



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A

Q Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City (042) 373-7554 ⊕www.philhealth.gov.ph

☐ PhilHealthRegion4A X teamphilhealth

REQUEST FOR QUOTATION

Date:	[14R 2 0	2625	_
RFQ NO	25-1	0 = 0	7 1

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

Repair and Maintenance of Transportation Equipment
PRO Vehicles check-up, Repair & Maintenance and replacement of defective parts

 Approved Budget
 : Php 64, 357.00

 Purchase Request No/s
 : 2025-01-001

 Mode of Procurement
 : NPSV

 Period of Submission
 : March 22 - 24, 2025

Delivery Period : <u>Within 14 working days upon receipt of PO</u>

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

Secretariat or the Bids and Awards Committee (SBAC)/ Procurement Unit

PhilHealth Regional Office IVA Brgy Ilayang Dupay Lucena City Telephone: 02-84417444 local 5116 procurement.pro4a@gmail.com bac.pro4a@philhealth.gov.ph ARLON & BABLES
Canvasser

PÈCILIA I. PUREZA
Head of Frocurement Unit/ End-User

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 NPSV (Sec 53.9) shall be submitted **within three (3) working days upon notification**.

- 1. Mayor's /Business Permit for CY2025;
- 2. PhilGEPs Registration Number;
- 3. Proof of PhilHealth Contribution (latest)
- 4. Omnibus Sworn Statement (50K and above)
- 5. ITR/Business Tax Return (ABC above 500K)/

INSTRUCTION TO SUPPLIERS

- Submit your quotation using the prescribed **Quotation Form** (Annex A 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 <u>accomplished prescribed/standard</u>

 <u>Quotation Form</u> and <u>Documentary Requirements</u> as stated above <u>within the prescribed deadline</u> shall automatically be disqualified.







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"ANNEX A"

QUOTATION FORM

A C C C	ddress ontact ontact official fter hav	Person: Number Email Ac	: Idress: lly read and a	accepted the Terms and Cor		Q specified ir	1
A		hereunde pproved		tion/s for the item as follow	ws: STATEME	Supplie	r's Offer
Ite		TTmit	Total	ITEM Description an Technical	d NT OF COMPLIA	Do not fill this out if you did not comply with the Tech Specs	
No.	QIY	QTY Price Price	Specifications	NCE ("Comply" or "Not Comply")	Unit Price	Total Price	
				For PRO 4A vehicles use -preventive maintenanc service	e		
	<u> </u>			Details:	Not comply		· · · · · · · · · · · · · · · · · · ·
1	20 bot	118.65	2, 373.00	Brake fluid, Dot3 or Dot4			
2	10 ltrs	323.40	3, 234.00	Automatic Transmission Fluid			
3	245 ltrs	234.87	57,524.50	Automotive Oil (for Diesel engine) SAE 15W-40 multigrade Diesel Engine Oi	1		
4	5 ltrs	241.50	1, 207.50	Motorcycle Oil, SAE 20W-50			
						TOTAL:	
			TO THE DEL HE P.O / J.O.		Statement of Com "Comply" or "Not Co		
	Withi	n 14 work	ing days upo	n receipt of P.O.	Comply	Not Comply	
	Il	nereby cert	tify to comply	and deliver all the above r	equirements.		
					Signature over P	rinted Name	
	gondendarianium				Position / Desi	gnation	
	S CARTIFICADO P. M.	DCOTEC /	AB EDITED CANS		Date		





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"ANNEX B"

TERMS AND CONDITION:

- 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 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 to 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 impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of 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 an 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 al statements and information provided therein are true and correct.

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

Signatu	re over Printed Name
Positi	on / Designation
·	Date

