	<u>C</u>	laims Form		
To: United States A	rmy Foreign Clair	ms Commission.		
From: Name:				
Address:				·
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a. A cit	izen and hadonai c	of: Inag;		
•	rmanent resident o)I :	· .	
c. Emp.	loyed by:	/ N N T		
		rer () Not an insurer		
e. Chec	k one () A subrog	gee () Not a subrogee		
I hereby make a cla	im against the Uni	ted States Government	for damages	or injuries
•	_	itary Department, Add	_	-
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party sustaining the	. •	idence of authority and s.)		·
My claim arose at:_		Besh	dd	Inagy
My claim arose at:_	Tu) (Town)	Bezh) (City)	dd	[Country]
	(Town)	(City)	2 m s	Inagy (Country)
My claim arose at:_ My claim arose on:	(Town)	City)	200	Inady (Country)
	(Town)	City) Day	200 Year	Inady (Country)
My claim arose on:	(Town) Feb Month	(City) / 2 Day or incident on which the	200 Year	Inady (Country)
My claim arose on: Give a brief stateme	(Town)			_
My claim arose on: Give a brief stateme property or for pers	(Town) Complete	d. (Use back of this she	eet if necessa	ry.)
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My claim arose on: Give a brief statement property or for person to a second	(Town) / Ch Month ent of the accident onal injury is based	d. (Use back of this sh	eet if necessa	ry.) Leath
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Describe nature and extent of property damage or personal injury sustained as a result of he above incident.				
Dea	ref Personal			
	property damage and itemized expenses resulting from the linjury: (Attach bills and receipts, if applicable.) Amount			
for death	5000\$			
	Total: 5000\$			
was insured to the following	ng extent against the damage or injuries I have sustained:			
he name and address of m	y insurer (if any) is:			
Name)	(Address)			
claim as damages: (Indicat	te amount in U.S. dollars and local currency)			
	(Signature o			
Subscribed before me this				
	(Print Name)			
	(Cirmatura)			