



For official use by the
Executive/Administrative office. Received by:

Date:

Claim for Loss of or Damage to Personal Effects Attributable to the Performance of Official Duties

Submit completed form to your Executive/Administrative Office within two months of the discovery of the loss or damage
Claims are to be forwarded to Secretary of the UN Claims Board or to the Local Claims Review Board, if one has been established.

CLAIMANT INFORMATION

1. LAST NAME:	2. FIRST NAME:	3. INDEX / ID No.:	4. SEX:	<input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> MILITARY OBSERVER <input type="checkbox"/> CIVILIAN POLICE
5. ORGANIZATION / DEPARTMENT / OFFICE / SERVICE / SECTION / UNIT:			6. CONTACT PHONE: E-MAIL ADDRESS:	

INCIDENT DETAILS

7. DATE & TIME:	8. LOCATION:	9. DATE FIRST REPORTED:
10. DESCRIPTION OF THE CIRCUMSTANCES LEADING TO THE LOSS OR DAMAGE:		
11. MEASURES TAKEN TO RECOVER LOST ITEMS: (If none were, or could have been taken, explain why.)		
12. PERSONAL INSURANCE STATEMENT: (If insurance is available, please submit copies of appropriated settlement/payment statement(s) rejection notices, etc.) <input type="checkbox"/> YES, I do have personal insurance coverage that may be applicable to this incident/loss. <input type="checkbox"/> NO, I do not have personal insurance coverage that may be applicable to this incident/loss. COMMENTS:		
13. MEASURES TAKEN TO RECEIVE COMPENSATION FROM OTHER PARTIES THAT MAY BE LIABLE FOR THE LOST OR DAMAGED ITEMS: (Such as airlines/transportation companies, event organizers, hotels, government institutions, etc.)		
14. IF CLAIM IS BEING SUBMITTED AFTER THE TWO-MONTH TIME LIMIT, PLEASE PROVIDE EXPLANATION:		

CERTIFICATION

15. I declare that the above information, as well as that provided in the enclosed list of lost or damage items, are true and accurate statements to the best of my knowledge and, hereby submit a claim for compensation for loss of or damage to my personal effects in accordance with the provisions of ST/AI/149/Rev. 5.

DATE _____ SIGNATURE _____
(Day/Month/Year)



Claim for Loss of or Damage to Personal Effects
Attributable to the Performance of Official Duties
Supporting Documentation Submitted with Claim

(Please check only those which apply)

Investigation Reports and/or Corroborating Statements/Evidence

- United Nations security and/or administrative report(s) of the incident/accident.
- Local Police Report or other investigation reports by authorities.
- Witness statements.
- Statement from the Head of Office/Supervisor attesting to the circumstance of the case.
- Copies of memoranda/correspondence or other documentation relevant to the circumstances of the incident/accident.
- Lost Property/Discrepancy Report (or similar document) from Airline or other transportation carrier.
- Newspaper or other news article(s) reporting on the incident/accident.
- Photographic record of the incident/accident or damage.
- Other. Specify: _____.

Proof of Purchase, Repair Receipts/Estimates, Replacement Cost Estimates.

- Receipts for original purchase of items or Services.
- Repair bill(s) or estimate(s).
- Copies of vehicle title and/or registration
- Copies of bank or credit card statements reflecting relevant purchases or payments.
- Initial Inventory, inventory for insurance purposes, shipping list.
- Other. Specify: _____.

Insurance/Third Party Payments/Rejection

- Copy of compensation settlement or denial from personal insurance coverage.
- Copy of compensation settlement, partial settlement or rejection by third parties involved, i.e.; airlines, shipping or transportation carriers, liability coverage, institutions, etc.
- Other. Specify: _____.

Administrative Documentation (Normally provided by Administrative/Executive Offices)

- Copy of Personnel Action (PA) form in effect at the time loss and/or other documentation attesting to the claimant's contractual status with the Organization. (Always required).
- Copy of the claimant's travel authorization/security clearance or other documentation attesting to his/hers official travel status at the time of the loss (Required in cases involving official travel).
- Indication as to whether or not the staff member had recognized dependents residing with him/her at the duty station.
- Copy of the inventory of Personal Effects filed by the claimant upon arrival to the duty station or one filed in accordance with the applicable security plan prior to the loss.
- Observations, explanations, endorsements and/or other statements made by the claimant's Office and/or supervisors.
- Other: Specify: _____.