

申 請 書
(CLAIM FOR DAMAGES,INJURY OR DEATH)

File Docket or Local Office No.

1. Name of Claimant :	5. Amount of Claim
	Medical Treatmet ¥
2. Address of Claimant :	Inability to Work ¥
	Physical Handicap ¥
3. Place of Accident :	Funeral Rites and ¥
	Bereaved Family
4. Date of Accident :	Property Damage ¥
	Other Damage ¥
	Total ¥
6. Description of accident-State in detail all known facts and Cicumstances attending the damege, injury or death, identifying Persons and Property involved and the cause thereof.	
7. Property Damage	
Name of owner, if other than Claimant. Address of owner, if other than claimant.	
Briefly describe Kind and Location of Property and nature and extent of damage. (See Instructions)	
8. Personal Injury	
State nature and extent of injury which forms the basis of this claim.	
9. Death	
State basis for claim and calculations upon which damages claimed are based.	

10.		Witnesses	
Names		Addresses	
Agency (if known) Causing injury, death or damages			
11. I declare, that the amount of this claims covers only damages and injuries caused by the accident above described, and foregoing statement is true and correct in every particular.			
a. Relationship of Claimant to Victim :		Signature of claimant- Japanese Characters	
b. Citation of Law for Proper Claimant :		Signature of claimant- Translated (Name should be exactly as it appears in Item 1.)	
If claim is presented by other than the person injured or damaged, state relationship and authority for Presentation.			
12. Date of Claim		Person to whom Presented :	
Date of Presentation :		Name and Address of Office at which Presented :	
13.		Certificate	
Certified true translation by :		Director General, Defense Administration Bureau Date :	
Remarks			