



CUSTOMER REQUIREMENTS SURVEY FORM

Fleet Management Solutions

SABRA TECHNOLOGIES TRACK ME
GPS FLEET & FUEL MANAGEMENT SOLUTIONS

Name: _____
Position: _____
Company: _____
Address: _____
Tel: _____ Fax: _____ Mobile: _____

Do you:

- Approve acquisitions
- Recommend acquisitions
- Review acquisitions
- Others _____

1.0 Industry

- Trucking services
- Commercial bus services
- Public bus services
- Trailer & container services
- Taxi & limousine services
- Food & beverage distribution
- Deliver & courier services
- Oil & gas distribution services
- Emergency services
- Utility- Electricity
- Utility – Water
- Utility – Telecommunications
- Chemicals
- Other _____

2.0 Tracking Mode

- Real-time (GPS with GPRS)
- Offline mode (GPS logger)

3.0 Tracking Features

- Start drive/end drive alerts
- Overspeed alerts
- Location over distance/time
- SOS/Panic Button
- Idling alerts
- Engine hours
- Remote engine shutoff
- Sensors
- Other _____
- Digital gauge panel
- Geofencing alerts
- Points-of-Interest (POI)
- Driver ID

4.0 Software platform

- Web-based
- Enterprise/Client-server

5.0 Map data coverage

- Metro Manila
- CALABARZON
- Luzon
- Visayas
- Metro Cebu
- Metro Davao
- Mindanao
- Cagayan de Oro
- Guam, USA
- Saipan
- Other _____

6.0 Type of assets to be tracked

- Vehicles (mobile)
- Heavy equipment
- Trailers/Containers
- Heavy Equipment
- Motorcycles
- Personal
- Other _____

7.0 Number of assets to be tracked

- 1 - 10
- 11 - 50
- 51 - 100
- 101 - 200
- 201 - 500
- > 500
- Exact Number: _____

8.0 Tracking interval (seconds): _____

9.0 Implementation timeframe

- less than 1 month
- 1-3 months
- no plan
- Other _____

10.0 Do you have a previous implementation of AVLS?

- NO
- YES Date implemented: _____

11.0 Provider

- Outsourced
- In-house

12.0 Is the system still in use?

- NO
- YES

13.0 Name/Brand/Type of Existing System: _____

14.0 Existing problems, if any

- i. _____
- ii. _____
- iii. _____
- iv. _____

15.0 When do you need the proposal? _____

16.0 To whom do we address the proposal? _____

Name: _____ **Designation:** _____ **Date:** _____

Thank you for completing the Customer Requirements Survey Form. You can submit the form to:

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