from TD F 32-13.2):**

Amount of Loss/Damage	\$ _____
Less: Insurance Collected or Collectible	\$ _____
Total Amount Claimed	\$ _____

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

<b>10. Office Supervisor Certification.</b> <input type="checkbox"/> I have reviewed the claim and endorse it. <input type="checkbox"/> I have reviewed the claim and do not concur with its contents. A separate sheet is attached explaining the reason(s) for taking exception.			
Name of Office Supervisor		Signature of Office Supervisor and Date	
Organization			
<b>11. Review of Claim Certification.</b> As the assigned Claims Review Officer, I have reviewed and investigated the facts and circumstances of the loss or damage to the claimant's property. <input type="checkbox"/> I concur with the claim and endorse it. <input type="checkbox"/> I do not concur with the claim and have attached a separate sheet explaining the reason(s) for taking exception.			
Name and Title of Claims Review Officer	Signature of Claims Review Officer	Date	
<b>12. Legal Review.</b> This claim has been reviewed and there is no legal objection to the intended agency action.			
Name and Title of Legal Review Officer	Signature of Legal Review Officer	Date	
<b>13. Accounting Information and Other Information (to be furnished by the component accounting office).</b>			
Accounting Classification Code (to include Sub-Object Class)	Document No.	Date Claim Received	Amount Requested
<b>14. Certification and Settlement of Claim.</b> I have reviewed the claim and certify that the statutory criteria for allowance under the Act has been met. That is: the claim is substantiated; possession of the claimed property was reasonable or useful under the circumstances existing at the time and place of the incident; and that no part of the loss was caused by any negligent or wrongful act of the claimant or an employee or agent of the claimant. <input type="checkbox"/> This claim in whole or in part is approved for an award of \$ _____. <input type="checkbox"/> This claim is disapproved.			
Name and Title of Approving Official	Signature of Approving Official	Date	

**Form TD F 32-13.2 SCHEDULE OF PROPERTY**  
**INSTRUCTIONS FOR COMPLETING TD F 32-13.2**

The claimant shall complete an original and two copies in accordance with the instructions below which are keyed to the numbered blocks on the sample TD F 32-13.2.

**Block 1. Claimant.** Enter the full name of the claimant. If the claimant is other than the employee, enter the name of the employee in parentheses adjacent to that of the claimant.

**Block 2. Page of Pages.** Consecutively number each page of the *Schedule of Property*. Indicate the total number of pages comprising the schedule.

**Block 3. Line Number.** Consecutively number each article listed.

**Block 4. Description of Article.** Enter the name of the article. If known, also enter the brand, manufacturer and model, serial or ID number, or other information available to more specifically describe the article. Do NOT include government-owned property.

**Block 5. Nature and Extent of Damage.** Describe the nature and extent of damage for each damaged article listed. Insert the work "missing" next to each lost article listed. Indicate how acquired; e.g., purchase or gift.

**Block 6. Date of Acquisition.** Enter the month and year of acquisition. When the exact month or year is unknown, enter your best estimate. If estimated, specify by inserting "est" adjacent to the month and/or year.

**Block 7. Value of Item.** Enter the value of the property. The value of the item shall be based upon either the replacement cost, the estimated value as supported by an appraisal, or the adjusted dollar value of the item as determined by the method described in the handbook. The basis upon which the article is valued should be indicated by inserting after the value an "R" for replacement cost, "E" for estimated value, or "A" for adjusted value. If clarification is necessary, use a footnote.

**Block 8. Depreciation.** Enter the cumulative amount of depreciation for each item claimed. Depreciation rates for various types of property are found in the handbook.

**Block 9. Maximum Amount Allowable.** Enter the depreciated value of the lost or damaged item. This figure is computed by subtracting the depreciation amount from the value of the item. The resulting figure is the maximum amount allowable for the loss or damage.

**Block 10. Cost of Repairs.** Enter the cost of repairing the damaged item as supported by a receipted bill or estimate signed by a reputable dealer or repair facility. If the item is missing, insert "N/A."

**Block 11. Amount Claimed.** This amount is the lesser of the maximum amount allowable or the cost of repairs for an item of damaged personal property. For a missing item of personal property the amount is the maximum amount allowable.

The back of the form is reserved for the claims review officer. Leave blank.



