

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4112 (Rev. 6-04)	<b>PERSONAL PROPERTY CLAIM</b> <i>(For use in submitting claims under 31 U.S.C. 240-243)          (Submit original and 2 copies typed if practicable)          (See CLAIMS MANUAL, Enclosure 5)</i>	1. DATE
2. FROM	3. GRADE OR RATE	4. SSN
5. TO		
6. VIA		
7. CURRENT DUTY STATION		8. AMOUNT OF CLAIM
9. STATUS OF CLAIMANT AT TIME OF DAMAGE OR LOSS <i>(If changed since, explain.)</i> <input type="checkbox"/> MEMBER, USCG OR USCGR <input type="checkbox"/> EMPLOYEE OF USCG <input type="checkbox"/> OTHER <i>(Specify)</i>		
10. Claim is made in the above amount for personal property damaged or lost incident to service. I hereby assign to the U.S., to the extent of any payment of 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 incident(s) described herein and will, upon request, furnish evidence as may be required to enable the U.S. to enforce such claim.  <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. I further agree to the checkage of my pay accounts by the U.S. to the extent of any payments made to me by a carrier, insurer, or other party for which I am also reimbursed by the U.S. in settlement of this claim.  <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. All applicable certificates, statements, orders, and other documents required are attached hereto.  <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. In the event any of the property for which this claim is made is later recovered, or reimbursement is received from the carrier, insurer, or other party, I agree to give written notice immediately to the settlement authority to whom this claim was presented.  <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. Have you made another claim against the U.S. based on - a. the damage or loss of any of the property for which this claim is made, or b. the incident described in Block 16.  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", explain.)</i>		
15. Was demand for this loss or damage made against the common carrier? If "YES", enclose copies of demand and action, if any, taken by carrier. <i>(If "NO", explain.)</i>	AMOUNT CLAIMED	AMOUNT RECOVERED
<input type="checkbox"/> YES <input type="checkbox"/> NO		
a. Do you have personal property insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", was the property for which this claim is made insured? <i>(If "YES", attach correspondence with letter.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO", explain or attach portion of policy excluding the property.)</i>	AMOUNT CLAIMED	AMOUNT RECOVERED
b. Have the carrier and insurer been requested to address all correspondence to you in care of the settlement authority to whom this claim is presented?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. REMARKS Including the date, place, facts, and circumstances of the incident causing the damage or loss are stated below. <i>(State facts in detail, adding additional sheets if necessary.)</i>  <div style="border: 1px solid black; height: 150px;"></div>		
17. ADDRESS TO WHICH CHECK IS TO BE MAILED	18. I make this claim with full knowledge of the penalties involved for willfully making a false claim <i>(Title 18 U.S. Code Section 287 provides for maximum fine of \$10,000 or imprisonment for 5 years or both.)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
	19. SIGNATURE OF CLAIMANT (OR AGENT)	