

## Petrol Contamination Customer Claim Form

1. To help us to help you, please complete this form.
2. To help us assess your claim, please enclose or scan:
  - Your petrol receipt
  - Repairer's initial estimate and where repairs have been completed, the invoice giving details of work that was required
  - Receipts for any expenses claimed under Section D below
3. Please send your completed form and documents we have requested to:  
**Tesco Petrol Claims, PO Box 10379, Birmingham B1 2WB.**  
Or email to [tescopetrolclaims@gabrobins.co.uk](mailto:tescopetrolclaims@gabrobins.co.uk) with a scanned in copy of this form and copies of the requested documents
4. We intend to act as quickly as we can to process your claim and will contact you as soon as possible.

### A. Customer information

Title & Surname:

First name:

Address: (house no./street)

Town / City:

County:

Postcode:

Email address:

Contact Telephone no:

Mobile no:

### B. Fuel purchase details

Date of Purchase:

Time of Purchase:

Store Location:

Value of fuel purchased:

Type of fuel purchased:

Unleaded

Super Unleaded

Diesel

Method of payment:

Credit/Debit card

Fuelcard

Cash

Other

Do you have a receipt?:

yes

no

Tesco Clubcard member:

yes

no

Membership no: (if known)

Did you use your Clubcard with this purchase?

yes

no

We need as much proof of purchase as possible to help us process claims quickly. Ideally this will be a receipt from our petrol station. If you do not still have this but paid by card, then please try to get proof from your credit card company or bank. If you paid cash, then please supply us with details of the amount, time and date of purchase and petrol station used. If you used your Clubcard during the purchase, then please give us the number and we can use this information to process your claim more quickly.

## C. Vehicle details

Make / Model / Colour:

Registration No:

Year of Registration:

Do you own the vehicle?  yes  no

If no, Owner's Name:

Owner's contact number:

Owner's address: (house no./street)

Town / City:

County:

Postcode:

Is the vehicle driveable?  yes  no

comments:

If not, where is the vehicle?

Is the vehicle at a dealer / repair garage?  yes  no

Dealer Name & Telephone No:

What does the Repairer say was/is the nature and cause of the fault?

What repair work was / is required?

Do you have an estimate of the cost of repair?  yes  no value:

Please ensure that the information provided by the repairer details the work required, showing parts and labour separately so that we can quickly process your claim.

## D. Other details

Please provide details of any additional expenses and any other problems: