

PROVISION OF TRANSPORTATION SERVICES FOR PATIENT'S DIALYSIS SESSION
(STRATEGIC PARTNERSHIP)
RFP No: 20251002

(A) PRICE SCHEDULE FOR MEDICAL TRANSPORT

Trip Type	Unit Price (exclusive of GST)
Single Trip	S\$
Round Trip	S\$
Ad-hoc Trip (Single Trip)	S\$
Single & Ad-hoc Trip: Extra charges for weight exceed $\geq 100\text{kg}$ (Optional)	S\$
Round Trip: Extra charges for weight exceed $\geq 100\text{kg}$ (Optional)	S\$

Note:

1. Trip Type
 - 1.1. Single Trip: Refers to one (1) scheduled journey, either from the chair/bed of patient's residence to the chair/bed of Dialysis Centre (DC), or from the chair/bed of DC back to the chair/bed of patient's residence.
 - 1.2. Round Trip: Refers to a scheduled trip consisting of two (2) journeys, from the chair/bed of patient's residence to the chair/bed of DC and from the chair/bed of DC back to the chair/bed of patient's residence.
 - 1.3. Ad-hoc Trip: Refers to an unscheduled service requested for patient who does not have any committed welfare service with the Contractor.
2. The quoted price shall be all-inclusive, covering factors such as patient's weight, time, location, public holidays, personal protective equipment (PPE), non-lift landing services and the use of any medical equipment within the Medical Transport Vehicle. It shall also include all other costs or items not expressly listed herein. No additional charges shall be imposed beyond the quoted price.
3. The Contractor shall not apply ad-hoc service charges if the number of trips has already been scheduled within the month, even if they occur on different days, shifts, Sundays, or Public Holidays, i.e., if a patient is originally on a 135 (odd days) schedule but reschedules an appointment to an even day, this change shall still be considered part of the scheduled trips and not an ad-hoc service.
4. Trips on Sundays and Public Holidays shall be charged strictly at the quoted rates, regardless of whether they are scheduled or unscheduled.
5. All prices quoted are exclusive of GST (Goods and Services Tax).
6. Medical Transport Vehicle can only accommodate 1 patient in a vehicle.

The Contractor is required to provide the following additional information:

Requirement	Response
Number of Medical Transport Vehicle currently owned	
Number of Medical Transport Vehicle allocated for service to NKF	

The Contractor to indicate the number of Medical Transport Vehicle(s) allocated for each shift, which will be considered as the committed slots*. Medical Transport Vehicle can only accommodate 1 patient in a vehicle.

Day	Shift**	Number of Vehicle
135	AM	
	Noon	
	PM	
246	AM	
	Noon	
	PM	

* The committed slots constitute a monthly guaranteed allocation of patients to the Strategic Partner and shall include patients who are hospitalised, unless and until NKF issues a formal written notice to release the slots.

** Please refer to Annex A Scope of Service for Medical Transport for details shift timing. The Contractors are obliged to ferry patient from pick up address to Dialysis Centre (DC) island-wide, as stated in Annex H List of Dialysis Centres, unless otherwise stated.

Remarks (if any): _____

Accepted By:

Authorised Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Contractor's Name: _____

Email Address: _____ Contractor's Stamp: _____

PROVISION OF TRANSPORTATION SERVICES FOR PATIENT'S DIALYSIS SESSION
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(B) PRICE SCHEDULE FOR WHEELCHAIR ACCESSIBLE TRANSPORT

Trip Type	Unit Price (exclusive of GST)
Single Trip	S\$
Round Trip	S\$
Ad-hoc Trip (Single Trip)	S\$

Note:

1. Trip Type
 - 1.1. Single Trip: Refers to one (1) scheduled journey, either from the kerb of patient's residence to the door of Dialysis Centre (DC), or from the door of DC back to the kerb of patient's residence.
 - 1.2. Round Trip: Refers to a scheduled trip consisting of two (2) journeys, from the kerb of patient's residence to the door of DC and from the door of DC back to the kerb of patient's residence.
 - 1.3. Ad-hoc Trip: Refers to an unscheduled service requested for patient who does not have any committed welfare service with the Contractor.
2. The quoted price shall be all-inclusive, covering factors such as patient's weight, time, location, public holidays, personal protective equipment (PPE) and non-lift landing services. It shall also include all other costs or items not expressly listed herein. No additional charges shall be imposed beyond the quoted price.
3. The Contractor shall not apply ad-hoc service charges if the number of trips has already been scheduled within the month, even if they occur on different days, shifts, Sundays, or Public Holidays, i.e., if a patient is originally on a 135 (odd days) schedule but reschedules an appointment to an even day, this change shall still be considered part of the scheduled trips and not an ad-hoc service.
4. Trips on Sundays and Public Holidays shall be charged strictly at the quoted rates, regardless of whether they are scheduled or unscheduled.
5. All prices quoted are exclusive of GST (Goods and Services Tax).

The Contractor is required to provide the following additional information:

Requirement	Response
Number of Wheelchair Accessible Vehicle currently owned	
Number of Wheelchair Accessible Vehicle allocated for service to NKF	
Maximum number of patients that can be accommodated per Wheelchair Accessible Vehicle	

The Contractor must indicate the number of Wheelchair Accessible Vehicle(s) allocated for each shift, which will be considered as the committed slots*.

Day	Shift**	Number of Vehicle
135	AM	
	Noon	
	PM	
246	AM	
	Noon	
	PM	

* The committed slots constitute a monthly guaranteed allocation of patients to the Strategic Partner and shall include patients who are hospitalised, unless and until NKF issues a formal written notice to release the slots.

** Please refer to Annex B Scope of Service for Wheelchair Accessible Transport for detailed shift timing. The Contractors are obliged to ferry patient from pick up address to Dialysis Centre (DC) island-wide, as stated in Annex H List of Dialysis Centres, unless otherwise stated.

Remarks (if any): _____

Accepted By:

Authorised Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Contractor's Name: _____

Email Address: _____ Contractor's Stamp: _____

Company's Stamp & Signature: