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 mail it back to 7375 Tillman Dr, Lake Worth FL 33467.

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 _____ / _____
                    Month   Year

CID_____

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.

☐ FULL REFUND — Use this option if you no longer need the products that were lost or damaged.

☐ 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 diputes, 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_____