



AGENSI KAUNSELING DAN PENGURUSAN KREDIT

STAFF MEDICAL INSURANCE

(REF: AKPK/RFP18/OCT01)

Request for Proposal

[RFP]

Issuer

Agensi Kaunseling Dan Pengurusan Kredit
Level 14, TH Perdana Towers
1001 Jalan Sultan Ismail
50250 Kuala Lumpur

ISSUE DATE : 08 October 2018
CLOSING DATE/TIME : 15 October 2018 / 12:30pm

1 INTRODUCTION

The purpose for this Request for Proposal (RFP) is to enquire from the respective vendors to quote for Group Medical (In-patient and Out-patient) benefit (Deliverables) as specified below.

2 SPECIFICATION

The specifications for the Deliverables in **Appendix D**.

3 DELIVERABLES / COVERAGE

No	Description
1.	AKPK HQ & Branches staffs

4 REQUIREMENTS

Interested vendors wishing to participate in this RFP exercise are required to:

- 4.1 Provide the following information/documents:-
 - i) Quotations for the Coverage.
- 4.2 Complete the company profile form in **Appendix C**
- 4.3 Attach relevant Suruhanjaya Syarikat Malaysia's (SSM) documents as follow:-
 - i) For Enterprise Company
 - ✓ Company Profile
 - ✓ Business Information
 - ✓ Form D
 - ii) For Sendirian Berhad & Berhad Company
 - ✓ Company Profile
 - ✓ Memorandum and Articles of Association
 - ✓ Business Information
 - ✓ Form 49
 - ✓ Form 9 (Sendirian Berhad) & Form 8 (Berhad)
- 4.4 Latest Audited Financial Statements
- 4.5 Declaration of any relationship with AKPK Board members or Staff i.e. parents, spouse, children, siblings (if any)

5 METHOD OF SUBMISSION

By hand ONLY, proposals to this RFP must be deposited in a sealed envelope into tender box at:

**Level 14, TH Perdana Tower,
1001, Jalan Sultan Ismail,
50250 Kuala Lumpur.**

The proposals to be submitted in a **separate cover, sealed envelope** and to be labelled clearly as follows:

i. Solution Proposal

“NOTE: DO NOT OPEN. SOLUTION PROPOSAL ENCLOSED FOR MEDICAL INSURANCE, RFP# AKPK/RFP18/OCT01 SUBMITTED BY [VENDOR’S NAME HERE]”

(Note: Should submit 2 sets of copies – 1 original, 1 photocopies in one envelope)

ii. Cost Proposal (Quotation)

“NOTE: DO NOT OPEN. COST PROPOSAL ENCLOSED FOR MEDICAL INSURANCE, RFP# AKPK/RFP18/OCT01 SUBMITTED BY [VENDOR’S NAME HERE]”

(Note: Should submit 2 sets of copies – 1 original, 1 photocopies in one envelope).

iii. Any submission of RFP Proposal to be registered in our “Schedule of Tender for RFP Submission” i.e Name of Company and Contact Details (Name, Designation, IC Number, H/P Number, Email Signature, etc)

6 AKPK’S OFFICER IN-CHARGE

A. AKPK’s Procurement officer in-charge:

1. Name : Nur Hayati Mat Salleh/Hadi Isma Che Wil
Contact No : 03-2610 5678/03-2610 5661
Email : procurement@akpk.org.my

B. AKPK's Human Capital officer in-charge:

1. Name : Nurhazar Md Aris
Contact No. : 03-2610 5608 / 010-784 0854
Email : nurhazar@akpk.org.my
2. Name : Nor Fazillah Mohd Zin
Contact No. : 03-2610 5607 / 012-384 4738
Email : dilla@akpk.org.my

7 DATELINE OF SUBMISSION

- a. All quotations must reach us by / before **12.30pm** on **15 October 2018**.
- b. Tender received after the deadline and/or not comply with method of submission as above mentioned will be rejected.
- c. The vendor's proof of posting and/or submission by other means shall not be accepted as proof of receipt by AKPK.
- d. Document that are rejected or disqualified will be dispose-off at our end.
- e. Regardless of the method used for delivery, vendors shall be wholly responsible for the timely delivery of submitted proposal.

8 VALIDITY OF THE QUOTATION

- a. The validity of the quotation submitted is 120 calendar days;
- b. To provide additional service with the same specification and price within twelve (12) months (if require) after first purchase done; and
- c. All cost are inclusive SST, delivery charges & installation cost and all other taxes incidental to the Deliverables.

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APPENDIX A

A. SOLUTION PROPOSAL

1. VENDOR'S SOLUTION PROPOSAL

No	Description	Tick (✓)	Envelope
1	Proposed Items Specifications (Product Brochure)		Solution Proposal
2	Company Profile Form (Appendix C)		
3	Business Registration Certificate		
4	Memorandum and Articles of Association		
5	Corporate and Business Information Data (CBID)		
6	Form D (Enterprise), Form 9 (Sendirian Berhad) & Form 8 (Berhad)		
7	Form 49 (Sendirian Berhad & Berhad)		
8	Latest Audited Financial Statements		
9	Product Brochures		
10	Declaration Letter of any Relationship with AKPK Board members / Staff (if any)		
11	Appointment letter as a product reseller		

2. PERSON IN-CHARGE

Name	
Designation	
Signature	
Email	
Contact Number (Off) Mobile Number (HP)	
Signature	
Date	
Company Stamp	

APPENDIX B

1. VENDOR'S COST PROPOSAL

A. CHECKLIST

No.	Description	Tick (✓)	Envelope
1	Official Quotation (must submit this)		COST PROPOSAL
2	Cost Summary in Appendix B (B)		
3	Bank Info		

B. COST SUMMARY - Details cost by Category

No	Description	Total Amount (RM)
1	Total cost (In-patient & Out-patient)	
2	In-patient Medical Insurance	
3	Out-patient Medical Insurance	
4	Others (if any)	
5	Amount	
6	Sales & Services Tax (SST)	
7	Grand Total Cost	
(All cost are inclusive of delivery charges and other taxes incidental to the deliverables)		

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2. PAYMENT STRUCTURE

No	Description
1.	Preferred Payment Term i. Upon Delivery of Deliverables : 100% (Please state if the payment term is not as per the above preferred term)
2.	Manner of Payment i. Name of Bank : ii. Address of Bank : iii. Account number : iv. Account type : Current / Saving v. Account scheme : Conventional / Islamic

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APPENDIX C**COMPANY PROFILE FORM**

This section covers generic company information that will provide a quick overview of the vendor/solution provider organization. Please fill in as much information as possible, and feel free to add additional information in the form of attachment.

i. Particulars of Company

No	Items	Explanation
1.	Company Name	
2.	Company Registration No. (for company registered in Malaysia)	
3.	Business Address	
4.	Correspondence Address (if different from the above business address)	
5.	Telephone No.	
6.	Fax No.	
7.	Contact Person(s)	
8.	Number of years in business operation	
9.	Latest Audited Financial Statements (MM/YYYY)	
10.	SSM Certification (e.g. Form 49. Form 9, etc.)	

ii. Company's Directors

No	Name of Directors	Position In Company	Period
1			
2			
3			

iii. Company's Current and Past Work Experience (latest 3 projects)

Please attach the list of similar contracts/projects performed by your company.

The list should be confined only to similar or related supply/services/works described in this RFP document and presented in the format specified below (please add more rows if not sufficient).

No.	Client Name	Project Description	Completion Date
1.			
2.			
3.			

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APPENDIX D**DETAILED REQUIREMENTS FOR MEDICAL INSURANCE**

No.	Description	Duration	Remarks																									
1.	Contract Period	3 Years (1 January 2019 – 31 December 2021)																										
2.	The projection numbers of staff for the year 2019	<table border="1"> <thead> <tr> <th>Category / Plan</th> <th>Plan 300</th> <th>Plan 230</th> <th>Plan 180</th> <th>Plan 120</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>7</td> <td>31</td> <td>88</td> <td>38</td> </tr> <tr> <td>Spouse</td> <td>3</td> <td>24</td> <td>58</td> <td>19</td> </tr> <tr> <td>Children</td> <td>6</td> <td>60</td> <td>118</td> <td>27</td> </tr> <tr> <td>Total Per Plan</td> <td>16</td> <td>115</td> <td>264</td> <td>84</td> </tr> </tbody> </table>	Category / Plan	Plan 300	Plan 230	Plan 180	Plan 120	Employee	7	31	88	38	Spouse	3	24	58	19	Children	6	60	118	27	Total Per Plan	16	115	264	84	
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Employee	7	31	88	38																								
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Children	6	60	118	27																								
Total Per Plan	16	115	264	84																								
3.	Coverage Proposal for Group Medical	<ol style="list-style-type: none"> 1. In-patient 2. Out-patient 	Vendor required to submit hardcopy of proposal coverage.																									

DECLARATION

We declare that all information on the company is true and correct; and there has been no deliberate suppression of facts, which are required in this form.

Signature _____

Name _____

Designation _____

Contact No. _____

Date _____

[END OF RFP]