

Date: 24 February 2010

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*Total # of pages including
this page: **7 pages***

Dear Sir/Madam,

INVITATION TO QUOTE #: QC10016

**CLOSING DATE: 12 Mar 2010,
Wednesday**

This is not a purchase order. Please quote for the supply & delivery of the following item(s):

S/N	Item Description	Qty	Unit Price (S\$)	Brand/ Model offered	Delivery Offer (days)
	----- please see Annex 1 -----				

Validity Period: **90 days** from closing date.

.....
Contractor's stamp & signature

Remarks:

- Please quote prices excluding GST & inclusive of delivery & installation (where applicable). References must be made to the S/N of each item referred to in this quotation. The Contractor is required to submit **two (2) copies** of his quotation.
- Please submit samples/brochures together with your quotation. All samples/ brochures must be labelled with our quotation #, your company's name and item S/N corresponding to the S/N above. Please also complete & submit Annex 2.
- Where **brands/models are specified, equivalent/alternative offer(s) may be submitted** for our consideration.
- TMC's payment term is **45 days** upon delivery and acceptance of the item(s).
- TMC reserves the right, unless the Contractor expressly stipulates to the contrary in his quotation, of ordering such portion of each quotation as TMC may decide.

Yours faithfully
THOMSON MEDICAL CENTRE

David Tan (Mr.)
Manager, Purchasing

**ATTACHMENT TO
INVITATION TO QUOTE #: QC10016**

CLOSING DATE: 12 Mar 2010

S/ N	Item Description	Qty	Unit Price (S\$)	Trade-in offer (S\$)	Brand/ Model offered	Delivery offer
1	Blood gas machine specifications as attached: blood gas analyzer.docx	1 unit				
2	Infusion pump specifications as attached: infusion pump.docx	1 unit				
3	Oxygen monitor specifications as attached: oxygen monitor.docx	1 unit				
4	Phototherapy Light specifications as attached: phototherapy unit.docx	1 unit				
5	SaO2 Monitor specifications as attached: Pulse Oximeter.docx	1 unit				
6	Syringe Pump specifications as attached: syringe pump and syringe driver specifications.docx	1 unit				
7.	O2 Humidifier	1 unit				

Note:

(a) For clarification on the above item, please call our BME Engineer Ms Sarah Annie Varghese at 6256-7965.

(b) 2-year warranty must be given. Please complete Section (A), the maintenance/service options at table (B), Warranty maintenance & Post-warranty service contract at (C) and Reference List of Installations at (D) of this Annex.

(c) Demo unit available? = Yes/No *(delete as appropriate)*

Validity Period: **90 days** from
closing date.

.....
Contractor's stamp &
signature

QUOTE #: QC10016

ANNEX 1

(A) Contractor's Proposal Form

For each and every sub-system offered, Contractors shall provide the information listed below:

Manufacturer : _____

Brand : _____

Model : _____

Year of Model : _____

Year of Manufacture : _____

Country of Manufacture : _____

Unit Price (S\$) : _____

Warranty : _____ years
(Minimum warranty period shall be no less than 2 years)

Delivery * : _____ days from date of contract

Installation time * : _____ days after delivery

Commissioning period * : _____ days upon completion of installation

(B) Maintenance/Service options for the 3rd, 4th & 5th year of the item after the 2-year warranty:

Description	Warranty	1st yr after warranty	2nd yr after warranty	3rd yr after warranty
Frequency of Preventive Maintenance (# of times per year)				
Annual charges for Preventive Maintenance only	NA			
Annual charges for Preventive Maintenance and unlimited Breakdown Repair Calls	NA			
Annual charges for Preventive Maintenance and unlimited Breakdown Repair Calls and all replacement parts, Software upgrades etc.	NA			

.....
 Contractor's stamp & signature

QUOTE #: QC10016

ANNEX 1

(C) Warranty Maintenance & Post-Warranty Service Contract

- 1.1 The Contractor shall maintain the item during the warranty period of the equipment, in accordance with the maintenance requirements for the item as spelt out in the service manual of the item.
- 1.2 Please provide other details (during warranty & post-warranty), including the following:
- (a) Response time for unscheduled maintenance : _____
 - (b) Availability of 24-hour service support : Yes/No;
 - If Yes, please provide - Person to contact : _____
 - Designation : _____
 - Tel/Pager : _____
 - (c) Maximum length of downtime before replacement item is supplied/part is available : _____
- 1.3 The Contractor shall provide details of preventive maintenance in accordance to the manufacturer in an attached list.
- 1.4 The Contractor shall state below the consumables and service parts required for each preventive maintenance during warranty. Except for consumables, service parts and labour shall be at no cost to TMC during the warranty period. Kindly reproduce additional copies as necessary.

S/N	Part no.	Description	Qty	Unit Price	Total Price

Note: If space provided is insufficient, please use separate sheet(s).

- 1.5 Contractors shall state below the number of years for which spare parts are guaranteed to be available after production of the model is terminated:

Number of years spare parts are guaranteed to be available after production of the model is terminated	
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Contractor's company stamp & endorsement

QUOTE #: QC10016

ANNEX 1

(D) Reference List of Installations

1 The Contractor shall submit a Reference List of major installations of the precise models of the equipment offered in the following format:

Model	Year of Installation	Qty	Reference Installation	Contact Person	Designation	Tel #	Fax #

.....
Contractor's company stamp & endorsement

QUOTE #: QC10016

ANNEX 2

VENDOR PROFILE FORM

1 Company Details

1.1 Company name & address:

1.2 Name of person to contact for this project: _____

1.3 Contact numbers: Tel: _____ Fax: _____

Internet address: _____

1.4 GST registration #: _____

2 Financial Information

2.1 Financial information for the last 3 years:

Parameter	Year:	Year:	Year:
Annual Turnover (\$'000)			
Net Profit before Tax (\$'000)			
Authorised Capital (\$'000)			
Paid-up Capital (\$'000)			

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ANNEX 2

3 Details of Major Contracts

S/N	Particulars of Contract	\$-value of Contract	Year/Period of Contract	Name/Address of Customer, contact person and number

4 Declaration

I hereby certify that all information provided are true and correct.

Name/signature of authorised representative

Designation

Date

Contractor's company stamp: