



Goods In Transit Claim Form

Please fill out as much information and as accurately as possible, this will speed up any claim request.

THIS FORM MUST BE COMPLETED AND RECEIVED WITHIN 14 DAYS OF THE INCIDENT

Claimants Details:			
Company name & trading address:			
About the Claim:			
Have your Goods Been:- DAMAGED☹️ MISSING☹️ DELIVERED SHORT☹️ (Please Circle)			
Collection Address:		Delivery (or intended Delivery Address)	
Date Of Collection: __/__/____		Date Of Delivery: __/__/____	
Postcode: _____		Postcode: _____	
SSO Logistics Job Reference Number :			
Please provide a brief description of your claim, Loss, Damage, Also mention a description of all goods on the pallet:			
Where can the goods be inspected?			
If you have additional policy insurance with SSO logistics, please tell us about it, otherwise Standard RHA terms will be calculated: (RHA Is£1300.00 per tonne)			
What was the total weight of the consignment? (KGS)	What was the total cost price of the consignment? (££)	What was the weight of the damaged or missing goods? (KGS)	What is the total COST price value of the damaged or missing goods (££)
KGS	£	KGS	£
Print Name:	Sign Name:	Date:	Email Address:
Excess Amounts :- Claims up to £1000.00 is £100.00 Excess, Claims over this amount is £175.00 Excess			
PLEASE CHECK YOU HAVE THE FOLLOWING INFORMATION			
☹️ Pictures of the damages / damaged goods		☹️ Claused Proof Of Delivery	
☹️ Proof of weight (internet screenshot/copy manuals showing weight or estimated weights)		☹️ Cost Invoice (this will show us how much it costs you to make or buy the goods.)	
☹️ Sales invoice (to your/end customer)		☹️ Email or letter of intent (sent to sso logistics)	

Please email your claims form along with the above supporting documents to:- insuranceclaims@ssologistics.co.uk or post to:
SSO LOGISTICS LTD, (INSURANCE CLAIMS), The Spectra Buildings, Slutchers Lane, Warrington.WA1 1QL