



**PHILIPPINE INTERNATIONAL TRADING CORPORATION**

5/F NDC Building, 116 Tordesillas Street, Salcedo Village, Makati City

**Request for Quotation**  
**RFQ Reference No. GPG-EP-2020-040**  
**(EMERGENCY PROCUREMENT)**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPORT STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)**

The **Philippine International Trading Corporation (PITC)** and the **Philippine General Hospital (PGH)** intend to apply the sum of the following amounts being the Approved Budget for the Contract (ABC) to payments under the contracts for the corresponding items, more particularly described as follows:

Item No.	Item Description	Quantity	Approved Budget for the Contract (ABC) (₱) (VAT Inclusive)	
			Unit Price	Total Price
<b>One (1) Lot Various Manual Hospital Bed with Mattress and Transport Stretchers (with Radiolucent Segments and Non-Radiolucent Segments) consisting of the following items:</b>				
1.	Manual Hospital Bed with Mattress	230 units	105,000.00	<b>24,150,000.00</b>
2.	Transport Stretcher with Radiolucent Segments	16 units	230,000.00	<b>3,680,000.00</b>
3.	Basic Transport Stretcher (Non-Radiolucent Segments)	28 units	195,000.00	<b>5,460,000.00</b>
<b>TOTAL ABC FOR THE LOT (₱)</b>				<b>33,290,000.00</b>

**NOTE:**

Bids received in excess of the ABC shall be automatically rejected.

May we request Authorized Manufacturers/ Local First-Tier Distributors to submit quotation under the following requirements, terms and conditions for compliance. **Local First Tier Distributor** are those directly appointed by the principal manufacturer.

**For submission:**

**1. Minimum Eligibility Requirements:**

- a. Valid and current PhilGEPS Registration
- b. DTI or SEC Registration;
- c. Business / Mayor's Permit for 2020 issued by the city or municipality where the principal place of business of the prospective supplier is located;
- d. Valid and current Tax Clearance

**2. Technical Requirements:**

- a. Completely filled out PITC Technical Quotation Forms: **Annex I**;
- b. Product Brochure / Technical Data Sheet and Instructions to use in Hard Copies (English Language) of the item/s being offered **showing compliance** to the technical specifications of the following:

- Item No. 1:** Manual Hospital Bed with Mattress
- Item No. 2:** Transport Stretcher with Radiolucent Segments
- Item No. 3:** Basic Transport Stretcher (Non-Radiolucent Segments)



- c. **For Manufacturers:** Certification that the supplier has been in the business of manufacturing hospital beds for at least ten (10) years.

**OR**

**For Local First Tier Distributors:** Copy of Valid and Current Certificate of Distributorship (as First Tier Distributor) issued by the principal manufacturer authorizing the bidder to sell/distribute the items subject of this bidding.

The Certificate MUST INDICATE/INCLUDE the following:

- a) That the manufacturer has been in the business manufacturing hospital beds for ten (10) years;
  - b) That the principal and the local distributor must have been in the business partnership for at least three (3) years;
- d. Omnibus Sworn Statement, **Annex II**;
- a) Authority of the designated representative
  - b) Non-inclusion in blacklist or under suspension status
  - c) Authenticity of Submitted Documents
  - d) Authority to validate Submitted Documents
  - e) Disclosure of Relations
  - f) Compliance with existing labor laws and standards
  - g) Bidders Responsibilities
  - h) Did not pay any form of consideration

### 3. Financial Requirements:

- a. Completely filled out PITC Financial Quotation Form: **Annex III** - Supplier's price proposal must not be more than the ceiling price per item and must be inclusive of VAT;
- b. Price must be valid for One Hundred Twenty (120) calendar days upon submission of quotation.

### Requirements if Awarded the Contract

- Delivery Period:  
For **Item Nos. 1 & 3**: Within Forty-five (45) calendar days after receipt of Notice to Proceed (NTP).

*Partial Delivery within the delivery period is allowed as follows:*

- First Delivery: Fifty percent (50%) within fifteen (15) calendar days after receipt of Notice to Proceed;
- Second Delivery: Fifty percent (50%) within Thirty (30) calendar days after the due date of the first delivery.

For **Item No. 2**: Within Forty-Five (45) calendar days after receipt of Notice to Proceed.

- Delivery Place: Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila



Should your company be interested, you may submit your **open quotation** on or before **Wednesday, 21 July 2020 STRICTLY NOT LATER THAN 5:00 PM** thru the following email address:

- [erika.guycoa@pitc.gov.ph](mailto:erika.guycoa@pitc.gov.ph)
- [erika.guycoa@pitc1973.onmicrosoft.com](mailto:erika.guycoa@pitc1973.onmicrosoft.com)
- [jinky.apolinar@pitc.gov.ph](mailto:jinky.apolinar@pitc.gov.ph)
- [jinky.apolinar@pitc1973.onmicrosoft.com](mailto:jinky.apolinar@pitc1973.onmicrosoft.com)

**Note: Maximum size of email with attachment is six (6) MB only. You may email your quotation in parts if your attachment is more than six (6) MB.**

Thank you.

  
**CHRISTABELLE P. EBRIEGA**  
Vice President  
Government Procurement Group

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation for the Supply and Delivery of One (1) Lot Brand New Various Manual Hospital Bed with Mattress and Transport Stretchers (with Radiolucent Segments and Non-Radiolucent Segments) for the Philippine General Hospital (PGH).

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation of Company Authorized Representative (in print)

\_\_\_\_\_  
Contact Details (Tel. No., Fax No. & Email Address)

\_\_\_\_\_  
Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex I (Page 1 of 11)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)  
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**EMERGENCY PROCUREMENT**

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**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	PROJECT REQUIREMENTS	Supplier's Statement of Compliance
1)	<b>One (1) Lot consisting of the following items:</b> A. Manual Hospital Beds (230 units) B. Transport Stretcher with Radiolucent Segments (16 units) C. Basic Transport Stretcher (Non-Radiolucent Segments) (28 units)	
Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance

**A. TWO HUNDRED THIRTY (230) UNITS BRAND NEW MANUAL HOSPITAL BEDS WITH MATTRESS**

**I. Hospital Bed**

A.1.1)	<b>Dimensions</b> <ul style="list-style-type: none"> <li>• Overall bed length: 228.6 cm to 230 cm</li> <li>• Overall width, side rails up: 110.9 cm to 112 cm</li> <li>• Overall width, side rails down: 93 cm to 95 cm</li> <li>• Head board height: at least 112cm</li> <li>• Foot board height: at least 112cm</li> <li>• Blow molded Head and Foot Board</li> <li>• Easy removable Head and Foot board section</li> </ul>	
A.1.2)	<b>Frame Material</b> <ul style="list-style-type: none"> <li>• Bed Frame: Steel, powder coated</li> <li>• Bed frame height, lowest: 46.5 cm to 47 cm</li> <li>• Bed frame height, highest: 76.5 cm to 78</li> <li>• Screw less bed frame</li> <li>• With sockets compatible for orthopedic traction frame</li> <li>• With Corner Bumpers</li> <li>• With drainage bag holders located on both sides of bed</li> <li>• With slots for patient restraint straps</li> <li>• Operable Temperature Range – 10 to 40-degree Celsius, ambient temperature</li> <li>• Operable Relative Humidity (RH) Range – 30 to 95%, non-condensing</li> <li>• With IPX4 Class Protection</li> </ul>	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

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Name & Designation (in print)

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Date



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Annex I (Page 2 of 11)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)  
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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
A.1.3)	Side Rails	
	• 2 split side rails, with patient hand grip support	
	• Made of steel and plastic	
	• Tuck-away siderails for Zero gap transfer	
	• Side rail opening size: 9.84cm or less	
	• Distance Between Side rails: 28.89cm or less	
A.1.4)	Cranks/ Function	
	• 3 cranks with 5 functions (Hi-Lo, Head Raise, Knee Raise, Trendelenburg, Reverse Trendelenburg)	
	• Lowest bed frame height: 46.5 cm to 47 cm	
	• Highest bed frame height: 76.5 cm to 78 cm	
	• Head articulation: 0 to 72.5 degrees	
	• Knee Articulation: 0 to 25 degrees	
	• Trendelenburg / Reverse Trendelenburg: At least 12 degrees	
	• With angle indicator for Trendelenburg/reverse trend located on each side of the bed	
	• With emergency CPR function	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
A.1.5)	Caster	
	• Caster size: 13 cm to 13.5 cm	
	• Central locking mechanism or individually locking casters	
	• Underbed clearance: 13.9 cm to 15 cm	
A.1.6)	Safe working load	
	• Bed Lift Capacity: at least 204 kg / 450 lbs	
	• Foot Section Lift Capacity: at least 91 kg	
	• Head Section Lift Capacity: at least 91 kg	
A.1.7)	IV Pole: At least One (1) Telescopic IV Pole, can be attached to four corners of the bed	
A.1.8)	At least one (1) Oxygen tank holder: cylindrical, can be placed on the four corners of bed	
<b>II. Mattress</b>		
A.2.1)	Length: 198 cm to 200 cm	
A.2.2)	Width: 85 cm to 90 cm	
A.2.3)	Height: 14 cm to 16 cm	
A.2.4)	Fully enclosed waterproof mattress, yet moisture vapor permeable	
A.2.5)	Bacteriostatic and Fungostatic Polyurethane cover that is easy to clean and disinfect	
A.2.6)	Must be of the same brand as the hospital bed	

**PLEASE SPECIFY THE FOLLOWING:**

**BRAND AND MODEL NO. OF MANUAL HOSPITAL BEDS:** \_\_\_\_\_

**BRAND OF MATTRESS:** \_\_\_\_\_

**NAME OF MANUFACTURER OF THE MANUAL HOSPITAL BEDS:** \_\_\_\_\_

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
<b>B. SIXTEEN (16) UNITS BRAND NEW TRANSPORT STRETCHER WITH RADIOLUCENT SEGMENTS</b>		
<b>I. Stretcher</b>		
B.1.1)	Dimension <ul style="list-style-type: none"> <li>• Overall Length: 210.8 cm to 212 cm</li> <li>• Deck Length: 190.5 cm to 200 cm</li> <li>• Overall width: 81.3 cm to 82 cm</li> <li>• Sleep Deck Width: 66 cm to 68 cm</li> <li>• Stretcher Weight Without Mattress/Accessories – 120.2kg or less</li> </ul>	
B.1.2)	Mechanism <ul style="list-style-type: none"> <li>• Height Adjustment: 52.1 to 87.0 cm</li> <li>• Maximum head section inclination: At least 90°</li> <li>• Trendelenburg/Reverse Trendelenburg: At least 18°</li> <li>• With hydraulic control pedals for height adjustment on both side</li> <li>• With control pedal for Trendelenburg/Reverse Trendelenburg on sides</li> <li>• Tripedal Design of Hydraulic Foot Control Pedal</li> <li>• With Emergency Trendelenburg function.</li> <li>• With Pressure Compensated Flow Mechanism that lets the stretcher lower evenly when there is an uneven load distribution.</li> <li>• Brake/Steer Pedals located in Head and Foot ends</li> <li>• Neutral, Steer and Brake Functions of Brake/Steer Pedals</li> <li>• With Protective Bellows for the hydraulic cylinder</li> <li>• Operable Temperature Range – 10 to 35 degrees Celsius, ambient</li> <li>• Operable Relative Humidity Range (RH) – 30% to 70%, non-condensing</li> <li>• With IPX4 Protection Class</li> </ul>	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
B.1.3)	Side Rails	
	• Side rail length: 119.4 cm to 120 cm	
	• Side rail height above sleep deck: 36.8 cm to 37 cm	
	• Fold-down or tuck-away side rails	
	• Five (5) Pillar or Column Type Siderail	
	• With siderail safety lock feature	
B.1.4)	Bumper	
	• Four roller bumpers on four corners of the stretcher	
	• Full length side bumper on both sides	
B.1.5)	Caster	
	• Four Single Band Casters Wheel	
	• Caster size 8" (20.3 cm)	
	• With 5th Directional wheel	
	• Under Stretcher Clearance: At least 8.9cm	
	• With Dual Locking Mechanism	
	• Casters helps protect against electrostatic discharge	
B.1.6)	Oxygen Tank Holder	
	• With oxygen tank holder	
B.1.7)	Handles	
	• Must be present at the head ends	
B.1.8)	Safe Working Load	
	• Maximum weight limit – At least 700 lbs. (317.5 kg)	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
B.1.9)	<b>Frame:</b> <ul style="list-style-type: none"> <li>• Made of heavy-gauge, automotive grade steel for long lasting quality</li> <li>• Nickel-plated push handles, IV-poles, side rails and other components to provide rust resistance</li> <li>• With two (2) drainage bag mount/Holder</li> <li>• With six (6) Transport Straps Holder located in the head, thigh and foot sections</li> </ul>	
B.1.10)	<b>Radiolucent Bed Surface</b> <ul style="list-style-type: none"> <li>• Full radiolucent bed surface</li> </ul>	
<b>II. Mattress</b>		
B.2.1)	Thickness: At least 3"	
B.2.2)	Size: 26" x 75"	
B.2.3)	Weight: 5.9 kg	
B.2.4)	Material: High Density Polyurethane Foam	
B.2.5)	Mattress Cover: Waterproof, Fire Retardant, Bacteriostatic and Fungistatic	
B.2.6)	Must be of the same brand as the stretcher	
<b>III. Accessories</b>		
B.3.1)	IV Pole – at least one (1) unit extendable IV pole with 2 x 2 hooks/ unit	
B.3.2)	Transfer board – At least two (2) transfer boards made of flexible thermoplastic material must be provided	

**PLEASE SPECIFY THE FOLLOWING:**

**BRAND AND MODEL NO. OF TRANSPORT STRETCHER WITH RADIOLUCENT SEGMENTS:**

\_\_\_\_\_

**BRAND OF MATTRESS:** \_\_\_\_\_

**NAME OF MANUFACTURER OF THE TRANSPORT STRETCHER WITH RADIOLUCENT SEGMENTS:**

\_\_\_\_\_

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
<b>C. TWENTY-EIGHT (28) UNITS BRAND NEW BASIC TRANSPORT STRETCHER (NON-RADIOLUCENT SEGMENTS)</b>		
<b>I. Stretcher</b>		
C.1.1)	<b>Dimension</b> <ul style="list-style-type: none"> <li>• Overall Length: 210.8 cm to 212 cm</li> <li>• Deck Length: 190.5 cm to 200 cm</li> <li>• Overall width: 81.3 cm to 82 cm</li> <li>• Sleep Deck Width: 66 cm to 68 cm</li> <li>• Stretcher Weight Without Mattress/Accessories – 120.2kg or less</li> </ul>	
C.1.2)	<b>Mechanism</b> <ul style="list-style-type: none"> <li>• Height Adjustment: 58.4 to 87.0 cm</li> <li>• Maximum head section inclination: 80° to 90°</li> <li>• Trendelenburg/Reverse Trendelenburg: At least 18°</li> <li>• With hydraulic control pedals for height adjustment on both side</li> <li>• With control pedal for Trendelenburg/Reverse Trendelenburg on sides</li> <li>• Tripedal Design of Hydraulic Foot Control Pedal</li> <li>• With Emergency Trendelenburg function.</li> <li>• With Pressure Compensated Flow Mechanism that lets the stretcher lower evenly when there is an uneven load distribution.</li> <li>• Brake/Steer Pedals located in Head and Foot ends</li> <li>• Neutral, Steer and Brake Functions of Brake/Steer Pedals</li> <li>• With Protective Bellows for the hydraulic cylinder</li> <li>• Operable Temperature Range – 10 to 35 degrees Celsius, ambient</li> <li>• Operable Relative Humidity Range (RH) – 30% to 70%, non-condensing</li> <li>• With IPX4 Protection Class</li> </ul>	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
C.1.3)	Side Rails	
	• Side rail length: 119.4 cm to 120 cm	
	• Side rail height above sleep deck: 35.6 cm to 36 cm	
	• Fold-down or tuck-away side rails	
	• At least Five (5) Pillar or Column Type Siderail	
C.1.4)	Bumper	
	• Four roller bumpers on four corners of the stretcher	
C.1.5)	Caster	
	• Four Single Band Casters Wheel	
	• Caster size 8" (20.3 cm)	
	• With 5th Directional wheel	
	• Under Stretcher Clearance: At least 8.9cm	
	• With Dual Locking Mechanism	
C.1.6)	Oxygen Tank Holder	
	• With oxygen tank holder	
C.1.7)	Handles	
	• Must be present at the head ends	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (In print)

\_\_\_\_\_  
Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex I (Page 9 of 11)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)  
RFQ Reference No. GPG-EP-2020-040**

**EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
C.1.8)	Safe Working Load • Maximum weight limit – At least 700 lbs. (317.5 kg)	
C.1.9)	Frame: • Made of heavy-gauge, automotive grade steel for long lasting quality • Nickel-plated push handles, IV-poles, side rails and other components to provide rust resistance • With two (2) drainage bag mount/Holder • With six (6) Transport Straps Holder located in the head, thigh and foot sections	
<b>II. Mattress</b>		
C.2.1)	Thickness: At least 3"	
C.2.2)	Size: 26" x 75"	
C.2.3)	Weight: 5.9 kg or lighter	
C.2.4)	Material: High Density Polyurethane Foam	
C.2.5)	Mattress Cover: Waterproof, Fire Retardant, Bacteriostatic and Fugiostatic	
C.2.6)	Must be of the same brand as the stretcher	
<b>III. Accessories</b>		
C.3.1)	IV Pole – at least one (1) unit extendable IV pole with 2 x 2 hooks/ Unit	
C.3.2)	Transfer board – At least four (4) transfer boards made of flexible thermoplastic material must be provided	

**PLEASE SPECIFY THE FOLLOWING:**

**BRAND AND MODEL NO. OF BASIC TRANSPORT STRETCHER (NON RADIOLUCENT SEGMENTS):** \_\_\_\_\_

**BRAND OF MATTRESS:** \_\_\_\_\_

**NAME OF MANUFACTURER OF THE BASIC TRANSPORT STRETCHER (NON RADIOLUCENT SEGMENTS):** \_\_\_\_\_

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Annex I (Page 10 of 11)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)RFQ Reference No. GPG-EP-2020-040  
EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

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Line No.	OTHER REQUIREMENTS	Supplier's Statement of Compliance												
1)	Supplier must have supplied the same brand of equipment being offered to at least three (3) Tertiary Hospitals in Metro Manila.													
	Please list down the name and contact details of three (3) Tertiary hospitals, including the S.I. No issued to them:													
	<table border="1"> <thead> <tr> <th>Name &amp; Address</th> <th>Contact Numbers</th> <th>Sales Invoice (S.I.) No. Issued</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>		Name & Address	Contact Numbers	Sales Invoice (S.I.) No. Issued	1.			2.			3.		
	Name & Address		Contact Numbers	Sales Invoice (S.I.) No. Issued										
	1.													
2.														
3.														
2)	The manufacturer of the item being offered must have a valid and current ISO Certification.													
	Please specify the details of the ISO Certificate:													
	<table border="1"> <thead> <tr> <th>Name of Third-party Issuing Agency</th> <th>ISO Number</th> <th>Validity Period</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name of Third-party Issuing Agency	ISO Number	Validity Period									
Name of Third-party Issuing Agency	ISO Number	Validity Period												
3)	The manufacturer of the item being offered must have existing branch office, sales office and/ or distributor's office in the following areas: a. Any country in Western Europe b. US/ Canada c. Japan													
4)	Bidder's must have valid and current License to Operate (LTO) as a Medical Device Importer / Distributor issued by the Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004  In case of expired LTO, the following copies shall be submitted: (i) Expired LTO (ii) Application for renewal; and Official Receipt as proof of payment of renewal of LTO													
5)	Bidders warrants that it has Service Center/s for the items being offered within Metro Manila.													

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Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

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Name & Designation (in print)

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Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex I (Page 11 of 11)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)RFQ Reference No. GPG-EP-2020-040  
EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier's Statement of Compliance
1)	<b>Delivery Period:</b> Delivery Period: <ul style="list-style-type: none"> <li>For Item Nos. 1 &amp; 3: Within Forty-five (45) calendar days after receipt of Notice to Proceed (NTP).  <i>Partial Delivery within the delivery period is allowed as follows:</i> <ul style="list-style-type: none"> <li>First Delivery: Fifty percent (50%) within fifteen (15) calendar days after receipt of Notice to Proceed;</li> <li>Second Delivery: Fifty percent (50%) within Thirty (30) calendar days after the due date of the first delivery.</li> </ul> </li> <li>For Item No. 2: Within Forty-Five (45) calendar days after receipt of Notice to Proceed.</li> </ul>	
2)	<b>Delivery Place:</b> Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila	
3)	<b>Delivery Conditions:</b> <ul style="list-style-type: none"> <li>All deliveries must be done in the presence of Inspection Team consisting of one (1) PITC representative and one (1) authorized representative of the UPM-PGH</li> <li>During delivery, the Supplier shall be responsible in unloading the items from the container/truck to the designated delivery center. In the absence of materials handling equipment at the site, the Supplier at his expense shall provide the necessary equipment such as but not limited to: forklifts, hand pallet truck, etc.</li> <li>All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier.</li> </ul>	
4)	<b>Warranty period/ Coverage of Warranty:</b> <ul style="list-style-type: none"> <li>At least One (1) year free warranty on parts and labor;</li> <li>Undertaking to provide a functioning service unit within three (3) days in case of repair/ pull-out of the purchased unit during the warranty period;</li> </ul> Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.	
5)	<b>Operations/ Service Manual:</b> Bidder must provide original and hard copy of Operator's Manual in English Language upon delivery.	

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 Name of Company (In print)

\_\_\_\_\_  
 Signature of Company Authorized Representative

\_\_\_\_\_  
 Name & Designation (in print)

\_\_\_\_\_  
 Date



**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)**

**RFQ Reference No. GPG-EP-2020-040**

**OMNIBUS SWORN STATEMENTS**

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) SS.

**AFFIDAVIT**

I/We, \_\_\_\_\_, of legal age, <civil status>, <nationality> with residence at \_\_\_\_\_, after having been duly sworn to in accordance with law do hereby certify under oath as follows:

(a)  
**AUTHORITY OF THE DESIGNATED REPRESENTATIVE**  
*(Please check appropriate box and fill up blanks)*

**Sole Proprietor**  
That I am the sole proprietor of <company name/name of supplier> with business address at \_\_\_\_\_; Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ and as such, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

- OR -

That I am the duly authorized representative of the owner/sole proprietor of <company name/name of supplier> with business address at \_\_\_\_\_; Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ as shown in the attached Special Power of Attorney, and granted full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

**Note: Please attach a Special Power of Attorney, if not the Sole Proprietor/Owner.**



**Corporation, Partnership, Cooperative**

That I/we am/are the duly authorized representative/s of <company name>, located at \_\_\_\_\_, with Telephone No. \_\_\_\_\_; Fax No. \_\_\_\_\_ and e-mail address, \_\_\_\_\_, as shown in the attached Secretary's Certificate issued by the corporation or the members of the joint venture, and granted full power and authority to execute and perform any and all acts necessary and/or to represent our company in the abovementioned bidding, including signing all bidding documents and other related documents such as the contracts:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_ Specimen Signature: \_\_\_\_\_

**Note: Please attach duly executed Secretary's Certificate.**

**(b)**

**NON-INCLUSION IN THE BLACKLIST NOR UNDER SUSPENSION STATUS BY ANY AGENCY OR GOVERNMENT INSTRUMENTALITY**

That the firm I/We represent is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, Foreign Government/Foreign or International Financing Institution whose blacklisting rules been recognized by the Government Procurement Policy Board;

**(c)**

**AUTHENTICITY OF SUBMITTED DOCUMENTS**

That each of the documents submitted by our company in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

**(d)**

**AUTHORITY TO VALIDATE SUBMITTED DOCUMENTS**

The undersigned duly authorized representative of the Applicant, for and in behalf of the Applicant, hereby submits this Letter of Authorization in relation with Application to apply for Eligibility and to Bid for the subject contract to be bid.

In connection thereat, all public official, engineer, architect, surety company, bank institution or other person, company or corporation named in the eligibility documents and statements are hereby requested and authorized to furnish the Chairman, PITC Bids & Awards Committee I or her duly authorized representative/s any information necessary to verify the correctness and authenticity of any item stated in the said documents and statements or regarding our competence and general reputation.

I/We hereby give consent and give authority to the Chairman of **PITC Bids and Awards Committee I** or her duly authorized representative, to verify the authenticity and correctness, of any or all of the documents and statements submitted herein; and that I/we hereby hold myself liable, criminally or civilly, for any misrepresentation or false statements made therein which shall be ground for outright disqualification and/or ineligibility, and inclusion of my/our company among the contractors blacklisted from participating in future biddings of **Philippine International Trading Corporation**.





(e)  
**DISCLOSURE OF RELATIONS**

That for and in behalf of the Bidder, I/We hereby declare that the sole proprietor or proprietress/ all officers and members of the partnership or cooperative/ all officers, directors, and controlling stockholders of the corporation/ all partners and members of the Joint Venture are not related by consanguinity or affinity up to the third civil degree with the **Head of the Procuring Entity**, members of the **Board of Directors**, the **President**, **Officers** or **Employees** having direct access to information that may substantially affect the result of the bidding such as, but not limited to, the **members of the PITC BAC**, the **members of the TWG of PITC**, the **PITC BAC Secretariat**, the **head of the end-user unit**, and the **project consultants**. It is fully understood that the existence of the aforesaid relation by consanguinity or affinity of the Bidder with the aforementioned Officers of the Corporation shall automatically disqualify the Bid.

(f)  
**COMPLIANCE WITH EXISTING LABOR LAWS AND STANDARDS**

That our company diligently abides and complies with existing labor laws and standards.

(g)  
**BIDDER'S RESPONSIBILITIES**

- a) That I/we have taken steps to carefully examine all of the bidding documents;
- b) That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;
- c) That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;
- d) That I/we will inquire or secure Supplemental /Bid Bulletins issued for this project;
- e) That the submission of all bidding requirements shall be regarded as acceptance of all conditions of bidding and all requirements of authorities responsible for certifying compliance of the contract;
- f) That I have complied with our responsibility as provided for in the bidding documents and all Supplemental /Bid Bulletins;
- g) That failure to observe any of the above responsibilities shall be at my own risk and
- h) That I agree to be bound by the terms and conditions stated in the Conditions of the Contract for this project.

(h)  
**DID NOT PAY ANY FORM OF CONSIDERATION**

That our company did not give or pay directly or indirectly any commission, amount, fee or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**Bidder's Authorized Representative  
Signature over Printed Name**



**Annex II (Page 4 of 4)**

**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines. Affiant exhibited to me his/her competent Evidence of  
Identity (as defined by the 2004 Rules on Notarial Practice) \_\_\_\_\_ issued  
\_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 2020 \_\_\_\_\_



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex III

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
FINANCIAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW VARIOUS MANUAL HOSPITAL BED WITH MATTRESS AND TRANSPOR STRETCHERS (WITH RADIOLUCENT SEGMENTS AND NON-RADIOLUCENT SEGMENTS) FOR THE PHILIPPINE GENERAL HOSPITAL (PGH)**

**RFQ Reference No. GPG-EP-2020-040**

**EMERGENCY PROCUREMENT**

**PRICE MUST BE INCLUSIVE OF VAT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**NOTE: Supplier's price proposal/quotation must not exceed the ABC/Ceiling Price per item. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site.**

Item No.	Description	ABC (P) (VAT Inclusive)			Supplier's Price Proposal (P)	
		Quantity	Unit ABC	Total ABC	Unit Price	Total Price
<b>One (1) Lot Various Manual Hospital Bed with Mattress and Transport Stretchers (with Radiolucent Segments and Non-Radiolucent Segments) consisting of the following:</b>						
1.	Manual Hospital Bed with Mattress	230 units	105,000.00	24,150,000.00		
2.	Transport Stretcher with Radiolucent Segments	16 units	230,000.00	3,680,000.00		
3.	Basic Transport Stretcher (Non-Radiolucent Segments)	28 units	195,000.00	5,460,000.00		
<b>TOTAL:</b>				<b>33,290,000.00</b>		

**TOTAL PRICE (Amount in Words):**

**Note:**

- I. Price must be valid for One Hundred Twenty (120) days upon submission of quotation;
- II. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site. If delivery is outside Metro Manila, all expenses (airfare, hotel accommodation, per diem, etc.) relative to delivery shall be borne by the Supplier.
- III. Payment to Supplier of the Contract Price, net of applicable withholding tax shall be made within fifteen (15) days after full delivery, and submission of the required documents as follows:
  1. Original and duplicate **BIR VAT registered Supplier's Invoice issued under the name of the UPM-PGH** indicating UPM-PGH TIN: 000-864-006-018. Entries must be typewritten, or computer printed and **must be duly acknowledged and received by UPM-PGH's authorized representative;**
  2. **Original and duplicate Delivery Receipt issued under the name of the UPM-PGH** duly acknowledged and received by UPM-PGH's authorized representative and countersigned by PITC QAIT representative; and
  3. Original Joint Certificate of Acceptance issued by authorized representatives of UPM-PGH and PITC.
  4. Beneficiary Certificate issued by UPM-PGH that the following documents were submitted/complied by the supplier:
    - a) Certification from at least three (3) Tertiary Hospitals in the Philippines that they have been supplied the same brand of equipment being offered by the supplier. Sales Invoice from at least three (3) tertiary hospitals in Metro Manila may also be presented in lieu of the Hospital Certification.
    - b) Valid & current ISO Certificate in the name of the manufacturer;
    - c) Valid & current License to Operate (LTO) issued by Philippine Food and Drug Administration (PFDA);
    - d) List of Authorized Service Center/s in Metro Manila (with available spare parts, indicating address, telephone & fax numbers, email address and contact person);
  5. As one of documentary requirements for payment (as applicable), submit certified true copies of pertinent tax receipts and duties paid on the imported parts/equipment pursuant to COA Memo No. 90-684 dated Dec. 5, 1990/Administrative Order No. 200 dated November 20, 1990. For locally purchased materials, the BIR registered sales invoice of the seller is acceptable.

**SUPPLIER'S UNDERTAKING**

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

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Name of Company (in print)

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Signature of Company Authorized Representative

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Name & Designation (in print)

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Date