

REQUEST FOR QUOTATION

SVP NO: 2025-028


PhilHealth Region III, through its Bids and Awards Committee, intends to procure the following:

| | |
|---|--|
| Project Title | PMS OF PRO III CORPORATE VEHICLE-APRIL TO DECEMBER 2025 (for 2nd, 3rd, and 4th quarter 2025) |
| Approved Budget for the Contract | Php 282,714.96 |
| Mode of Procurement | Small value |
| Deadline of Submission | May 02, 2025 |

GENERAL CONDITIONS:

1. All entries must be typewritten or written legibly in print.
2. Price validity shall be for a period of **90 calendar days**
3. Requirements to be submitted by the lowest calculated bidder:
 - a. 2024 Mayor's Permit or Business Permit
 - b. DTI or SEC Registration Certificates (whichever is applicable)
 - c. BIR Registration Certificate
 - d. PhilGEPS' Proof of Registration or PhilGEPS Certificate
 - e. PhilHealth Certificate of Updated Contribution
 - f. Omnibus Sworn Statement (if applicable)
 - g. Annual Income / Business Tax Return (if applicable)

The completed form shall serve as your formal quotation. Please submit your proposal to PhilHealth Region 3, City of San Fernando (P) or through electronic mail at roqued@philhealth.gov.ph / dhonparas1223@gmail.com


Donnie P. Roque
 Official Canvasser

Date: _____

Sir / Madam

After having carefully read and accepted the general conditions in your Request for Quotation, hereunder is our quotation valid for **90 calendar days**

| | | Item Description / Specification | Total Contract Cost |
|---|-------|--------------------------------------|---------------------|
| 6 | Units | Isuzu Crosswind | |
| 3 | Units | Toyota Innova | |
| 1 | Unit | Toyota Gandia | |
| 1 | Unit | Mitsubishi Strada | |
| | | See attached Technical Specification | |

Company Name:

Business Address:

Name and Signature of Authorized Representative: _____

Contact Number of Authorized Representative: _____



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office III
 PhilHealth Bldg., Lazatin Blvd., San Agustin,
 City of San Fernando, Pampanga
 ☎ (045) 963-0299 🌐 www.philhealth.gov.ph
 📱 PhilHealthRegionIII 📧 teamphilhealth

TECHNICAL SPECIFICATIONS

PREVENTIVE MAINTENANCE OF CORPORATE VEHICLE OF PHILHEALTH REGIONAL OFFICE III

OBJECTIVE:

To be able to find a supplier that will meet and provide the requirements needed by PhilHealth Regional Office III for the preventive maintenance of corporate vehicles for the period April to December 2025.

GENERAL REQUIREMENTS:

- Service Center must be located within Pampanga Area.
- Availability of service center from 8:00 AM to 5:00 PM daily (Monday to Saturday).

COVERAGE:

| No. | OFFICE ASSIGNMENT | PLATE NUMBER | VEHICLE TYPE | Number of PMS |
|-----|-------------------|--------------|-------------------|---------------|
| 1 | LHIO San Fernando | SLD 661 | Toyota Innova | 3 |
| 2 | LHIO Sta Maria | SLD 658 | Toyota Innova | 3 |
| 3 | LHIO Malolos | SLD 669 | Toyota Innova | 3 |
| 4 | ColSec A | SAB 4471 | Isuzu Crosswind | 3 |
| 5 | GSU | SAB 4472 | Isuzu Crosswind | 3 |
| 6 | LHIO Iba | SAB 4473 | Isuzu Crosswind | 3 |
| 7 | LHIO Olongapo | SAB 4475 | Isuzu Crosswind | 3 |
| 8 | OBM B | SAB 4476 | Isuzu Crosswind | 3 |
| 9 | LHIO Gapan | SAB 4477 | Isuzu Crosswind | 3 |
| 10 | GSU | SHR 798 | Mitsubishi Strada | 3 |
| 11 | GSU | SHY 900 | Toyota Grandia | 3 |

WARRANTY:

- Six (6) months on workmanship and back job.



SCOPE OF WORK:

Change Oil, Oil Filter and Air Filter every 5,000 kms or every 3 months whichever comes first.

(10W-40 Fully Synthetic Oil)

(Oil Filter, Fuel Filter, Air Filter & Cabin Filter Original Equipment Manufacturer as per vehicle specification)

For Every Change Oil:

- Clean and Adjust Brakes
- Check Wheel Alignment
- Check Brake Fluid Level
- Check Coolant Level
- Check Engine Oil Level
- Check Lights
- Check Tire/Spare Pressure and Condition
- Check Windshield Washer Fluid
- Check Wiper Blades
- Check Battery and Cables
- Check Belt Tension
- Check Alignment
- Inspect Hoses for Crack
- Lubricate Chassis
- Tire Rotation
- Greasing

OTHER TERMS AND CONDITIONS:

- Fees and charges payable shall be paid within (15) calendar days from the date of Invoice or Statement of Account and completion of documentary requirements for the processing of payment.

LIQUIDATED DAMAGES:

If the Service Provider fails to deliver any or all of the goods and/or to performance the services within the period specified in the contract, the Procuring Entity shall, without prejudice to its order remedies under the contract and under the applicable law, deduct from the contract price as liquidated damages, the applicable rate of one-tenth (1/10) of one percent (1%) of the cost of the unperformed portion for every day of delay, provided that the maximum deduction shall be ten percent (10%) of the total amount of the contract price, the Procuring Entity reserves the right to rescind the contract, without prejudice to other courses of action and remedies available to it.

DELIVERY DATE:

- Two (2) calendar days upon notification of General Services Unit on the schedule of preventive maintenance services.

MODE OF PROCUREMENT:

- Negotiated Procurement - Small Value

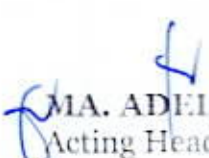
TARGET DATE:

- April to December 2025


Prepared by:


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Administrative Officer I

Reviewed by:

 1/6/15
MA. ADELINDA M. MORALES
Acting Head, General Services Unit

Verified by:


FERDINAND M. GUINTO
Acting Head, ASS
Concurrent Head, HRU

Recommending Approval:


RUBY M. VITUG
Division Chief IV, MSD

Approved by:


HENRY V. ALMANON
Acting Vice President, PRO III