INIVTATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

PRICE SCHEDULE - C1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/No.** | **Description** | **Estimated Quantity Required** | **Brand/ Model** | **Manufacturer / Country of Manufacture** | **Year of Manufacture** | **Unit Price with 8 years warranty including yearly preventive maintenance (exclusive of GST)** | **Leadtime upon issue of**  **purchase order**  **(working days)** | **HSA**  **Registration Class A/B/C/D and**  **Number (if any)** |
| 1 | Supply, Installation & commissioning of **Automated External Defibrillator (AED)**. Please refer to "Requirement Specification ", **Annex A** for details of Automated External Defibrillator (AED) specifications, **Annex B** for the Required quantity and location list | 1 to 7 Units |  |  |  |  |  |  |
| 2 | 8 to 14 Units |  |  |  |  |  |  |

Signatory’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatory’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor’s stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INIVTATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

PRICE SCHEDULE - C2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/No.** | **Description** | **Estimated Quantity Required** | **Brand/ Model** | **Manufacturer / Country of Manufacture** | **Software Unit Price with Lifetime of the AED – 8 years (exclusive of GST)** | **Leadtime upon issue of**  **purchase order**  **(working days)** | **HSA**  **Registration Class A/B/C/D and**  **Number (if any)** |
| 1 | Software to monitor AED status, self-test, event summary, battery management, trend analysis, etc. **Annex B** for the Required Quantity and location list | 1 to 7 Units |  |  |  |  |  |
| 2 | 8 to 14 Units |  |  |  |  |  |

Signatory’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatory’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor’s stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INIVTATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

PRICE SCHEDULE - C3

**1**. **Maintenance Services Information Input**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/No.** | **Requirement** | **Vendor Input** | **Vendor Remark (if any)** |
| 1 | Frequency of Preventive Maintenance **(Yearly once mandatory)** | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INIVTATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

PRICE SCHEDULE - C4

1. Price list for Common Accessories, Spare Parts and Components – Automated External Defibrillator (AED)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/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 (If any)** |
| 1. | Battery |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Signatory’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatory’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor’s stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INIVTATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

PRICE SCHEDULE - C5

Price of Consumables for Automated External Defibrillator (AED)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/No** | **Item Description** | **Part Number** | **Unit Price** | **UOM (Unit of Measure)** | -**Packaging** | **HSA Registration**  **Class A/B/C/D And Number (If any)** |
| 1 | Patients Pads |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**\* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_