

# Roadside Assistance Service Provider Questionnaire

Tel: 0861 188 272 Fax: 0866 840 782

PO Box 15793 Lambton 1414

To ensure our various Corporate Clients' standards of service excellence are maintained at all times, UTASA needs to evaluate all Roadside Service Providers prior to inclusion in the Approved Service Provider database.

We realise that your company may be well known in the industry and this request in no way implies that you may not be suitably qualified, still in fairness to all we cannot automatically assume such qualification.

Should you choose to participate in this programme, please complete and return the following questionnaire to UTASA as soon as possible. Prompt reply will ensure prompt inclusion, and will assist us in entering into a service agreement with yourselves should one be required by the Client. If so this document will form part of the agreement.

Please sign and initial each page in the space provided and fax or email the completed questionnaire to Joseph Kwinda at fax number 0866 840 782 or email to admin@utasa.co.za

#### Thank you for taking the time to complete this questionnaire!

1. How long has your business been in operation? (Please tick the applicable box)

0-1 years $1-2$ years $2-3$ years $3-4$ years > 4 years
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2. What are your business hours?

3. Do you have full and comprehensive professional indemnity insurance?

YES NO
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4. If so, please state the name of your insurer, policy number and limit of indemnity:

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5. Have you been officially approved as a contractor by any manufacturer or insurer?

MANUFACTURER		INSURANCE/ASSISTANCE			
GMSA	Yes	No	Santam	Yes	No
Ford/Mazda	Yes	No	Hollard	Yes	No
Hyundai	Yes	No	Auto & Gen.	Yes	No
Toyota	Yes	No	Mutual & Fed.	Yes	No
BMW	Yes	No	SA Eagle	Yes	No
DCSA	Yes	No	Regent	Yes	No
VW/Audi	Yes	No	Other:- Name		
Alfa Romeo	Yes	No			
Nissan	Yes	No			



6. Please list type and number of equipment (photographs of premises, equipment and/or drivers' uniforms will greatly assist in the evaluation process, and can be sent to admin@utasa.co.za

TYPE OF EQUIPMENT	NUMBER
Sling Tow / Other Partial Lift	
Trailer	
Rollback	
Courtesy Vehicle	
Other (specify)	

7. Are all Vehicles/Drivers equipped with Radio Communication/Cell Phones?

Radio's	Cell Phones	Both

8. Are any of the vehicles currently in use older than 5 years? (If so please provide numbers)

YES	NO

9. Are all the above vehicles fitted with a tracking device?

YES	NO

10. Do you have access to and/or are you prepared to assist with the following?

Spares and/or appropriate qualifications to assist with minor roadside assistance/repairs	YES	NO
Locksmith Services	YES	NO
Auto Electrical Services	YES	NO
Mechanical Services	YES	NO
Panelbeating Services	YES	NO
Take fuel or diesel out to stranded members	YES	NO
Safe storage facilities	YES	NO
Change tyres of members' vehicles	YES	NO
Assist with jumpstarting of the vehicle under safe and appropriate conditions	YES	NO
Deliver member's vehicle from your place of business to an address to be provided to you?	YES	NO
Accept payment from our clients on a 30 day basis in respect of the services rendered by yourselves?	YES	NO

11. Are all your drivers First Aid compliant?

	YES	NO
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### 12. RESPONSE TIMES:

How soon could your vehicle get to our Clients' Members requiring assistance:

#### 12.1.1 In a Non-built up area (rural) – within a radius of 20 km?

0-20 min	21-30 min	31-45 min	More than 45 min
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## 12.1.2 Ditto - within a radius of 21 - 40 km?

0-20 min 21-30 min 31-45 min More than 45 min
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#### 12.1.3 Ditto - within a radius of 41 - 50 km?

12.1.4 Ditto - within a radius of 51 - 100 km?

0-40 min 41-50 min 51-60 min More than 60 min
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12.2.1 And in a built up area (city) - within a radius of 20 km?

0-20 min	21-30 min	31-45 min	More than 45 min

### 12.2.2 Ditto - within a radius of 21 - 40 km?

0-30 min 31-40 min 41-50 min More than 50 min
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### 12.2.3 Ditto - within a radius of 41 - 50 km?

0-40 min 41-50	nin 51-60 min	More than 60 min
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### 12.2.4 Ditto – within a radius of 51 – 100 km?

0-50 min 51-60 min	61-70 min	More than 70 min
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## 12.3 Comments

Would you like to add any comments to the above?



13. Which areas would you prefer to service?

14. Exceptions? (which areas are you NOT prepared to service)

Initials



This is to certify that the information in this questionnaire is current and correct and was completed by (full names)

In his or her capacity as

Of the company (the service provider),

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Duly Authorized)

Place Company Stamp Here: