

Surname _____ Postcode _____

1 – Very Dissatisfied 2 – Dissatisfied 3 – Neutral
4 – Satisfied 5 – Very Satisfied

How satisfied were you with your initial contact with the Aspray Surveyor?

Call Centre & Appt Booking	1	2	3	4	5
Timekeeping	1	2	3	4	5
Service Explained	1	2	3	4	5
Mandate Explained	1	2	3	4	5
Literature & Contact Detail left	1	2	3	4	5

NOTES: _____

Following our meeting did we provide you with a Claims Management Service?

 Y N

If YES how well did Aspray manage your claim?

Follow Up Letter/Quotation	1	2	3	4	5
Ongoing Contact Regularity	1	2	3	4	5
Ongoing Contact Information	1	2	3	4	5
Meeting Loss Adjuster	1	2	3	4	5
Final Authorisation	1	2	3	4	5

NOTES: _____

Following on from our Claims Management Service, did we do the works?

 Y N

If YES how satisfied were you with our Contractors service?

Manner & Appearance	1	2	3	4	5
Timekeeping	1	2	3	4	5
Cleanliness of Work Area	1	2	3	4	5
Quality of Workmanship	1	2	3	4	5
Condition of Property on Completion	1	2	3	4	5

NOTES: _____

Would you recommend the Aspray service?

- Definitely Probably Not Sure
 Probably Not Definitely Not

Please tick if we can use your comments for training or publicity purposes.



We aim to provide a friendly, professional and efficient service for all our customers. Please let us know how we performed for you by completing and returning this form in the freepost envelope supplied.

Thank you.

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