

**Bid Notice Abstract**

Request for Quotation (RFQ)

Reference Number 8995585

Procuring Entity CITY OF PASIG

Title Insurance Policy for the Accredited Community Disaster Volunteers (ACDV's) for the Pasig Disaster Risk Reduction and Management Office

Area of Delivery Metro Manila

Solicitation Number:	100-22-08-986	Status	Active
Trade Agreement:	Implementing Rules and Regulations	Associated Components	2
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Financial and Insurance Services	Date Published	08/09/2022
Approved Budget for the Contract:	PHP 260,760.50	Last Updated / Time	08/09/2022 00:00 AM
Delivery Period:		Closing Date / Time	12/09/2022 10:00 AM
Client Agency:			
Contact Person:	Rho Depaudhon BAC Secretariat Pasig City Hall, Caruncho		

Avenue,
Barangay San Nicolas,
Pasig City
Metro Manila
Philippines 1600
63-2-86431111 Ext.1461

bidsandawards@pasigcity.gov.ph

Description

Items Quantity / Units

1 Insurance for ACDV's,

- Coverage:

- Accidental Death and Disablement
- Permanent Total Disability
- Unprovoked Murder and Assault
- Accidental Medical Reimbursement

- Including COVID-19

• Accidental Burial Benefit

• Cash Assistance - Death due to natural Causes, Excluding COVID-19

• Daily Hospital Income - Accident

(Max30 days), Sickness (max 15 days),

Including COVID-19

- Coverage Extensions:

- Animal Bites
- Accidental food poisoning
- Accidental Drowning
- Acts of Nature
- Motorcycle riding covered up to 50% of the sum insured
- Death due to COVID-19 is covered up to the limit of medical reimbursement

521 Pax

PRICE QUOTATION/S SHOULD BE PRINTED ON COMPANY'S OFFICIAL LETTERHEAD TOGETHER WITH THE FOLLOWING UPDATED DOCUMENTS;

-Mayor's/Business Permit

-PhilGEPS Registration Number

-Income/Business Tax Return

-Accomplished and notarized Omnibus Sworn Statement

(<https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement> (Revised).docx)

-Proof of Authorization: Secretary's Certificate if corporation, or Special Power Of Attorney, if individual

NOTE:

TO BE SUBMITTED SEALED AND LABELED ON A LONG BROWN ENVELOPE, FOLLOWING THIS FORMAT AS FOLLOWS:

FOR:

ATTY. JOSEPHINE C. LATI-BAGAOISAN
BAC Chairperson

THRU:

ATTY. PONCE MIGUEL D. LOPEZ
Head-BAC Secretariat
BAC Secretariat's Office
4th Floor, Pasig City Hall,
Caruncho Avenue,
Pasig City

DATE : _____

COMPANY'S NAME : _____

PhilGEPS REFERENCE NUMBER : _____

PROJECT TITLE : _____

Created by Rho Depaudhon

Date Created 07/09/2022

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