**INVITATION TO QUOTE**
**ITQ REF NO: NKF/RT/2024/016**
**Date: 16 November 2026**

# The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

## 1. Introduction

The National Kidney Foundation ("**NKF**") wishes to invite vendor (the "**Vendor**") to quote for the provision to supply, delivery, installation and commissioning of vital sign monitor for various NKF DCs.

1.1 This Invitation to Quote incorporates the following documents:

- Requirement Specifications (Annex A)
- Price Schedule (Annex B)
- Information about Vendor (Annex C)
- List of Locations and Required Quanty (Annex D)
- ITQ Terms and Conditions
- Agreement to Terms and Conditions

## 2. Requirement Specification

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

## 3. Submission of ITQ

3.1 If you wish to submit a proposal for the above requirement, you must complete and submit the documents mentioned in paragraph 1.1 above with supporting documents and materials (if any) referred to in the above documents (e.g., brochures, catalogues, handbooks, artwork and samples).

**3.2** **Two (2)** copies **and a thumb drive of the saved documents** referred to in paragraph 1.1 above that is, one original copy and one duplicate copy, plus a thumb drive must be submitted with vendor's stamp on all pages. The proposals 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/RT/2026/016**: ITQ for "**The Provision To Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers" and delivered to:**

ITQ Box B
Security Counter
National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Mr. Raymond Thong

3.3 All submissions should be received no later than **1 December 2026, Tuesday, 3.00pm** (the "**Closing Date**"). ITQ received after this deadline shall not be considered.

3.4 The submitted quotation shall be irrevocable and open for acceptance by NKF for **180 days** from the Closing Date.

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

**3.5.1** All documents stated in point 1.1**;**

3.5.2 Extract of company/business registration from the Accounting & Corporate Regulatory Authority (ACRA), showing a full list of directors/partners of the Vendor (ACRA should not be more than 3 months from the point of submission);
3.5.3 Latest audited financial report or published accounts;
3.5.4 Any other documents relevant to the ITQ.

## 4. Briefing on Proposal Bids

4.1 Vendors are required to attend a **compulsory** briefing (either personally or through a company's representative) which will be conducted as follows:

Date: **19 November 2026, Thursday**
Time: 4.00 pm – 5.00 pm
Venue: NKF Centre, 81 Kim Keat Road, Singapore 328836

To participate in the briefing session, vendors are required to email to the following to register latest by **18 November 2026 before 10.00am**, providing details: company's name, personnel attending, their email address and contact no.

- **Raymond Thong @ email: 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 **Annex A and B**.

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

## 7. Vendor Introduction and Presentation

7.1 Each vendor shall provide company introduction and presentation for the submitted proposal upon request through email. Vendor will be given 3 days advance notice for preparation.

7.2 Second round of presentations may be required upon request.

## 8. Clarifications or Enquiries

8.1 For any enquiries pertaining to the ITQ, please contact:
Mr. Raymond Thong at email: raymond.thong@nkfs.org

**Annex A**

## SPECIFICATION OF VITAL SIGNS MONITOR

| | | | |
|---|---|---|---|
| **Description of function**<br>Vital signs monitor is an essential medical device used to measure a patient's key physiological parameters like **Blood pressure, pulse rate, Oxygen Saturation (SP02).** | | | |
| **S.N.** | **General Specifications** | | |
| | **Parameters** | **Specifications** | **Comply – Yes /No/ Specify** |
| 1 | Measuring Parameters | Blood pressure (Systolic, Diastolic, MAP) | |
| | | Pulse Rate | |
| | | Oxygen Saturation (SPO2) | |
| 2 | Operating Voltage | 220-240V, 50 Hz | |
| 3 | Battery | In-built rechargeable battery. Battery with operating time ≥ 4 hrs | |
| | | Total re-charging time not greater than 6 hours | |
| | **Operating Specifications – NIBP** | | |
| 4 | NIBP(Non-invasive blood pressure ) Accuracy | Mean error ≤ 5 mmHg,<br>Standard deviation ≤ 8 mmHg | |
| 5 | Blood pressure accuracy (Super STAT) | Mean error ≤ 5 mmHg,<br>Standard deviation ≤ 8 mmHg | |
| 6 | Pulse rate accuracy | ± 3.5% or 3 bpm | |
| 7 | Maximum determination | 120 s (adult/pediatric) | |
| 8 | Overpressure cut-off | Range 300 to 330 mmHg (adult/pediatric) | |
| 9 | Systolic | Range 30 to 245 mmHg (adult/pediatric) | |
| 10 | MAP | Range 15 to 215 mmHg (adult/pediatric) | |
| 11 | Diastolic | Range 10 to 195 mmHg (adult/pediatric) | |
| 12 | Pulse rate | 30 to 200 BPM (adult/pediatric) | |
| | **Operating Specifications – SPO2** | | |
| 14 | SPO2 | Measuring range 1 – 100%, ± 2 digits | |
| 15 | Pulse rate | Measuring range 20 to 250 BPM, ±3 digits | |
| 16 | Wavelength | Infra-Red<br>(Please Indicate the measuring technology and wavelength) | |
| 17 | Power dissipation | 30mW (MAX) | |
| | **Technical Specifications - Functions** | | |
| 18 | Operating Modes (NIBP) | Manual Measurement | |
| | | Auto Cycle Mode | |
| | | Configuration Mode | |
| 19 | Auto Cycle Mode | Stat, 1, 2, 3, 4, 5, 10, 15, 20, 30, 60, 90, 120 (minutes) | |
| 20 | Inbuilt Printer (Optional) | Thermal Printer | |
| 21 | Info Display | LCD / / bright color-coded digits | |
| 22 | History | >100 patients record with previous parameters reading. | |

**Annex A**

## SPECIFICATION OF VITAL SIGNS MONITOR

| | | | |
|---|---|---|---|
| **Description of function**<br>Vital signs monitor is an essential medical device used to measure a patient's key physiological parameters like **Blood pressure, pulse rate, Oxygen Saturation (SP02).** | | | |
| **S.N.** | **General Specifications** | | |
| | **Parameters** | **Specifications** | **Comply – Yes /No/ Specify** |
| 23 | Alarms (Clearly visible optical alarms. Acoustic alarms not less than 45dB) | Systolic HIGH/ LOW | |
| | | Diastolic HIGH/ LOW | |
| | | Pulse rate HIGH/ LOW | |
| | | SpO2 HIGH/ LOW | |
| | | Memory Function | |
| | | Battery LOW/ Failure | |
| | | System Failure Alarm with Error Code | |
| | **Documentation and Standards** | | |
| 24 | Technical Documentation | Operator, Service, Spare parts manuals | |
| | | Certification of calibration | |
| | | Check list of procedures for calibration and routine maintenance | |
| 25 | Standards and safety<br>Classification | 1)Products must be approved by FDA or CE and HSA | |
| | | 2)Class I / Class II | |
| 26 | Manufacturer Warranty | Manufacturer warranty must cover all the technical failure as well as the external parts damage due to the design flaws (not by the user mishandling) | |
| 27 | Supplier warranty (if any) | Must cover all the technical failures | |
| 28 | Accessories | Roll On Stand with open accessory Bin | |
| | | BP Cuffs (Small, Medium, Large, Extra-large) Please Indicate Cuff size of each category | |

**Annex A**

## SPECIFICATION OF VITAL SIGNS MONITOR

**Additional Information:**

| | | |
|---|---|---|
| Dimension (cm) | Weight | |
| | Height | |
| | Width | |
| | Depth | |
| Material of Castor Wheel (Bracket & Wheel) | | |
| Service/breakdown calls response time | Service/breakdown calls response time during office hrs (Mon to Sat) | |
| | Service/breakdown calls response time after officer hrs (Mon to Sat) | |
| | Service/breakdown calls response time on Public holiday/ Sunday. | |
| Components replacement period | List of components to be replaced in periodically | |
| | List of components to be replaced during Preventive Maintenance | |
| Manufacture recommendation | Preventive Maintenance | |
| | The lifespan of the machine – Please Indicate | |
| | Battery replacement schedule – Please Indicate | |
| | BP cuff replacement – Please Indicate the life span of the Cuff | |
| Training | User training must be provided with competency check.<br>Technical Training for BMEs with certification needs to be provided. | |
| Sustainability Initiative | Please highlight sustainability initiatives with reference to equipment. (e.g. energy efficiency, battery management, environmentally responsible manufacturing practices, recyclable packaging) | |

**Annex B**

**ITQ NO. NKF/RT/2024/016**

**INVITATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF VITAL SIGNS MONITOR**

**PRICE SCHEDULE - B1**

| No. | Description | Estimated Quantity Required | Brand/ Model | Manufacturer / Country of Manufacture | Year of Manufacture | Unit Price with 2 years warranty including yearly preventive maintenance + Yearly Calibration (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 **Vital Signs Monitor**. Please refer to "Requirement Specification ", **Annex A** for details of Vital Signs Monitor specifications, **Annex C** for the Required quantity and location list | 1 to 6 units | | | | | | |
| | | 7 to 12 units | | | | | | |
| | | 13 to 19 units | | | | | | |

Signatory's name: _____ Signatory's Title: _____

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

Authorised Signature: _____ Date: _____

**Annex B**

**ITQ NO. NKF/RT/2024/016**

**INVITATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF VITAL SIGNS MONITOR**

**PRICE SCHEDULE - B2**

**1. Price Schedule for Maintenance Services after the 2 years warranty**

| No. | Item Description | Unit Price (exclusive of GST) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
| 1. | Comprehensive maintenance including all spare parts & unlimited labour charges after 2 years of warranty (from 3rd to 10th year) | | | | | | | | |
| 2. | Comprehensive maintenance after 2 years warranty with unlimited labour charges (excluding spare parts) (from 3rd to 10th 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 **(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: _____

**Annex B**

**ITQ NO. NKF/RT/2024/016**

**INVITATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF VITAL SIGNS MONITOR**

**PRICE SCHEDULE - B3**

**1. Price list for Common Accessories, Spare Parts and Components – VITAL SIGNS MONITOR**

| 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) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- Number of engineers dedicated to support technical services during warranty period: _____
- Manufacture's guideline on replacement of backup battery set per machine: _____

Signatory's name: _____ Signatory's Title: _____

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

Authorised Signature: _____ Date: _____

**Annex B**

**ITQ NO. NKF/RT/2024/016**

**INVITATION TO QUOTE FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF VITAL SIGNS MONITOR**

**PRICE SCHEDULE - B4**

**Price of Consumables for vital signs monitor**

| 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 | | | | | | |
| 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: _____

**Annex C**

| List of Locations and Required QTY | | | | Annex - C |
|---|---|---|---|---|
| **FY26/27 & FY27/28 - ITQ for Vital Sign Monitor ( List of DC )** | | | | |
| **S/N** | **Budgeted DC** | **Estimated Delivery Date** | **Qty** | **Remarks** |
| 1 | 633 Ang Mo Kio 2 DC | Mar-27 | 3 | Retrofit DC Targeted DC operation 10 May 2027 |
| 2 | Serangoon Polyclinic DC | Jan-27 | 3 | New DC Targeted DC operation 26 Feb 2027 |
| 3 | 204 Marsiling DC | Jan-27 | 2 | Replacement Due, Additional Request |
| 4 | 701 West Coast DC | Mar-28 | 1 | Replacement Due |
| 5 | 311 Ubi DC | May-28 | 2 | Replacement Due |
| 6 | IRC Level 1 DC | Mar-28 | 3 | Replacement Due |
| 7 | 274 Bukit Panjang DC | May-28 | 2 | Retrofit DC Targeted DC operation 17 July 2028 |
| 8 | Yew Tee (New) DC | Jun-28 | 3 | New DC Targeted DC operation 21 Aug 2028 |
| **Total Qty** | | | **19** | |

Signatory's name:_____ Signatory's Title: _____

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

Authorised Signature:_____ Date: _____

**Annex D**

**INFORMATION ABOUT VENDOR**

**ITQ REF NO. NKF/RT/2026/016**

**ITQ FOR The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF DCs**

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: _____

**I declare that I/the Vendor is not related[1] to any person in NKF who is involved in this ITQ howsoever and whatsoever.**

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.

Authorized Signature: _____

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

Vendor's name: _____ 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.