



OAMPS (UK) LTD

VEHICLE RECOVERY SCHEME

**VEHICLE RECOVERY CONTRACTOR
QUESTIONNAIRE**



Company:

1. Company Details

Registered Company Name	
Registered Number	
Company Address	
Telephone Number	Office Hours _____ Out Of Office _____ Emergency _____
Fax Number	
E-mail Address	
Website	
Other Trading Name(s)	
VAT Registration Number (If you have one)	

2. Insurance Details

Vehicle Insurance	
Vehicle Fleet Insurer	
Vehicle Fleet Policy Number	
Expiry Date of Insurance	
Employers and Public Liability Cover	
Liability Insurer	
Liability Policy Number	
Expiry Date Of Liability Cover	

4. Certificates Held By The Business and Associations Members

What certificates do you hold as a recovery agent?	
Do you belong to any Associations?	Yes / No
What Associations are they?	

5. Repairs and Services

Do you have a repair centre?	Yes / No
Do you carry tools and spares for repair at the roadside?	Yes / No
Do you operate a policy of checking your recovery driver's driving licences on an annual basis?	Yes / No
Do you offer storage of vehicles?	Yes / No
If Yes please can you give full details of the storage options, locations and security:	
Do you offer the "Transhipment" of products from one vehicle to another?	Yes / No
If Yes please can you give full details:	

6. Safety and Operation of Recoveries

Do you hold any manuals for your employees to have to hand when dealing with a recovery? If so what manuals are they?	Yes / No
Do your drivers carry out a risk assessment before a lift is carried out?	Yes / No
Do you have any written procedure for your drivers to use when doing lifting, loading and unloading of vehicles?	Yes / No
Do all you drivers do a pre load inspection before a lift or take over of any recovery vehicle?	Yes / No
Do your drivers obtain confirmation in writing from the customer that they have taken receipt of a vehicle?	Yes / No
Do your drivers take a signature from the business where a vehicle is delivered?	Yes / No
Do you offer a service where by you deliver the vehicle to any destination at request?	Yes / No
If so, is this service limited in any way?	

7. Additional information about your recovery service:

Please provide any supporting information relating to your response capabilities.



Please can you also supply any company information that you have including your rates for our reference

Thank you for taking the time to complete this questionnaire.

Please return this form, with any attachments, to:

Adam Shefras
OAMPS (UK) Ltd
Windsor House
High Street
Esher
Surrey, KT10 9RY



Completed by: _____

Signature: _____

Position: _____

Date: _____

