

lumley repair network questionnaire



This questionnaire is to be completed by all motor vehicle smash repairers who wish to become members of the Lumley National Repair Network.

Owners of multiple shops must complete one questionnaire per premises.

Once completed, the questionnaire must be forwarded to:

Gary Kirkness
National Motor Assessing Services Manager
Email: gkirkness@lumley.com.au
Fax: 02 9248 1198

This questionnaire must be returned with at least three digital images showing:

- a) External view of each of your repair premises.
- b) Internal view of reception area(s).
- c) Internal view of workshop(s).

1) The Business

Company Name:			
Business Name:			
Street Address:			
Suburb / Town:			
State:		Postcode:	
Proprietor(s)			
ABN:			
Phone No.:		Fax No.:	
Email Address:			

a) State how long have you owned the business?	Years
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b) State distance from the CBD?	Kms
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c) Have you previously owned or been involved in the smash repair industry?	Yes / No
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If Yes, please provide details of business:

d) Are you currently a Lumley Network Repairer or approved repairer for another company?	Yes / No
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If Yes, provide Details:

Insurer	Years of approved service	Contact (Referee)

e) Have you ever had any approved repairer status suspended or cancelled?	Yes / No
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If Yes, give details:

f) Do you operate a towing service?	Yes / No
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If Yes, state:

-trading name	
-number of tilt tray	
-number of tow trucks	

If No, do you have a preferred towing contractor?	Yes / No
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Provide details:

g) Do you have a nominated OH&S representative?	Yes / No
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h) Have you any experience in corporate or government fleet repairs?	Yes / No
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If Yes, list major fleet clients:

Client	Years Serviced

2) The Workshop

a) Please list major equipment/technology utilised in your business

Type	Manufacturer	Age

b) What is your workshop capacity (vehicles per week)?	
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c) What category of vehicle do you normally repair? Please indicate as a percentage:

• Prestige	%
• Small to Medium Sedan	%
• Light Commercial	%
• Other (Specify)	%

3) The Premises

a) Do you have a separate reception area?	Yes / No
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b) How many client parking spaces are provided?	
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c) What alternative transport arrangements do you provide?
e.g.: (Pick up and delivery, courtesy vehicles)

d) How far is the nearest public transport facility?	
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e) Are there client toilets available? (excluding those for workshop use)	Yes / No
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If Yes, how many?	
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4) The Personnel

a) Do you employ full time reception staff?	Yes / No
If No, please advise who generally greets clients.	

b) How many staff do you employ in:

• Workshop	
• Office Management	
• Reception	
• Total	

5) Accreditation And Compliance

a) Do you confirm to all necessary environmental and statutory regulations?	Yes / No
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b) Do you have any manufacturers accreditation?	Yes / No
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If Yes. Provide details:

c) Do you currently have quality assurance systems operating within your business?	Yes / No
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If Yes, please comment:

d) Are you a member of any repair industry association?	Yes / No
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If Yes, please provide details:

e) Have any complaints relating to workmanship been made against your business to any repair industry association or claims tribunal?	Yes / No
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If Yes, provide details

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Declaration

(Please Tick) I/We declare that the answers given herein are in every respect true and correct.

Signed: _____

Print Name: _____

Position: _____

Date: _____