

New Zealand Collision Repair Association Inc.

DISPUTES MEDIATION APPLICATION FORM

To: **New Zealand Collision Repair Association**
PO Box 9208
Waikato Mail Centre
HAMILTON 3240

Your dispute will be lodged with the National Office and then forwarded to the CRA Disputes Mediator. Initially, he will liaise between you and the repairer. If a solution cannot be reached, your complaint will be passed to the Local Branch Disputes Committee for action.

This disputes procedure does not include matters:

- where the complaint is solely in respect of money - i.e., value for money
- in respect of repairs undertaken on a vehicle for a previous owner
- where the complaint involves restoration.

Name:

Address:

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Phone: Email:

Make and Model:

Year of Manufacture: Reg. No.:.....

Name of Repairer:

Date of Repairs:

Estimate of costs given:

Nature of complaint:

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(If required, please continue on separate sheet and attach).

I/We enclose a payment of \$287.50 application fee and agree that I/We will abide by and accept the decision of the Disputes Committee of the New Zealand Collision Repair Association Inc. This fee will be banked into a holding account once the dispute is passed to the Local Disputes Committee. If the Committee finds in your favour the fee will be refunded in full.

.....
DATE

.....
SIGNED

DISPUTES MEDIATION QUESTIONNAIRE FOR CUSTOMER

As a follow up to your disputes mediation application form, we would like to ask you some questions which should help us with the procedure of sorting out this dispute. We thank you for your co-operation.

Please circle

1. Was the repair job an insurance claim? **YES / NO**

2. Did you receive a written estimate/quote? **YES / NO**

3. Name of Insurance Company

4. Were you informed by the repairer or the insurance company what repair procedures would be undertaken? **YES / NO**

5. If YES, can you recall any of these procedures?
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6. Who supplied parts? **Repairer / Owner / Insurance company**

7. Approximately when was the job completed? **Date:**

8. Approximately when did you notice unsatisfactory repairs? **Date:**

9. Did you discuss these problems with the repairer? **YES / NO**

10. Did the repairer agree with these problems and make any attempt to rectify them? **YES / NO**

Can you recall any of these problems?
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11. How long did the repairer have the vehicle in order to rectify these problems?

HOURS DAYS

WEEKS

12. Were there any problems the repairer did not attend to?

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13. Did you approach the repair shop again? **YES / NO**

14. Did you originally choose this repairer to undertake the work on your motor vehicle?
YES / NO

15. If your answer to question 14 is **NO**, who instructed you to take your vehicle to this repairer?

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Please complete and return this questionnaire and application fee as soon as possible, either by fax or mail to:

New Zealand Collision Repair Association

PO Box 9208

Waikato Mail Centre

HAMILTON 3240

Phone: 07-8470216

Fax: 07-8470217