様式第３号（第６条関係）
（Inclosure C-1）

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

File Docket or Local Office No.

1. Name of Claimant :

2. Address of Claimant :

3. Place of Accident :

4. Date of Accident :

5. Amount of Claim

Medical Treatment	¥
Inability to Work	¥
Physical Handicap	¥
Funeral Rites and Bereaved Family	¥
Property Damage	¥
Other Damage	¥
Total	¥

6. Description of accident-State in detail all known facts and Circumstances attending the damage, 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 Bureau

Date :

Remarks