

**REQUEST FOR PROPOSAL FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF :-**

- 1) **REVERSE OSMOSIS WATER TREATMENT WITH HEAT / HOT RINSE SYSTEM (RO)**
- 2) **CENTRALISED ACID CONCENTRATE DELIVERY SYSTEM (CDS)**
- 3) **HAEMODIALYSIS MACHINES WITH RENAL POINT OF CARE SYSTEM (HDM)**

**PRICE SCHEDULE - A1**

No.	Item Description	Distribution Loop Material	Location	Quantity	Manufacturer / Country of Manufacture	Year of Manufacture	Unit Price for 3 years warranty (exclusive of GST)	Leadtime upon issue of purchase order (working days)	HSA Registration Class A/B/C/D and Number (if any)
1(a)	<b>Reverse Osmosis water treatment system</b> with heat disinfection inclusive of primary loop (high medical grade PEX) & secondary loop (if applicable) Please refer to "Requirement Specification ", Annex A1(a) for details of specifications.	High Medical Grade PEX	81 Kim Keat (MP4KK)	1 unit					
1(b)	<b>Reverse Osmosis water treatment system</b> with heat disinfection inclusive of primary loop (high medical grade PEX) & secondary loop (if applicable) Please refer to "Requirement Specification ", Annex A1(b) for details of specifications.		Punggol Town Hub	1 unit					

**Vendor Remark or Comment (if any)**

Authorised Signature: \_\_\_\_\_ Signatory's name : \_\_\_\_\_ Signatory's title : \_\_\_\_\_

Vendor's name : \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_ Date : \_\_\_\_\_

No.	Item Description	Distribution Loop Material	Location	Quantity	Manufacturer / Country of Manufacture	Year of Manufacture	Unit Price for 8 years warranty (exclusive of GST)	Leadtime upon issue of purchase order (working days)	HSA Registration Class A/B/C/D and Number (if any)
2(a)	<b>Centralised Acid Concentrate Delivery System (CDS):</b>  A complete system that consists of the Mixer, Storage tanks, Distribution and control panel, Distribution loops (high medical grade PEX), Supply connectors to the haemodialysis machines, QC morning system etc. <b>Please refer to "Requirement Specification ", Annex A2(a) for details of specifications.</b>	High Medical Grade PEX	81 Kim Keat (MP4KK)	1 unit					
2(b)	<b>Centralised Acid Concentrate Delivery System (CDS):</b>  A complete system that consists of the Mixer, Storage tanks, Distribution and control panel, Distribution loops (high medical grade PEX), Supply connectors to the haemodialysis machines, QC morning system etc. <b>Please refer to "Requirement Specification ", Annex A2(b) for details of specifications.</b>		Punggol Town Hub	1 unit					

**Vendor Remark or Comment (if any)**

Authorised Signature: \_\_\_\_\_ Signatory's name : \_\_\_\_\_ Signatory's title : \_\_\_\_\_

Vendor's name : \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_ Date : \_\_\_\_\_

No.	Description	Brand/ Model	Location	Quantity	Manufacturer / Country of Manufacture	Year of Manufacture	Unit Price for 8 years warranty (exclusive of GST)	Leadtime upon issue of purchase order (working days)	HSA Registration Class A/B/C/D and Number (if any)
3(a)	Supply and commissioning of <b>Hemodialysis machines</b> inclusive of replacement of backup and internal battery set with Acid concentrate Central Delivery System (CDS) & RPOC system. Please refer to "Requirement Specification ", Annex A3 for details of specifications & Annex A3(a) RPOC system		81 Kim Keat (MP4KK)	<b>41 units</b>  36 Units + 5 Standby units.					
3(b)	Supply and commissioning of <b>Hemodialysis machines</b> inclusive of replacement of backup and internal battery set with Acid concentrate Central Delivery System (CDS) & RPOC system. Please refer to "Requirement Specification ", Annex A3 for details of specifications & Annex A3(a) RPOC system.		Punggol Town Hub	<b>45 units</b>  40 Units + 5 Standby units.					

Vendor Remark or Comment (if any)

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRICE SCHEDULE - B1**  
**Reverse Osmosis Water Treatment System**

**1. Price Schedule for Maintenance Services after the 3 years warranty**

No.	Item Description	Unit Price (exclusive of GST)						
		Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
1	Comprehensive maintenance after 3 years warranty for entire system (including all pre-treatment and RO spare parts (Refer to B4) with unlimited labour charges (from 4 <sup>th</sup> to 10 <sup>th</sup> year) <b>All pretreatment media [Carbon, Resin for softener &amp; MMF (if installed)] and RO membranes to replace minimum 2 cycles within 10 years period.</b>							
2	Comprehensive maintenance after 3 years warranty for entire system with unlimited labour charges (excluding spare parts) (from 4 <sup>th</sup> to 10 <sup>th</sup> year)							
3	Ad-hoc service / breakdown per calls charges							

**2. Maintenance Services Information Input**

No.	Requirement	Vendor Input	Vendor Remark ( if any)
1	Frequency of Preventive Maintenance ( <b>Yearly once mandatory</b> )	Yes/ No	
2	Maximum length of downtime before replacement Article is supplied/part is available.		

Signatory's name:\_\_\_\_\_

Signatory's Title:\_\_\_\_\_

Vendor's name:\_\_\_\_\_

Vendor's stamp:\_\_\_\_\_

Authorised Signature:\_\_\_\_\_

Date:\_\_\_\_\_

PRICE SCHEDULE - B2  
Reverse Osmosis Water Treatment System

3. Price Schedule for Services

No.	Item Description	Unit Price (exclusive of GST)	Vendor Remark ( if any)
1	Service / breakdown calls charge after office hours		
2	Service / breakdown calls charges on Public holiday/ Sunday		

4. Services Requirement

No.	Item Description	Comply (Yes / No)	Vendor Remark ( if any)
1	Vendor shall prepare and sign the Service Report immediately after complete any preventive or corrective maintenance and endorsed by NKF staff.		

Signatory's name:\_\_\_\_\_

Signatory's Title:\_\_\_\_\_

Vendor's name:\_\_\_\_\_

Vendor's stamp:\_\_\_\_\_

Authorised Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Vendor is required to provide the complete price list of the accessories, spare parts and components that required to replace from year 1 – year 10 for the Reverse Osmosis water treatment system with heat disinfection in the table.

**PRICE SCHEDULE - B3**

Reverse Osmosis Water Treatment System

**5. Price Schedule for Accessories, Spare Parts and Components**

No of year	Vendor Proposed Description	Product / Catalogue No	Manufacturer	Country of origin	Unit Price per unit / piece (S\$)	Delivery Leadtime upon purchase order (working days)	HSA Registration Class A/B/C/D And Number
Year 1							
Year 2							
Year 3							
Year 4							
Year 5							
Year 6							
Year 7							
Year 8							
Year 9							
Year 10							

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor is required to provide the complete schedule and list of the accessories, spare parts and components that required to replace from year 1 to year 10 for the Reverse Osmosis water treatment system with heat disinfection in the table. All pretreatment media [Carbon, Resin for softener & MMF (if installed)] and RO membranes to replace minimum two cycles within 10 years period.

PRICE SCHEDULE - B4  
Reverse Osmosis Water Treatment System

6. List of replacement schedule of Accessories, Spare Parts and Components

Replacement Schedule	Part No / Article No	Accessories, Spare Parts and Components Description	Quantity
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			

Signatory's name:\_\_\_\_\_

Signatory's Title:\_\_\_\_\_

Vendor's name:\_\_\_\_\_

Vendor's stamp:\_\_\_\_\_

Authorised Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**PRICE SCHEDULE - C1**  
**Centralised Acid Concentrate Delivery System**

**1. Price of Consumables (Breakdown of Dry Concentrates -NKF 06 & 07)**

S/No	Item Description	Part Number	Unit price	UOM	Packaging	HSA Registration Class A/B/C/D And Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\* Refer Requirement specification [Annex A2(a)] - point 3 for products specification of NKF 06 & 07

\* Contract Period: 4 years + 4 years option to extend at the same price, terms, and conditions.

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PRICE SCHEDULE - C2**  
**Centralised Acid Concentrate Delivery System**

**2. Maintenance Services Information Input**

No.	Requirement	Vendor Input	Vendor Remark (if any)
1	Frequency of Preventive Maintenance (Yearly once)	Yes/ No	
2	Maximum length of downtime before replacement Article is supplied/part is available.		

**3. Price Schedule for Services**

No.	Item Description	Unit Price (exclusive of GST)	Vendor Remark (if any)
1	Service / breakdown calls charge after office hours		
2	Service / breakdown calls charges on Public holiday/ Sunday		

**4. Services Requirement**

No.	Item Description	Comply (Yes / No)	Vendor Remark (if any)
1	Vendor shall prepare and sign the Service Report immediately after complete any preventive or corrective maintenance and endorsed by NKF staff.		

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRICE SCHEDULE - C3  
Centralised Acid Concentrate Delivery System

Vendor is required to provide the complete price list of the accessories, spare parts and components that required to replace from year 1 – year 10 for the Centralized Acid Concentrate Delivery System(CDS) in the table.

5. Price Schedule for Accessories, Spare Parts and Components

No of year	Vendor Proposed Description	Product / Catalogue No	Manufacturer	Country of origin	Unit Price per unit / piece (S\$)	Delivery Leadtime upon purchase order (working days)	HSA Registration Class A/B/C/D And Number
Year 1							
Year 2							
Year 3							
Year 4							
Year 5							
Year 6							
Year 7							
Year 8							
Year 9							
Year 10							

Signatory's name:\_\_\_\_\_

Signatory's Title:\_\_\_\_\_

Vendor's name:\_\_\_\_\_

Vendor's stamp:\_\_\_\_\_

Authorised Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**PRICE SCHEDULE - C4****Centralised Acid Concentrate Delivery System**

Vendor is required to provide the complete schedule and list of the accessories, spare parts and components that required to replace from year 1 to year 10 for the Centralized Acid Concentrate Delivery System (CDS) in the table. [Please indicate the replacement schedule for pumps, distribution loops, concentrate connectors to HD machine, filters etc.]

**6. List of replacement schedule of Accessories, Spare Parts and Components**

<b>Replacement Schedule</b>	<b>Part No / Article No</b>	<b>Accessories, Spare Parts and Components Description</b>	<b>Quantity</b>
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRICE SCHEDULE - D1****Hemodialysis Machines****1. Price list for Common Accessories, Spare Parts and Components - Haemodialysis machines**

No	Item Description	Part Number	Country of Origin	**Unit Price (exclusive of GST)	Delivery. Leadtime upon purchase order (working days)	HSA Registration Class A/8/C/D And Number

- Number of engineers dedicated to support technical services during warranty period: \_\_\_\_\_
- Manufacture's guideline on replacement of backup and internal battery set per machine: \_\_\_\_\_
- The minimum lead time for Hemodialysis machine delivery: \_\_\_\_\_

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRICE SCHEDULE - D2****Hemodialysis Machines****2. Price for Renal Point-of-Care (RPOC) System**

No	Item Description	Estimated Quantity	Unit Price (Exclusive of GST)		
1	Renal Point-Of-Care (RPOC) system (Please refer to "Requirement Specification", Annex A3(a) for details of Specification of RPOC system)	81 Kim Keat (MP4KK) - 41 units	i) Software Cost:		
		Punggol Town Hub - 45 units	ii) Hardware Cost:		
		Total – 86 units	iii) Installation Cost:		

No	Item Description	No of year	Unit Price (exclusive of GST)	Item Description	No of year	Unit Price (exclusive of GST)
2	Annual License fees for RPOC system	Year 1		Annual Support & maintenance license fees	Year 1	
		Year 2			Year 2	
		Year 3			Year 3	
		Year 4			Year 4	
		Year 5			Year 5	
		Year 6			Year 6	
		Year 7			Year 7	
		Year 8			Year 8	

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRICE SCHEDULE - D3  
Hemodialysis Machines

3. Price List for Renal Point-of-Care (RPOC) System Components

No	Item Description	Part Number	Country of Origin	**Unit Price (exclusive of GST)	Delivery Leadtime upon purchase order (working days)	HSA Registration Class A/B/C/D And Number

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRICE SCHEDULE - D4  
Hemodialysis Machines

4. Price of Consumables

s/no	Item Description	Part Number	Unit price	UOM	Packaging
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**\*Refer to document “Requirement Specification for consumables, Annex D1-D5” for products specification**

**\* Contract Period: 4 years + 4 years option to extend at the same price, terms and conditions.**

**\* Upon request, vendor shall submit samples for each item of the items in the full range of products set out in the requirement in respect of which vendor is quoting.  
Samples are FOC and non-returnable.**

Signatory's name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Vendor's name: \_\_\_\_\_

Vendor's stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_