



**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?	<b>Yes / No</b>
What Associations are they?	

#### 5. Repairs and Services

Do you have a repair centre?	<b>Yes / No</b>
Do you carry tools and spares for repair at the roadside?	<b>Yes / No</b>
Do you operate a policy of checking your recovery driver's driving licences on an annual basis?	<b>Yes / No</b>
Do you offer storage of vehicles?	<b>Yes / No</b>
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?	<b>Yes / No</b>
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?	<b>Yes / No</b>
Do your drivers carry out a risk assessment before a lift is carried out?	<b>Yes / No</b>
Do you have any written procedure for your drivers to use when doing lifting, loading and unloading of vehicles?	<b>Yes / No</b>
Do all your drivers do a pre load inspection before a lift or take over of any recovery vehicle?	<b>Yes / No</b>
Do your drivers obtain confirmation in writing from the customer that they have taken receipt of a vehicle?	<b>Yes / No</b>
Do your drivers take a signature from the business where a vehicle is delivered?	<b>Yes / No</b>
Do you offer a service where by you deliver the vehicle to any destination at request?	<b>Yes / No</b>
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: \_\_\_\_\_

