Instructions for completing DD Form 1844:

a. Box 1: Service members name.

b. Box 2 a. and b.: Only complete if you have filed a claim with your private insurance.

c. Box 3: N/A

d. Box 4: N/A.

e. Box 5: This is the line number, see example.

f. Box 6: List the quantity of items that will be claimed on each line (see example).

g. Box 7: In this box you will describe the item(s) lost or destroyed.

h. Box 9-10: In this box note the original cost of the item and the year the item was purchased. If you don’t recall, estimate.

i. Box 11 a is N/A

J. Box 11b. In this box you will list your claimed amount on the item.

k. Box 12. If you need extra room to remark on any item listed on that page, use this space. Otherwise leave it blank.

l. Box 13. Page total.

j. Box 14-30: Do not write in this section. This is for the Examiners use only.