

## **REQUEST FOR QUOTATION (RFQ)**

## (X) URGENT

From: Operation Department, AIMS NEI

Our file ref.: AIMS-SEC-OP/14/01/2022/002

Date: 14, January, 2022 N° of pages including this page: 3

Re: Quotation Request for comprehensive Motor vehicle insurance

for 3 BRAND NEW TOYOTA CARS

If you do not receive all pages, please contact us immediately. Thank you.

#### REQUEST FOR QUOTATION

The African Institute for Mathematical Sciences-The Next Einstein Initiative in Rwanda with incorporation No 105323881, kindly request your firm to submit your best offer for the following:

#### Type and Quantity:

Annual comprehensive (All risks) motor-vehicle insurance for 3 brand new cars.

#### Model specifications:

#### 1. Car # 1:

Model Description: Toyota Land Cruiser 200 station wagon GX-R V8

Model Code: VDJ200-GNTAZ

Model Year: 2017

• Engine No: 1VD-048526

Chassis No: JTMHV01J304251406

Year of Manufacture:2018Price: 49,186,457 RWF

• Purchase Date: 2018

Ownership Title: AIMS NEINumber of Seats: 8 Seats

• Status: New

## 2. Car # 2

• Model Description: Land Cruiser Prado TXL Turbo Diesel

Model Code: KDJ150-GKFEY

Model Year: 2017

• Engine No: 1KD-2816036

• Chassis No: JTEBH9FJ50K204542

• Year of Manufacture:2018

Price: 36,618,654 RWF

• Purchase Date:2018

• Ownership Title: AIMS NEI

Number of Seats:7 Seats

Status: New

#### 3. Car # 3

• Model Description: Toyota Hiace Commuter Bus

Model Code: KDH202-REMDY

Model Year: 2017

Engine No: 2KD-A983527

Chassis No: JTFJS02P805038269

Year of Manufacture:2018

• Purchase Price: 25,347,825 RWF

Purchase Date: 2018Ownership Title: AIMS NEINumber of Seats:15 Seats

Status: New

## Language:

All documents, should appear in English

## Required documents and certificates:

- Company profile demonstrating the level of experience in the insurance field
- Description of specific benefits entitled to or services to be rendered, turnaround time to respond to the company claim
- 3. RDB Registration Certificate;
- Tax Clearance certificate (the most recent);
- 5. VAT registration certificate,
- 6. RSSB certificate.

#### Cost breakdown:

Please detail your premium by filling in the Annex 2 attached.

Besides, provide all benefits as per your company's practices.

## All or None Clause:

We reserve the right to accept or reject your offer.

## Conditions for submitting offers:

Quotation must be sent at the below email at the latest by: <u>05:00 hrs 19<sup>th</sup> January, 2022</u> or earlier if possible. Please also indicate your quote validity not less than 30 calendar days.

In addition, kindly list the terms, exclusions and conditions of your offer

## Our Contact details for further information:

Email: procurementpanel@nexteinstein.org

N.B. Kindly submit your best firm's offer as we may not enter into negotiation.

Thank you and best regards,

#### Rana Auditto

Chief Finance Officer - AIMS Global Network

# Annex 1

	Benefits										
Α	Motor vehicle occupants' coverage	Accidental death fees Permanent disability fees Medical fees									
В	Minimum cover										
С	Claim settlement										
D	Third party bodily injury/death & material damage										
Ε	Designated account managers										
F	Designated garage for repairs										
G	Trainings										
Н	Coverage										
I	Assistance benefits										

Note: Please add on more benefits as per your company practices.

Company name

Signature

	ANNEX 2															•					
	MOTOR FLEET INSURANCE									QUOTATION SCHEDULE											
	ADRESS																				
	Contact																				
No.	MARQUE/MAKE	Code Tarif/Vehicle	REG. No.	CHASSI	YEAR	SUM	EXCESS (5%	LIMITE		Date effet/				FIRE	DMVI	OCCUP.	TOT.NET	FEES	FG	VAT	TOTAL PREMIUM
		Class		S No.		INSURED	Own	TERRITOR.		Start Date	PARTY	DAMAGE			PREMIU	PREMIU	PREMIUM				(RWF)
						(Rwf)	Damage,								M	M					
							2.5% Theft														
							& Fire)														
1	TOYOTA L/C-JEEP																				
2	TOYOTA PRADO-JEEP																				
3	TOYOTA HIACE-MINIBUS																				
TOTAL	OTAL																				

COVER:COMPREHENSIVE+THIRD PARTY + OCCUPANTS

SUM INSURED FOR OCCUPANTS / Vehicle

Accidental Death:

**Total Permanent Disability:** 

Medical fees:

Etc

Done....., /.../