

FLEET MANAGEMENT SURVEY

| ORGANISATION INFORMATION | | |
|--|---|---|
| Organisation Name: | | |
| ABN: | Phone: | Fax: |
| First Name: | Surname: | Position: |
| Email: | | Website: |
| Street address: | | |
| City: | State: | Post Code: |
| Postal address (if different): | | |
| City: | State: | Post Code: |
| Organisation Type: | | |
| Aged Care <input type="checkbox"/> | Welfare <input type="checkbox"/> | Child Care <input type="checkbox"/> |
| Church/Religion <input type="checkbox"/> | Community Services <input type="checkbox"/> | |
| Employment Services <input type="checkbox"/> | Disability <input type="checkbox"/> | Hospital/Medical <input type="checkbox"/> |
| Rehabilitation <input type="checkbox"/> | | |
| Number of employees in your organisation: | | |

| FLEET INFORMATION | | | |
|---|-------------------------------------|----------------------------------|--|
| Type of Vehicle | Number of Vehicles | Average Km's Travelled Annually | Number of Years the Vehicles are Held in the Fleet |
| Passenger | | | |
| Commercial | | | |
| People Mover | | | |
| Do you only buy new vehicles? (Please circle) Yes No | | | |
| What are the current makes of the vehicles in your fleet | | | |
| Holden <input type="checkbox"/> | Ford <input type="checkbox"/> | Hyundai <input type="checkbox"/> | Mazda <input type="checkbox"/> |
| Toyota <input type="checkbox"/> | KIA <input type="checkbox"/> | | |
| Honda <input type="checkbox"/> | Mitsubishi <input type="checkbox"/> | Nissan <input type="checkbox"/> | Subaru <input type="checkbox"/> |
| Other: _____ | | | |
| Are your vehicles used to assist people with disabilities? (Please circle) Yes No | | | |
| Predominant driving environment of your vehicles? (Please circle) Rural Urban | | | |
| How often are your vehicles serviced? (Please circle) | | | |
| Operating manual requirements | | or | Irregular |
| Who performs maintenance on your vehicles? (Please circle) | | | |
| Franchised motor vehicle dealer | | or | Independent Mechanic |

| | | |
|--|--|--|
| Does your organisation operate a corporate fuel card? (Please circle) | Yes | No |
| If yes, which one: | | |
| What is the current change over policy for your vehicles? | | |
| <input type="checkbox"/> Time _____ yrs | <input type="checkbox"/> Kilometres _____ kms | <input type="checkbox"/> Finance term _____ yrs |
| <input type="checkbox"/> Funding availability | Other: | |
| Do you have an individual person responsible for fleet management? (Please circle) | Yes | No |
| How do you dispose of your vehicles? | | |
| <input type="checkbox"/> Trade-in | <input type="checkbox"/> Auction | <input type="checkbox"/> Classifieds |
| Do you use Fixed Government Contract prices to purchase your vehicles? (Please circle) | Yes | No |
| Do you understand how Fixed Government Contract prices work? (Please circle) | Yes | No |
| When your organization sells or trades a vehicle, do you apply the GST non-commercial activities test? (Please circle) | | |
| Yes | No | Don't Know |

FINANCE INFORMATION

| | | |
|---|--|---|
| What types of financing do you use in your fleet? | | |
| <input type="checkbox"/> Buy Outright | <input type="checkbox"/> Finance Lease | <input type="checkbox"/> Operating Lease |
| <input type="checkbox"/> Hire Purchase | <input type="checkbox"/> Novated Lease | <input type="checkbox"/> Chattel Mortgage |
| <input type="checkbox"/> Don't Know | | |
| What is the Standard Finance Term? | | |
| <input type="checkbox"/> 1 Year | <input type="checkbox"/> 2 Years | <input type="checkbox"/> 3 Years |
| <input type="checkbox"/> 4 Years | <input type="checkbox"/> 5 Years | <input type="checkbox"/> Other |
| Who is the financier of your vehicles? | | |
| Who do you currently insure with? | | |
| Do you have employees on Novated Lease programs? (Please circle) | Yes | No |
| Do you provide salary packaging for your employees? (Please circle) | Yes | No |
| <i>If yes,</i> | | |
| Is your salary packaging done: (Please circle) | | |
| In-house | or | |
| Outsourced through: | | |

ADDITIONAL NOTES

Please add any other details you see as relevant to your fleet services

Fleet Operating Priorities Survey

| | |
|----------|------------------------------|
| 1 | Not Important at all |
| 2 | Not important |
| 3 | No opinion either way |
| 4 | Important |
| 5 | Extremely Important |

For each question below, place a tick in box for the number that best fits your opinion on the importance of the issue. Use the scale above to match your opinion.

Completion of this survey will help Community Fleet Services to better understand your organisation's fleet needs and priorities.

| | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Minimising vehicle turnover costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisation image or perception as a result of vehicle choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accommodating staff preferences for vehicles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimising vehicle and fleet operating costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operating a 'green friendly' fleet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fax or post the questionnaire to:

Fax: 1300 726 490

Post: PO Box 6478
 Baulkham Hills Business Centre
 Baulkham Hills NSW 2153