INVITATION TO QUOTE
ITQ REF NO: NKF/DC/2024/003
Date: 19 January 2024

Invite to Quote for Supply, Delivery and Commission A Commuter Van [Internal Combustion Engine (ICE) / Electric Van (EV)] to NKF

1. Introduction

1.1. The National Kidney Foundation ("NKF") wishes to invite vendor (the "Vendor") to quote for the purchasing of a commuter van for NKF.

1.2. This INVITATION TO QUOTE incorporates the following documents:

- Annex A: Requirement Specifications
- Annex B: Vehicle Specifications (A) Commuter Van Internal Combustion Engine
- Annex B: Vehicle Specifications (B) Commuter Van (Fully Electric)
- Annex C: Price Schedule (Breakdown)
- Annex D: Additional Information on vehicle
- Annex E: Information About Vendor
- ITQ Terms
- Agreement to Terms and Conditions

2. Requirement Specification

2.1 Please refer to **Annex A** for details.

2.2 For any enquiries pertaining to the requirement, please contact **Ms Angela Heng**, Senior Executive, Property & Facilities Management (PFM) **@ DID 6506 2170**

3. Compulsory Briefing Session on Proposal Bids

3.1 NIL briefing to be conducted.

4. Submission of ITQ

4.1 If you wish to submit the ITQ for the above requirement, you must complete and submit the documents mentioned in paragraph 1 above and supporting documents and materials (if any) referred to in the above documents (e.g., brochures, catalogues, handbooks, artwork and samples).

4.2 NKF requires:

- **two (2)** copies of the documents referred to in paragraph 1 above that is, one original copy and one duplicate copy, **plus one (1) thumb drive** of same document.

- Full set of quotation / proposal must be submitted with Vendor's stamp on all pages stipulated in the ITQ. These are to be delivered in a sealed envelope which is not to bear any mark of identification of the Vendor (defined in the Conditions of Contract). The envelope is to be endorsed with the words "Invitation to Quote Ref No: NKF/DC/2024/003 "ITQ for purchasing a commuter van" and hand delivered:

Company's Stamp & Signature:

To deposit to: ITQ Box B
Security Counter
National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Mr. Tan Ding Chao/ Mr. Raymond Thong

4.3 All ITQ must be received at the location specified above, no later **than 1 February 2024, Thursday by 1500 hours** (the "Closing Date"). ITQ received after this deadline shall not be considered.

4.3 Your ITQ bid shall be irrevocable and open for acceptance by NKF for 180 days from the Closing Date.

4.4 The Vendor, at the point of submission of its bid, is required to provide the following information and/or documents to NKF:

4.5 Extract of company/business registration from the Accounting & Corporate Regulatory Authority (ACRA), showing a full list of directors/partners of the Vendor. The date of the business profile should be no more than thirty (30) days from the date of submission.

4.6 The Vendor's latest annual report (if applicable) or published accounts.

4.7 If you have any inquiries relating to this ITQ, please email to the following personnel:
Ms. Angela Heng, Property & Facilities Management (PFM) at email: angela.heng@nkfs.org; and Cc: Purchasing department.
- Mr. Tan Ding Chao at email: Dingchao.tan@nkfs.org ; and
- Mr. Raymond Thong at email to raymond.thong@nkfs.org .

5 Terms and Conditions

5.1 The Terms and Conditions as set out in the Conditions of Contract shall form part of the binding contract between the successful Vendor and NKF. The Vendor shall perform the Services according to the requirements specified in Annexes A to B.

5.2 The successful Vendor may be required to enter further documentation with NKF and shall do so, if ever required by NKF.

5.3 NKF is not obliged to accept and reserves the right to reject the lowest or any quotation, or part or all of any quotation or assign any reason for rejecting any quotation. NKF reserves the right in the exercise of its absolute discretion to accept any part or all of any quotation.

6. Price Quotations

6.1 All prices quoted by the Vendor shall be in the lawful currency of the Republic of Singapore.

6.2 All prices quoted by the Vendor shall represent the total cost to NKF.

Company's Stamp & Signature:

Annex A

REQUIREMENT SPECIFICATIONS

Purpose:	The purpose of this Invitation-To-Quote (ITQ) is to purchase one (1) new commuter van. This is a one-time purchase. The commuter van will be used to provide non-emergency transportation of patients and caregivers to and from specified locations.
Type of Vehicle for Purchase:	Internal Combustion Engine (ICE) van or Electric van (EV)
Quantity:	Purchase of one (1) new commuter van
Vehicle Specifications:	Internal Combustion Engine (ICE) van / Electric Van (EV) • The van should have a minimum seating capacity of 12 pax (including driver). • All seats in the van must have 3-Point seat belts fitted. • A minimum of 2 airbags must be available in the van. • The van should have aircon blower available at rear passenger side.
Documents:	This Invitation-To-Quote incorporates the following documents: • Vehicle Specifications (Annex B) • Price Schedule (Annex C)
Expected Delivery:	Within 60 calendar days

Company's Stamp & Signature:

Annex B

VEHICLE SPECIFICATIONS

A. Commuter Van (Internal Combustion Engine)			
1	**Technical Requirements**		**Compliance to requirements (Please circle "Yes" or "No")**
1.1	**Vehicle Height**	Minimum vehicle height of 2200mm	Yes / No Height of vehicle: _____
1.2	**Seating Capacity**	Minimum seating capacity of 12 pax (including driver)	Yes / No Seating capacity (including driver): _____
1.3	**Seat Belts**	3-Point seat belts must be fitted on all seats	Yes / No
1.4	**Airbag**	No. of airbags available	Please indicate no. of airbags available: _____ Airbag location(s): _____ _____
1.5	**Commercial Vehicle Emissions Scheme (CVES) Banding**	CVES Band: _____	

Company's Stamp & Signature:

1.6	**Parking Sensor**	Rear Sensor	Yes / No
		Front Sensor	Yes / No
1.7	**Aircon Blower**	Aircon blower available at passenger side	Yes / No
2	**Additional Requirements**		**Please provide quotes accordingly (if applicable)**
2.1	**Seat cover material must be non-fabric for easy cleaning.**	Yes / No	If no, please provide quote for the supply and installation of non-fabric material seat-coverings for all vehicle seats. Recommended seat material: _____
2.2	**Floor surface at back/rear passenger seats must be non-carpeted for easy cleaning.**	Yes / No	If no, please provide quote for the supply and installation of the recommended non-carpeted floor surface covering. Recommended floor covering material:

Company's Stamp & Signature:

			_____
2.3	**02 units of stainless-steel vertical side hand grab bars at rear passenger seats' sliding door**		Please provide quote for supply and installation
2.4	**01 unit of foldable ramp at rear passenger seats' sliding door**		Please provide quote for supply and installation
2.5	**04 units of in-cabin recording cameras** **Interior:** - **01 unit of in-car camera (front)** - **03 units of in-car camera (at passenger side)**		Please provide quote for supply and installation
2.6	**01 unit of rear-view camera and 01 unit of monitor**		Please provide quote for supply and installation
3	**Others**		
3.1	**Vehicle Delivery Lead Time**		
3.2	**Vehicle Regular Servicing and Warranty Package**	Please provide the vehicle regular servicing & maintenance, warranty package (if applicable).	

Company's Stamp & Signature:

.3	**Track Record and/or Experience**	Company track record and/or experience in providing vehicles/vehicle modification services of similar nature for other organizations in the healthcare industry	E.g., Type of vehicle/vehicle modification services provided, name of organization, POC contact no. and email (for reference check)

Company's Stamp & Signature:

B. Commuter Van (Fully Electric)			
1	**Technical Requirement**		**Compliance to requirements (Please circle "Yes" or "No")**
1.1	**Seating Capacity**	Minimum seating capacity of 12 pax (including driver)	Yes / No Seating capacity (including driver): _____
1.2	**Seat Belts**	3-Point seat belts fitted on all seats	Yes / No
1.3	**Airbag**	No. of airbags available	Please indicate no. of airbags available: _____ Airbag location(s): _____ _____
1.4	**Charging Type**		
1.5	**Charging Time**	SOC 20% - 80%: _____ (hr) SOC 20% - 100%: _____ (hr)	
1.6	**Parking Sensor**	Rear Sensor	Yes / No
		Front Sensor	Yes / No
1.7	**Aircon Blower**	Aircon blower available at passenger side	Yes / No
2	**Additional Requirements**		**Please provide quotes accordingly (if applicable)**

Company's Stamp & Signature:

2.1	**AC / DC Charger**		
2.2	**Seat cover material must be non-fabric for easy cleaning.**	Yes / No	If no, please provide quote for the supply and installation of non-fabric material seat-coverings for all vehicle seats. Recommended seat material: _____
2.3	**Floor surface at back/rear passenger seats must be non-carpeted for easy cleaning.**	Yes / No	If no, please provide quote for the supply and installation of the recommended non-carpeted floor surface covering. Recommended floor covering material: _____
2.4	**02 units of stainless-steel vertical side hand grab bars at rear passenger seats' sliding door**		Please provide quote for supply and installation

Company's Stamp & Signature:

2.5	**01 unit of foldable ramp at rear passenger seats' sliding door**		Please provide quote for supply and installation
2.6	**04 units of in-cabin recording cameras** **Interior:** - **01 unit of in-car camera (front)** - **03 units of in-car camera (at passenger side)**		Please provide quote for supply and installation
2.7	**01 unit of rear-view camera and 01 unit of monitor**		Please provide quote for supply and installation
3	**Others**		
3.1	**Vehicle Delivery Lead Time**		
3.2	**Availability of Electric Van's Workshops for Repair & Maintenance**	Please provide the list of vehicle workshops that can provide repair & maintenance of the quoted EV.	
3.3	**Are the vehicle spare parts (e.g. battery) readily available in Singapore?**		Yes / No If no, please state the lead time required for spare parts replacement. _____

Company's Stamp & Signature:

3.4	**Vehicle Regular Servicing and Warranty Package**	Please provide the vehicle regular servicing & maintenance, warranty package (if applicable).	
3.5	**Is user training provided?**		Yes / No
3.6	**Track Record and/or Experience**	Company track record and/or experience in providing vehicles/vehicle modification services of similar nature for other organizations in the healthcare industry	E.g., Type of vehicle/services provided, name of organization, POC contact no. and email (for reference check)

Company's Stamp & Signature:

OTHER REQUIREMENTS

All major components of the requested van should be manufactured or distributed by the original manufacturer.

The completed unit shall be tested for proper operation before delivery.

NKF reserves the right to pre-inspect any or all manufactured parts and test drive the commuter van prior to awarding the contract, to determine compliance with specifications.

Please feel free to propose the most suitable model and make if you deem it would be more cost effective and efficient and better serve the purposes of transporting passengers.

Company's Stamp & Signature:

Annex C

PRICE SCHEDULE – Breakdown

Supply, Delivery and Commission A Commuter Van [Internal Combustion Engine (ICE) / Electric Van (EV)] To NKF		
Quantity:	**One (1)**	
Type:	**Internal Combustion Engine (ICE) / Electric Van (EV)** *(Please circle as appropriate)*	
Product:		
Make:		
Model:		
No.	**DESCRIPTION**	**UNIT PRICE (SGD)**
A	**Price Without COE**	
1	Vehicle Unit Price Without COE	
2	Registration Fees	
3	6 Month Road Tax	
4	Number Plate	
5	ID Plate	
6	In-Vehicle Units	
	Subtotal Price Before COE:	
B	**COE, CVES Surcharge / Rebates or Corporate Discount**	
1	Corporate Rebate and discount	
2	CVES Surcharge / Rebate	

Company's Stamp & Signature:

3	CAT C COE	
Subtotal Price After COE, CVES Surcharge / Rebate, Corporate Discount:		
C	**Others (Interior Modifications)**	
1	Supply and installation of non-fabric material seat-coverings for all vehicle seats	(If applicable)
2	Supply and installation of non-carpeted floor surface flooring	(If applicable)
3	Supply and installation of 2 (two) units of stainless-steel vertical hand grab bars	
4	Supply and installation of 1 (one) unit of foldable ramp at rear sliding door	
5	Other charges (please specify if any)	
Total Final Price (SGD)		

Company's Stamp & Signature:

Please list down other items that are included in the Total Final Price (if applicable)	
S/N	**Item Description**

Company's Stamp & Signature:

Annex D

Additional Information

1. Vehicle Information

Manufacturer : _____

Brand : _____

Model : _____

Year of Model : _____

Year of Manufacturer : _____

Country of Manufacture : _____

Warranty : _____ years
(minimum warranty period shall be no less than 3 years)

Delivery Lead-time* : _____ days after awarded.

Commissioning Period * : _____ days after date of delivery

Note: * The Vendor shall also submit a detailed schedule of delivery / testing / commissioning / acceptance of testing using the format shown below:

Date / Period	Activity

Company's Stamp & Signature:

2. Heat Dissipation / Environmental Characteristics

2.1 The individual heat dissipation of each and every system submitted shall be indicated using the following format below:

Equipment	Model	Maximum Heat Dissipation (kW)	
		Standby Operation	Normal Operation

2.2 In cases where there are restrictions on the operating environment that the vehicle can tolerate, Vendor shall state values for such restrictions in the format below:

Parameter	Unit	Value
Maximum ambient temperature	^{o}C	
Minimum ambient temperature	^{o}C	
Maximum relative humidity	%	
Minimum relative humidity	%	
Other parameters (free description)		

Company's Stamp & Signature:

Annex E

INFORMATION ABOUT VENDOR

ITQ REF NO. _____

ITQ FOR _____

1. Vendor's name: _____
2. Company/Business registration no.: _____
3. Registered address: _____

   _____
4. GST registration no. (if applicable): _____
5. Type of business (please select)

   ( ) Sole proprietorship ( ) Private company (limited by shares)

   ( ) Partnership ( ) Public company (limited by shares)

   ( ) Others (please specify): _____

   _____
6. Contact person

   Name: _____

   Title: _____

   Tel No.: _____

   Fax No.: _____

   Email: _____
7. **I declare that I/the Vendor is not related[1] to any person in NKF who is involved in this ITQ howsoever and whatsoever.**
8. The above-named Vendor certifies and declares that all information, documents and materials provided in connection with its quotation bid are true and accurate to the best of its knowledge.

Authorised Signature: _____

Signatory's name: _____ Signatory's title: _____

PV Vendor 's name: _____ PV Vendor 's stamp: _____

[1]Related refers to the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organization of which you are serving as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity

Company's Stamp & Signature: