



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City

(02) 8441-7442 www.philhealth.gov.ph

PhilHealthOfficial teamphilhealth

REQUEST FOR QUOTATION

Date: November 23, 2023

RFQ No. 2023-216

The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

CALIBRATION OF INJECTION PUMP ASSEMBLY AND FUEL INJECTOR SET – ISUZU CROSSWIND (PLATE NO. SAB-4464)

Approved Budget	: PhP16,350.00
Purchase Request No/s	: 23-0360, PRID-GSBMD
Mode of Procurement	: NP-Small Value Procurement (Sec. 53.9)
Period of submission	: November 28, 2023 to December 1, 2023
Delivery Period	: 15 days upon receipt of Purchase Order/ Job Order

Interested bidders/suppliers of known qualifications are hereby invited to submit a price quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

SECRETARIAT SERVICE TEAM

Secretariat for the Bids and Awards Committees (SBAC)
Philippine Health Insurance Corporation
Rm. 1003, 10th Floor, SBAC Office
709 Citystate Centre Bldg., Shaw Blvd
Pasig City
Telephone: (02) 8441-7444 local 7675
(02) 8637-4735

Definitive 11/23/23
Ms. Chariss Gail H. Dalida

SBAC Canvasser

charissgail@yahoo.com

charissgailhungay@gmail.com

Mr. Luisito G. Maximo

Head, Secretariat Services

luigmaximo@yahoo.com

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for NP-Small Value Procurement (Sec. 53.9) shall be submitted within three (3) working days upon **NOTIFICATION**:

1. Mayor's /Business Permit for CY2023;
2. Omnibus Sworn Statement (50k above);
3. PhilGEPS Registration Number; and
4. Proof of PhilHealth Contribution (3rd Quarter of 2023).

****INSTRUCTION TO SUPPLIERS****

- Submit your quotation using the prescribed **Quotation Form** (Annex A, and B of the RFQ).
- Accomplish the **Quotation Form** and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form and Documentary Requirements** as stated above **within the prescribed deadline** shall automatically be DISQUALIFIED.



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“ANNEX A”

QUOTATION FORM

Name of Company: _____

Address: _____

Contact Person: _____

Contact Number: _____

Official Email

Address: _____

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item as follows:

Item No.	QTY	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (“Comply” or “Not Comply”)	Supplier’s Offer <i>Do not fill this out if you did not comply with the Tech Specs.</i>	
						Unit Price	Total Price
1	1 lot	16,350.00	16,350.00	CALIBRATION OF INJECTION PUMP ASSEMBLY AND FUEL INJECTOR SET VEHICLE TYPE: ISUZU CROSSWIND PLATE NO.: SAB-4464			
						TOTAL:	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.	Statement of Compliance (“Comply” or “Not Comply”)
15 days upon receipt of Purchase Order/ Job Order	

I hereby certify to comply and deliver all the above requirements.

Signature over Printed Name

Position / Designation

Date

“ANNEX B”**TERMS AND CONDITIONS:**

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on item.**
3. Price quotation/s must be valid for ***thirty (30) calendar days*** from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ “draw lots” as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. PhilHealth shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount, without prejudice to the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects and all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 “Reiteration of PhilHealth No Gift Policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

Signature over Printed Name

Position / Designation

Date