



NSW Quality Repair Program (QRP) Questionnaire

ISSUED BY:
Claims Development

REAL INSURANCE FOR REPAIRERS

Having a Repairer Network enables Real Insurance to deliver an efficient claims process to our customers that focuses on their needs, when they need us most. It enables Real Insurance to guarantee repairs for life with the knowledge that the Network Repairer reflects our values of customer service, quality and timely repairs.

BECOMING A NETWORK REPAIRER

Real Insurance has an established Quality Repair Program and a Network Repairer Agreement for NSW. To register your interest in becoming a NSW Network Repairer you will need to submit electronically:

- A completed Quality Repair Program questionnaire; and
- provide any supplementary material (including but not limited to requested photographs).

The Real Insurance Quality Repair Program applies to driveable and non-driveable vehicles.

Real Insurance will acknowledge receipt of your completed questionnaire and advise whether we have a need to expand our Quality Repair Program in your area. If it is identified that our Network requires expansion, we will assess all submitted questionnaires for the area that requires expansion against the evaluation criteria noted below. If we do not require a Service Provider in your area we will keep your submitted questionnaire on record for future reference.

Repairers that have been successful in their application will be subject to a six (6) month trial period, under the terms and conditions of the Real Insurance Network Repairer Agreement (2013). This will assist in ensuring all that performance requirements can be met. This 6-month period will then form part of the three (3) year term of the Agreement.

EVALUATION CRITERIA

In appointing a Network Repairer Real Insurance will evaluate each Quality Repair Program questionnaire against (but not limited to) the following selection criteria;

- shop capacity and equipment levels (capability, response times, value added services);
- business need for a Repairer in your area (claim volumes, potential growth, types of services offered);
- repair quality and customer service (including communication methods);
- repair management technology and software;
- prior dealings with Real Insurance;
- historical performance - previous repairs;
- accreditation and
- shop presentation and accessibility, including customer facilities.

QUALITY REPAIR PROGRAM QUESTIONNAIRE

COMPANY DETAILS		
Company name		
Registered office address	Address	
	Suburb	
	Postcode	
Years established		
Australian Company Number (ACN)		
Australian Business Number (ABN)		
Type of business (partnership, public company, private company, etc.)		
Directors of business		
List subsidiary and associated companies (attach group organisation chart, if applicable)		

TRADING DETAILS		
Trading name		
Years trading under current owner		
Physical Address	Address	
	Suburb	
	Postcode	
Mailing Address (if same as above leave blank)	Address	
	Suburb	
	Postcode	
Manager of business		
Days & hours of operation		
After hours availability		

CONTACT DETAILS

Telephone number/s			
Fax number			
Mobile numbers	Name	Position	Mobile Number
Email address			
Website			
Emergency contact			

SHOP DETAILS

Please attach images of the following:

1. External street view showing shop facade
2. Inside of workshop
3. Customer reception area.

File size limit 2MB. JPG format preferred.

Please provide details of the following:

Shop size/area (in sq. metres)			
Volume of vehicles in/out per week			
Total vehicle capacity per week			
Customer off-street Parking			
Secure parking/ vehicle storage			
Inspection bays			
Security and/or surveillance system			
Quality control systems			
Do you offer the following services in-house?	Y	N	If Yes, please provide details:
Towing services			
Mechanical services			
Air-conditioning services			

SHOP DETAILS – continued			
Do you provide any of the following services:	Y	N	If Yes, please provide details:
A dedicated customer service manager to meet & greet customers			
Customer reception area			
Refreshments available to customers			
Courtesy vehicles/ loan cars			
Damaged vehicle collection			
Repaired vehicle return			
Web based bookings*			
Customer communication options			
Other:			

*That Real Insurance can use to book repairs at the time of a lodgement.

EQUIPMENT DETAILS			
	Y	N	If Yes, please provide details, brand, model, type:
Computerised measuring system			
Jigs, racks, aligners			
Lifting equipment / hoist			
Plastic repairs			
Invertor spot welding			
MIG brazing welder - invertor			
Paintless dent removal			
Other	Please specify equipment not already listed:		

PAINT DETAILS			
	Y	N	If Yes, please provide details, brand, model, type:
Paint system used			
Spray booths & ovens			
Extraction systems			
Infra-red drying			
Dedicated paint mixing & storage room			

TECHNOLOGY			
	Y	N	If Yes, please provide details:
Computer quoting system			
Shop management system			
Accounting/ Invoicing			
Digital imaging			
Internet connection			

ENDORSEMENTS & ACCREDITATIONS			
	Y	N	If Yes, please provide details:
Manufacturer endorsements, e.g.: BMW recommended			
Other endorsements			
Network repairer for other insurers			
Specialist repairer for particular vehicle types			
Trade association member			

ENVIRONMENT, HEALTH & SAFETY	
	Please describe the equipment and systems:
Waste management	
Recycling systems	
Ventilation systems	
Health safety	
Other	

STAFFING DETAILS	
Number of qualified panel beaters	
Number of qualified painters	
Number of apprentices	
Number of mechanics	
Number of estimators	
Number of office staff	
Total staff (including owner/s)	

RISK MANAGEMENT/ INSURANCE COVERAGE

Please list the type, coverage and amount/limit of Insurances you hold? (including liability, faulty work/ rectification and motor trade insurance, etc.)

NOTE: Failure to complete any of the sections may result in rejection of your response.

I understand that the questionnaire is not an offer on the part of Real Insurance nor does it create any obligation on the part of Real Insurance to enter in to a commercial or other relationship.

DATE:

SIGNATURE:

Name:

Position held

NOTE: Service Providers are reminded that their response can be used as a basis for any preferred Service Provider agreement arising out of this process. When providing performance figures, or any other information for that matter, You should be aware that these figures may be used to measure your future performance for Real Insurance.

Questionnaires that have been downloaded can be submitted to the following Real Insurance representatives by fax or email:

Name	Sonia Lennon
Position	Supply Chain Manager
Email	grp@realinsurance.com.au
Facsimile	02 8889 9502