

INSURANCE CLAIM FORM

INM Crystal

USE THIS FORM IF YOUR SHIPMENT HAS BEEN LOST OR DAMAGED BY THE SHIPPING COMPANY

We are very sorry for the loss or damage of your shipment. INM Crystal, Inc. will do everything in our power to resolve this issue. Please fill out this form completely, sign it and fax it back to (561) 734-2321 or mail to 2463 Quantum Boulevard Boynton Beach, FL 33426.

Today's Date _____

NAME _____

ADDRESS _____

PHONE () _____

EMAIL _____

**YOUR
CONTACT
INFO**

**INM
ORDER
INFO**

INM Order Number _____

SHIPMENT METHOD USPS FEDEX

CREDIT CARD # (REQUIRED FOR REFUNDS OR CHARGES) _____

EXPIRATION DATE _____ / _____

CID _____ Month Year

ACTION REQUEST:

RESHIP ORDER

Orders shipped before insurance claim resolution will be charged to customer's credit card. Replacement orders will not be refunded if insurance claim is denied. The freight carrier makes the final decision to award an insurance claim.

DAMAGE CLAIM

In the case of shipping damage to a package, which results in partial loss of products or damage to products, you must first call the shipping company. The carrier needs to inspect the package as soon as you have found damage. Please review your INM invoice and document the items that were damaged. Send the INM invoice with this form. The freight carrier makes the final decision to award an insurance claim.

SHIPPING REFUND - TO QUALIFY FOR SHIPPING REFUND YOU MUST MEET THE FOLLOWING CRITERIA:

① Package was delayed beyond the time guaranteed by the carrier for reasons other than force majeure (something that happens outside of the carrier's control). Liabilities not assumed include but are not limited to, local or national weather conditions, holidays, shipping carriers not shipping, acts of terrorism, public authorities acting with actual or apparent authority, authority of law, local disputes, civil commotion, hazards incident to a state of war, etc.

② The carrier agrees to reimburse INM Crystal, Inc.

I CERTIFY THAT THE STATEMENTS IN THIS FORM ARE CORRECT. I HAVE NOT INITIATED A CREDIT CARD CHARGEBACK OR ANY OTHER ACTION WHICH WILL ADVERSELY AFFECT INM CRYSTAL, INC.

Sign _____

Print Name _____