



SRI LANKA SUSTAINABLE ENERGY AUTHORITY

BIDDING DOCUMENT

NATIONAL COMPETITIVE BIDDING

**INVITATION FOR BIDS FOR MEDICAL INSURANCE COVER FOR STAFF & FAMILY
MEMBERS OF SRI LANKA SUSTAINABLE ENERGY AUTHORITY**

PROCUREMENT NO: SEA/PD/AD/08-2025



Sri Lanka Sustainable Energy Authority
No. 72, Ananda Coomaraswamy Mawatha, Colombo 07.
Tel: 0112575030
Fax: 0112575089
Email :procurement@energy.gov.lk

01. INSTRUCTIONS TO BIDDERS (ITB)

1.1 INTRODUCTION

The Chairman, Department Procurement Committee (Major) on behalf of the Sri Lanka Sustainable Energy Authority now invites sealed bids from eligible and qualified bidders to provide a Medical Insurance Cover for Staff and family members of **Sri Lanka Sustainable Energy Authority (SLSEA)** for a period of One Year (possible to extend, if required by SLSEA), commencing from **11.05.2025** as per the terms and conditions and the annexed schedules, complete in every respect.

A quarterly report detailing each claim details (individual or families) shall be submitted to SLSEA by the Successful Bidder (Insurer) within 30 days on completion of each quarter.

1.2 ELIGIBILITY CRITERIA

The Bidder should be:

- A valid entity registered with the Insurance Regulatory Commission of Sri Lanka (IRC SL)
- An established insurance company, actively operating in Sri Lanka for at least five consecutive years
- Able to demonstrate that it possesses the financial, management, human, technical and physical resources required to provide the services to a high standard of effectiveness and diligence.

1.3 CONTENTS OF BIDDING DOCUMENT

Bidding document consists of the following

01. Instructions to Bidders
02. Bidding Data Sheet
03. Conditions of the Contract
04. Insurance Covers Required
05. Insurance Cover Bid Forms (**Schedule A**)
06. Annexures –
 - Format of Signature Authorization (**Annexure A**)
 - Format of Contract Agreement (**Annexure B**)
 - Format for Performance bond (**Annexure C**)
 - Format for bid guarantee (**Annexure D**)

1.4 BUSINESS REGISTRATION AND PUBLIC CONTRACT REGISTRATION

Bidders shall produce a valid copy of the certificate of incorporation/business registration issued by the respective authority together with the bid.

Bidders are hereby informed that the provisions of public contracts Act No 3 of 1987 are applicable to tenders total cost exceeding Rs 5 million. Accordingly, all partners involved in the aforementioned tender are required to strictly abide by the said act throughout the duration of contract. Furthermore, any bidder who wishes to act as an agent, sub agent, a representative or a nominee for or on behalf of tender, required to register himself with the registrar of public contract and shall submit the dully completed registration certificate.

1.5 DOCUMENTS AND DETAILS TO ACCOMPANY BIDS

All bids shall contain adequate particulars in respect of the services offered. Bidders must furnish all the required documents/details given below for evaluation purposes.

- 1.5.1. The Insurance Cover Bid Forms to be completed, signed, stamped and dated.
 - 1.5.2 The proposed Insurance Policy
 - 1.5.3. Certificate of Incorporation or Business Registration
 - 1.5.4. Full set of Audited Financial Statements of previous years (minimum one year)
 - 1.5.5. A certified copy of the Certification of Registration under the Insurance Regulatory Commission of Sri Lanka.
 - 1.5.6. Documents related to hospitals covered.
 - 1.5.7 Detailed profile of the Insurance company and/or Registered Agent/Broker
 - 1.5.8 Details and documentary proof for minimum of three years previous experience in the provision of similar policies, giving the names of institutions, nature of covers, etc. Contact details of clients and testimonies can be provided. If servicers were provided for the SLSEA in the past, this should be included as one case, irrespective of the year when the service was provided.
 - 1.5.9 Scope of the Agent /Broker including roles and responsibilities, in case of bidder is Agent Broker company
 - 1.5.10 Signature Authorization Letter – as per ITB 1.11
 - 1.5.11 VAT registration certificate
 - 1.5.12 All other details and documentary requirements under this bid
- (Failure to furnish above said documents and details, along with the bid, may result in the bid being rejected. All documents shall be furnished in English language.)**

1.6 SCOPE OF INSURANCE COVERS

The Sri Lanka Sustainable Energy Authority (SLSEA) invites bids for providing the services related to Medical Insurance Cover for the Staff of the SLSEA, covering the following.

- 1.6.1 Permanent Employees of Sri Lanka Sustainable Energy Authority

AND

1.6.2 Dependents of Permanent Employees:

- a. Married Employees
 - i. Spouse
 - ii. Children (unmarried /unemployed/ below 18 years age)
- b. Un-married Employees
 - i. Parents

(Note: The details of the parents of the unmarried employees attached herewith).

1.6.3 The Scope of Services covered will be based on the following benefits more fully described under **schedule A:**

1. In-patient benefits

- 1.1 Government hospitals
- 1.2 Private hospitals

2. Other benefits

- 2.1 Cesarean Child birth Cover
- 2.2 Normal Child birth Cover
- 2.3 OPD (includes RAT, PCR, Spectacles, Dental, etc.)
- 2.4 Special benefits (Members/Family members)

1.6.4 Responsibilities of the Party (herein after referred as Insurer)

- 1. To provide Medical Benefits across Sri Lanka in line with the Scope of Services mentioned in this bidding document.
- 2. To ensure that their concerned staff/representative shall liaise cordial relationship with employees of SLSEA or their dependents.
- 3. To provide a Medical Insurance Identity Card with required information for the employee and dependents.
- 4. To submit a quarterly report detailing each claim (individual or families) to SLSEA within 30 days on completion of each quarter.

All documentation/correspondence/catalogues/literatures shall be furnished in English language.

1.7 SUBMISSION OF DRAFT INSURANCE POLICY

The bidder shall submit Draft Insurance Policy along with the bid. Amendments after acceptance of awarding of the contract will not be accepted.

1.8 GENERAL

- 1.8.1 The SLSEA reserves the right to terminate the cover with three (3) calendar months' prior written notice. The Insurer shall not be entitled to any compensation or damage or loss incurred upon such

termination or loss of profit. The balance of proportional premium should be refunded.

- 1.8.2 In the event of an addition/deletion to the number of employees within the insured period the premium payable/refundable will be on a pro-rata basis, based on original premium quoted and on the same terms and conditions of the Bid.

1.9 SIGNATURE AUTHORIZATION

Bidders shall incorporate a **Signature Authorization Letter** along with their bids, which is authorizing a person to represent the Company in submitting the bid, and if successful, to sign the respective agreement/contract with the SLSEA. The letter shall be signed by the Proprietor/Executive Partner(s)/Director(s) of the company and the person who signs the bid on behalf of the Company and shall be affixed by the common seal of the company (*This letter shall be produced on the Company letter head*).

Failure to submit the Signature Authorization Letter at the time or before the closing of the bids, and in accordance with the above said requirements will result in the bid being rejected.

Format of Signature Authorization Letter - Annexure "A" is attached.

1.10 FORMAT & SIGNING OF BID

The original and the duplicate of the bids shall be typed, or written in indelible ink, and shall be signed by the person/s duly authorized by the bidder.

1.11 PRE BID MEETING

A pre bid meeting will be held on March 28, 2025 at 1030 hrs at the board room of SLSEA and interested bidders shall participate to the pre bid meeting.

1.12 DEADLINE FOR SUBMISSION OF BIDS

A complete set of Bidding Documents in English language can be downloaded from SLSEA website <http://www.energy.gov.lk/index.php/en/procurement> by interested bidders and a non-refundable tender fee of Rs. 1,000/= has to be made as cash deposit to the SLSEA cash counter by clearly mentioning the reference as SEA/PD/AD/08/2025. The original payment receipt shall be submitted along with the bid.

Sealed bids marked '**Medical Insurance Cover for SLSEA Staff & Family members Sri Lanka Sustainable Energy Authority - SEA/PD/AD/08-2025**' on the top left-hand corner of the envelope shall be sent to reach the address below on or before 1030 hrs on April 08, 2025. Late bids will be rejected. Bids will be opened soon after the closing time, at the Board Room of SLSEA, No. 72, Ananda Coomaraswamy

Mawatha, Colombo 07 or such other place as arranged.

Bids enclosed, sealed, marked and addressed as aforesaid shall be sent by courier or registered post or sealed cover to reach,

The Chairman,
Department Procurement Committee (Major)
Sri Lanka Sustainable Energy Authority,
No. 72, Ananda Coomaraswamy Mawatha,
Colombo 07.

not later than 1030 hrs. on April 8, 2025 or could be deposited in the tender box kept at the above address.

The Chairman, DPC shall receive bids at the address specified above not later than the time and date stipulated. The Chairman, DPC may at his discretion, extend this deadline for submission of bids by amending the bidding documents, in which case all rights and obligations are with the SLSEA and the bidders will thereafter be subjected to the deadline as extended.

1.13 BIDS SECURITY

All bids must be accompanied by a "Bid-Security," of LKR 60,000 (LKR Sixty Thousand) as a bank guarantee as per prescribed format and details in the bid document or as a cash deposit to SLSEA cash counter and attached original of the cash receipt along with the bid. Bid security shall be valid up to 25th July 2025

1.14 OPENING OF BIDS

Bids will be opened immediately after the closing date and time fixed for receipt of bids at,

Address : *Board Room, 1st floor @ Sri Lanka Sustainable Energy Authority*

Date : **April 8, 2025**

Time : **1030 hrs**

or such other place as arranged if the Board Room is not available.

1.15 MINIMUM VALIDITY PERIOD OF BIDS

All bids shall necessarily be valid up to 25th June 2025 for acceptance. However, clearly indicate the maximum period that the bids would be valid. **A bid valid for a shorter period shall be rejected by the DPC as non-responsive.**

All prices indicated in the schedules of prices, Schedule "A" shall be firm and shall not be subject to any price variation within the period of validity stated above. In exceptional circumstances, prior to the expiration of the bid validity period, the DPC may request bidders to extend the period of validity of their bids for a specified additional period.

1.16 INSURANCE COVER BIDS FORMS (SCHEDULES OF PREMIUM)

The Bidder is required to duly sign and return the Insurance Cover Bids Form – marked **Schedule A** indicating their bids in detail.

Offered premium shall be in the form of Insurance Cover Bids Forms (Schedules of Premium) - marked **Schedule "A"** given in the bidding document and the Bidder is required to duly fill, sign and return the same-

Bids not submitted in the prescribed form and in the manner required will be rejected.

1.17 EVALUATION OF BIDS

1.17.1 Marking Scheme

The TEC will carryout a comprehensive evaluation of **substantially responsive** bids.

Only the bids determined to be substantially responsive will be evaluated and compared, against the following marking scheme.

This marking scheme shall be in alignment with '05. Bid Forms (Schedule A)'.

Wherever applicable, marks will be designated on a *pro rata* basis, wherein the highest desired feature will obtain the highest marks, while marks for competitive features will be assigned proportionately.

The Bidder with the highest score among the substantially responsive Bidders will be selected.

5.1	Annual Inpatient Benefit	Marking scheme
5.1.1	Annual Medical Health Coverage (including Covid 19)	xx / 20
a)	Private hospital	
	Room Charges	xx / 10
	Medicine and Surgery	N/A
	Clinical fee	N/A
	Medical Treatment	N/A
	Scans	xx / 10
	Medical checkups (to detect, diagnose, monitor or evaluate health conditions) *	xx / 10
b)	Government hospital	
	Per day admission fee	xx / 20
c)	Outpatient benefit	
5.1.2	OPD (including consultancy fee, spectacles and dental)	xx / 20
5.2	Other Benefits (Private Hospitals)	
5.2.1	Normal Child Birth Cover	N/A
5.2.2	Cesarean Child Birth Cover	N/A
5.3	Other Benefits (Government Hospitals)	
	Cesarean Child Birth Cover per day	
5.4	Special Benefits (Members only)	
5.4.1	Heart surgery	N/A
5.4.2	Cancer	N/A
5.4.3	Kidney Transplant	N/A
5.4.4	Brain surgery	N/A
5.4.5	Hearing Equipment	N/A
5.4.6	Eye Surgery	N/A
5.4.7	Emergency Accident (Death)	N/A
	Natural death	N/A
5.4.8	Permanent Disability (one time)	N/A
5.5	Special Benefits (for family members)	
5.5.1	Heart surgery	N/A
5.5.2	Cancer	N/A
5.5.3	Kidney Transplant	N/A
5.5.4	Brain surgery	N/A
5.5.5	Hearing Equipment	N/A
5.5.6	Eye Surgery	N/A
5.5.7	Emergency Accident (Death)	N/A
	Natural death	N/A
5.5.8	Permanent Disability (one time)	N/A
5.6	Availability of a Hotline	xx / 5.0
5.7	Dedicated Single Point of Contact (SPoC)	xx / 5.0
Total		100

1.18 AWARDING CRITERIA

On a Bid or any part there of being accepted, the SLSEA will notify such acceptance to the bidder in the form of a letter of award to the address given by him whose bid or part thereof has been accepted.

Upon such notification the successful Bidder shall be deemed to have entered into contract with the SLSEA in the performance of the services for which his bid was accepted, on the basis of his bid and he shall there upon be deemed to be the contractor for the performance of the services.

If the successful contractor fails to enter into a formal contract with SLSEA within fourteen (14) days of notice as indicated above, his name will be placed on the list of defaulting contractors and the Company shall forthwith be entitled in its absolute discretion to make with such other person as it may think fit (whether with another bidder or not) at the risk and expense of the successful Bidder, the arrangements required for the execution of the Contract for which the successful Bidder's Tender shall have been accepted and shall be further entitled to recover from the successful tenderer all losses, costs, damages and expenses which the SLSEA may sustain in consequence of such failure. The Bidder will forfeit the Bid Security furnished by the bidder along with the bid at the time of bidding.

1.19 NOTICE OF ACCEPTANCE

Acceptance of the bid will be communicated by fax/e-mail and confirmed in writing by registered post to the successful Bidder to the address given by him, soon after the receipt of the DPC decision.

In parallel, all other Bidders too will be informed of the intention to award the contract to the selected bidder. If an unsuccessful Bidder wishes to appeal against the selection of the Authority, they may accordingly submit an appeal in writing to the Chairman of the Department Procurement Appeal Committee, Sri Lanka Sustainable Energy Authority, No. 72, Ananda Coomarswamy Mawatha, Colombo 07, within ten days starting from the appeal call date.

Each appeal shall be accompanied by a non-refundable cash deposit of LKR 10,000 (ten thousand LKR), which should be paid to the cash counter of the Sri Lanka Sustainable Energy Authority. The appeal should be accompanied by the cash deposit slip.

1.20 PERFORMANCE SECURITY

The supplier shall, within fourteen (14) days of the notification of award, provide a performance security of five percent (5%) of the contract price for the performance of the contract. It shall be in Sri Lanka rupees and shall be in the format stipulated by the purchaser in the annexure C of the bid document or in another format acceptable to the purchaser. It should be valid until 28 days beyond the date of completion of the service contract.

02. BIDDING DATA SHEET

ITB Clause Reference	A. General
ITB 1.1	The employer is the Sri Lanka Sustainable Energy Authority (SLSEA)
ITB 1.1	Name of contract: Medical Insurance for Staff of the SLSEA (Identification number of contract: SEA/PD/AD/08-2025)
ITB 1.10	Name of Contract : Medical Insurance for Staff of the SLSEA Address : Procurement Division Sri Lanka Sustainable Energy Authority No. 72, Ananda Coomaraswamy Mawatha Colombo 07. Identification number : SEA/PD/AD/08-2025 Telephone : 0112575030 - Ext : 278
ITB 1.11	A pre bid meeting will be held on March 28, 2025 at 1030 hrs at the board room of SLSEA and interested bidders shall participate to the pre bid meeting.
ITB 1.12	<i>The inner and outer envelopes shall bear the following identification marks ‘Medical Insurance Cover for SLSEA Staff & Family members Sri Lanka Sustainable Energy Authority - SEA/PD/AD/08-2025’ All the duly signed required documents including ORIGINAL and DUPLICATE shall be submitted within one envelope clearly marked ORIGINAL on the top left-hand corner and duplicate documents shall be created using the originals and sealed in one envelope clearly marked as DUPLICATE in the top left-hand corner.</i> <i>Both the envelopes of ORIGINAL and DUPLICATE then placed and sealed in one envelope and marked Medical Insurance Cover for SLSEA Staff & Family members Sri Lanka Sustainable Energy Authority - SEA/PD/AD/08-2025’ shall be sent by courier or registered post or sealed cover to reach,</i> The Chairman,

	<p>Department Procurement Committee (Major) Sri Lanka Sustainable Energy Authority, No. 72, Ananda Coomaraswamy Mawatha, Colombo 07.</p>
ITB 1.13	<p>All bids must be accompanied by a "Bid-Security," of LKR 60,000 (LKR Sixty Thousand) as mention in ITB .Bid security shall be valid up to July 25 2025</p>
ITB 1.14	<p>Time of Bid Opening : 1030 hrs on April 08, 2025 Location : Board Room of the Sri Lanka Sustainable Energy Authority or such other place as arranged if the Board Room is not available</p>
ITB 1.15	<p>bids shall necessarily be valid up to June 25, 2025 for acceptance.</p>
ITB 1.20	<p>A Performance Security is Rs 5% of the value of the accepted offer, It should valid until 28 days beyond the date of completion the service contract.</p>

03. CONDITIONS OF CONTRACT

3.1 CONTRACT AGREEMENT

The successful Bidder would be called upon to enter into an agreement with SLSEA after awarding the Tender. A specimen of Contract Agreement is attached as per Annexure "C".

3.2 INCLUSIONS

The scheme shall cover all employees of the SLSEA, including both permanent and contract employees. The scheme shall be sufficiently flexible to accommodate a 20% increase of newly recruited employees based on a pro-rata increase of the premium.

3.2 MODE OF PAYMENT

Total premium shall be paid in Sri Lankan Rupees within sixty (60) days, only after the signing agreement and successful activation of insurance policy in line with SLSEA requirements.

3.3 DISPUTES

Any dispute of whatever nature arising from, out of or in connection with this agreement, on the interpretation thereof, or the rights, duties, obligations or liabilities of any party, or the operation, breach, termination, abandonment, foreclosure or invalidity thereof, shall be settled in accordance with the provisions of law governing like disputes and triable by a court of law of The Democratic Socialist Republic of Sri Lanka.

3.4 FURTHER INFORMATION

Any other information or clarification required could be obtained from the Assistant Director Procurement, Sri Lanka Sustainable Energy Authority on any working day, between 0900 hrs. and 1600 hrs. before the closing date of the bid.

Telephone : 011-2575030 Ext.278

Facsimile : 011-2575089

Email :procurement@energy.gov.lk

04. REQUIRED INSURANCE COVERAGE

4. REQUIRED INSURANCE COVERAGE

- 4.1 Type of Cover : Medical Insurance
- 4.2 Policy Period : One Year (extendable, if required by SLSEA)
- 4.3 Coverage : 24 Hours Coverage
- 4.4 Beneficiaries: 4.5.1 Permanent Employees of SLSEA and dependents
 - a. Married employees
 - (i) Spouse } Family
 - (ii) Unmarried children }
 - b. Un-married employees } Individual
 - (i) Parents }

4.5 Insured Amount : SLSEA requirement (**Schedule – A**)

4.6 Number of Employees : 102 employees

New inclusions as new employees, newborn to the family, spouse of the newly married are allowed with the annual premium (Pro-rata basis).

Deletions – Due to resignation, retirements and dismissal premium is charged on pro-rata basis if no claim has been made.

4.7 Settlement of Bills : Direct payment by the Insurer.
 Prescribed medicines for fourteen (14) days from the date of discharge

4.8 An Admission : Minimum of six (6) hours at the Hospital.
 Payment should be made immediately before the discharge. Scans and medical examinations however, should be able to be carried out without being admitted.

The medical insurance should cover at least three major hospital chains, which have the highest islandwide presence.

4.9 Outpatient : investigations LKR. 20,000/=per annum

- 4.10 Administration & : Entire control of Medical Insurance Scheme is the responsibility. Control of the Insurer in consultation with the SPoC of the Human Resources Management Division of the SLSEA.
- 4.11 Past Claim History : Will be submitted
- 4.12 Pandemic Coverage : Hospitalisation for any disease/illness of significance shall also be covered under this scheme
- 4.13 Details of Claims : Quarterly report detailing **each claim (individual or families)** shall be submitted to the SLSEA by the Insurer within thirty (30) days of the completion of each and every quarter with the following minimum information.
- a) Employee ID / EPF No.
 - b) Insured (employee/ family member) Name:
 - c) Claim Ref. No. / Policy No.
 - d) Date of admission / Time
 - e) Date of Discharge / Time
 - f) Claimant Hospital / location.
 - g) Cause of Hospitalisation.
 - h) Total Bill Charges. (Including Professional Charges).
 - i) Net Claim paid by Insurer.
 - j) Any other details.

**05. BID FORMS
SCHEDULE – A**

INSURANCE COVER BID FORM (SCHEDULE OF PREMIUM)

<u>5.1</u>	<u>ANNUAL INPATIENT BENEFIT</u>	SLSEA requirement (LKR)	Unit / condition	Insurer's offer (LKR)	Insurers Conditions, Limitations and Exclusions	Marks (for official use) xx/total
5.1.1	Annual Medical Health Coverage (including Covid 19)	200,000	Per annum			xx / 20
a)	Private hospital					
	Room Charges	15,000	Per day			xx / 10
	Medicine and Surgery					N/A
	Clinical fee					N/A
	Medical Treatment					N/A
	Scans *	50,000				xx / 10
	Medical checkup (to detect, diagnose, monitor or evaluate health conditions) *	20,000				xx / 10
b)	Government hospital					
	Per day admission fee (Maximum 14 days cover with admission period only)	3,000				xx / 20
c)	Outpatient benefit					
5.1.2	OPD (including consultancy fee, spectacles and dental)	20,000	Per annum			xx / 20
* These should be able to be done without being admitted. In a case of admission, these amounts can be increased upto the annual medical health coverage.						

-	<u>ANNUAL INPATIENT BENEFIT</u>	SLSEA requirement (LKR)	Unit / condition	Insurer's offer (LKR)	Insurers Conditions, Limitations and Exclusions	Marks (for official use) xx/total
5.2	OTHER BENEFITS (PRIVATE HOSPITALS)					
5.2.1	Normal Child Birth Cover (Applicable to family unit or Married Employees)	50,000	Minimum limit			N/A
5.2.2	Cesarean Child Birth Cover (Applicable to family unit or Married Employees)	100,000	Minimum limit			N/A
5.3	OTHER BENEFITS (GOVERNMENT HOSPITALS)					
	Cesarean Child Birth Cover per day (Applicable to family unit or Married Employees)	5,000	Maximum five days			

-	<u>ANNUAL INPATIENT BENEFIT</u>	SLSEA requirement (LKR)	Unit / condition	Insurer's offer (LKR)	Insurers Conditions, Limitations and Exclusions	Marks (for official use) xx/total
5.4	SPECIAL BENEFITS (Members only)					
5.4.1	Heart surgery	1,500,000				N/A
5.4.2	Cancer	600,000				N/A
5.4.3	Kidney Transplant	1,000,000				N/A
5.4.4	Brain surgery	1,000,000				N/A
5.4.5	Hearing Equipment	15,000				N/A
5.4.6	Eye Surgery	100,000				N/A
5.4.7	Emergency Accident (Death)	2,000,000				N/A
	Natural death	800,000				N/A
5.4.8	Permanent Disability (one time)	1,500,000				N/A

-	<u>ANNUAL INPATIENT BENEFIT</u>	SLSEA requirement (LKR)	Unit / condition	Insurer's offer (LKR)	Insurers Conditions, Limitations and Exclusions	Marks (for official use) xx/total		
5.5	SPECIAL BENEFITS (for family members)							
5.5.1	Heart surgery	200,000					N/A	
5.5.2	Cancer	100,000					N/A	
5.5.3	Kidney Transplant	100,000					N/A	
5.5.4	Brain surgery	600,000					N/A	
5.5.5	Hearing Equipment	20,000					N/A	
5.5.6	Eye Surgery	100,000					N/A	
5.5.7	Emergency Accident (Death)	1,000,000					N/A	
	Natural death	200,000					N/A	
5.5.8	Permanent Disability (one time)	800,000					N/A	
<u>5.6</u>	Availability of a Hotline	Preferred				xx	/ 5.0	
<u>5.7</u>	Dedicated Single Point of Contact (SPoC)	Must				xx	/ 5.0	
Total								100

No.	Annual Premium	Number of Units	Per Unit Cost (LKR)	Total Amount (LKR)
1.	Individual	19		
2.	Family	83		
3.	Total Premium excluding Other Charges (if any) and VAT			
4.	Other Charges (if any)			
5.	Total Premium excluding VAT – [TOTAL CARRIED TO "FORM OF BID"]			
6.	Add 18 % VAT			
7.	Total Premium including VAT			

Total premium for employees (In words)
(Without taxes)

Details of the Bidder

Name of the Bidder :.....

Address :.....
.....
.....

Telephone :.....

Facsimile :.....

E-mail :.....

Signature of the Bidder :..... **Date:**.....

(Company Seal)

Bid Submission Form

[The Bidder shall fill in this Form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: [insert date (as day, month and year) of Bid Submission]

No.: [insert number of bidding process]

To: Sri Lanka Sustainable Energy Authority

We, the undersigned, declare that:

- (a) We have examined and have no reservations to the Bidding Documents, including Addenda No.: [insert the number and issuing date of each Addenda];
- (b) We offer to supply in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements the following Services **Medical Insurance Cover for SLSEA Staff & Family members Sri Lanka Sustainable Energy Authority - SEA/PD/AD/08-2025'**
- (c) The total price of our Bid without VAT, including any discounts offered is: [insert the total bid price in words and figures];
- (d) The total price of our Bid including VAT, and any discounts offered is: [insert the total bid price in words and figures];
- (e) Our bid shall be valid for the period of time specified in ITB Sub-Clause 1.15, from the date fixed for the bid submission deadline in accordance with ITB Sub-Clause 1.12, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- (f) If our bid is accepted, we commit to obtain a performance security in accordance with ITB Clause 1.20 .
- (g) Our firm, its affiliates or subsidiaries—including any subcontractors or Contractors for any part of the contract—has not been declared blacklisted by the National Procurement Agency;
- (h) We understand that this bid, together with your written acceptance thereof included in your notification of award, shall constitute a binding contract between us, until a formal contract is prepared and executed.
- (i) We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

Signed: [insert signature of person whose name and capacity are shown]
In the capacity of [insert legal capacity of person signing the Bid Submission Form]

Name: [insert complete name of person signing the Bid Submission Form]

Duly authorized to sign the bid for and on behalf of: [insert complete name of Bidder]

Dated on _____ day of _____, _____ [insert date of signing]

ANNEXURE "A"

FORMAT OF SIGNATURE AUTHORIZATION

[The Bidder shall fill this Form in accordance with the instructions indicated. This letter of signature authorization shall be on the letterhead of the bidder and shall be signed by the Proprietor/Partner(s)/Chairman/ Director(s) of the company and affixed by the common seal of the company. Particulars proving the ownership of the company/ Board of directors shall be submitted along with this Signature Authorization Letter]

Date: *[insert date]*.

Name of Tender : **MEDICAL INSURANCE COVER TO EMPLOYEES OF SRI LANKA SUSTAINABLE ENERGY AUTHORITY (SLSEA)**

Tender Ref : (SEA/PD/AD/08-2025)

To: The Chairman,
Department Procurement committee,
Sri Lanka Sustainable Energy Authority,
No. 72, Ananda Coomaraswamy Mawatha,
Colombo 07.

WHEREAS

We, *[insert complete name of the bidder]*, having registered office at.....*[insert full address of the bidder]*, do hereby authorize following person to represent the company in submitting the bid for **MEDICAL INSURANCE COVER TO EMPLOYEES OF SRI LANKA SUSTAINABLE ENERGY AUTHORITY (SLSEA)**

, and if successful, to sign the respective agreement/contract, and to subsequently negotiate, with SLSEA.

Name *[insert name of the authorized person to sign the bid/contract]*

.....
Signature *[insert signature of the authorized person who sign the bid/contract]*

.....
Designation *[insert designation of the authorized person who sign the bid/contract]*

.....
Name of the (Proprietor/ExecutivePartner/Chairman/Director)

Designation :.....

Signature :.....

Company Seal (Rubber Stamp):.....

Format for Contract Agreement

THIS CONTRACT AGREEMENT is made

the [insert: number] day of [insert: month], [insert: year].

BETWEEN

- (1) [insert complete name of Purchaser], a [insert description of type of legal entity, for example, an agency of the Ministry of or corporation and having its principal place of business at [insert address of Purchaser] (hereinafter called “the Purchaser”), and
- (2) [insert name of Supplier], a corporation incorporated under the laws of [insert: country of Supplier] and having its principal place of business at [insert: address of Supplier] (hereinafter called “the Supplier”).

WHEREAS the Purchaser invited bids for certain Goods and ancillary services, viz., [insert brief description of Goods and Services] and has accepted a Bid by the Supplier for the supply of those Goods and Services in the sum of [insert Contract Price in words and figures, expressed in the Contract currency(ies)] (hereinafter called “the Contract Price”).

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall constitute the Contract between the Purchaser and the Supplier, and each shall be read and construed as an integral part of the Contract:
 - (a) This Contract Agreement
 - (b) Contract Data
 - (c) Conditions of Contract
 - (d) Technical Requirements (including Schedule of Requirements and Technical Specifications)
 - (e) The Supplier’s Bid and original Price Schedules
 - (f) The Purchaser’s Notification of Award
 - (g) [Add here any other document(s)]

3. This Contract shall prevail over all other Contract documents. In the event of any discrepancy or inconsistency within the Contract documents, then the documents shall prevail in the order listed above.
4. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the Goods and Services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
5. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the Goods and Services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of Democratic Socialist Republic of Sri Lanka on the day, month and year indicated above.

For and on behalf of the Purchaser

Signed: [insert signature]
in the capacity of [insert title or other appropriate designation]
in the presence of [insert identification of official witness]

For and on behalf of the Supplier

Signed: [insert signature of authorized representative(s) of the Supplier]
in the capacity of [insert title or other appropriate designation] in the
presence of [insert identification of official witness]

**APPLICABLE FORMAT FOR PERFORMANCE
GURANTEE**

..... *[Issuing Agency's Name, and Address of Issuing Branch or Office]*
.....

Beneficiary:.....*[Name* and *Address* of
Employer].....

Date:

PERFORMANCE GURANTEE NO:.....

We have been informed that.....*[name of Contractor/Supplier]*(hereinafter called " the Contractor") has entered into Contract No..... *[reference number of the contract]* dated.....with you, for the..... *[insert" Construction"/"Supply"]* of*[name of contract and brief description of Works]* (hereinafter called "the Contract").

Furthermore, we understand that, according to the conditions of the Contract, a performance guarantee is required.

At the request of the Contractor, we *[name of Agency]* hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of..... *[amount in figures]* (.....) *[amount in words]*, such sum being payable in the types and proportions of currencies in which the Contract Prices is payable, upon receipt by us of your first demand in writing accompanied by a written statement stating that the Contractor is in breach of its obligation (s) under the Contract, without your needing to prove or to show grounds for your demand or the sum specified therein.

This guarantee shall expire, no later than the.....day of.....,20..... *[insert date, 28 days beyond the scheduled contract completion date]* and any demand for payment under it must be received by us at this office on or before that date.

.....
[signature (s)]

Bid Guarantee

[Note: the purchaser is required to fill the information marked as “*” and delete this note prior to selling of the bidding document]

[this Bank Guarantee form shall be filled in accordance with the instructions indicated in brackets]

----- [insert issuing agency’s name, and address of issuing branch or office] -----

*Beneficiary:----- [name and address of Purchaser]
[insert (by issuing agency)

Date:----- date]

BID GUARANTEE No.: ----- [insert (by issuing agency) number]

We have been informed that ----

---- [insert (by issuing agency) name of the Bidder; if a joint venture, list complete legal names of partners] (hereinafter called "the Bidder") has submitted to you its bid dated ----- [insert (by issuing agency) date](hereinafter called "the Bid") for the supply of [insert name of Contractor] under Invitation for Bids No. ----

---- [insert IFB number] (“the IFB”).

Furthermore, we understand that, according to your conditions, Bids must be supported by a Bid Guarantee.

At the request of the Bidder, we ----- [insert name of issuing agency] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of --- ----- [insert amount in figures] ----- [insert amount in words]) upon receipt by us of your first demand in writing accompanied by a written statement stating that the Bidder is in breach of its obligation(s) under the bid conditions, because the Bidder:

- (a) has withdrawn its Bid during the period of bid validity specified; or
- (b) does not accept the correction of errors in accordance with the Instructions to Bidders (hereinafter “the ITB”); or
- (c) having been notified of the acceptance of its Bid by the Purchaser during the period of bid validity, (i) fails or refuses to execute the Contract Form, if required, or (ii) fails or refuses to furnish the Performance Security, in accordance with the ITB.

This Guarantee shall expire: (a) if the Bidder is the successful bidder, upon our receipt of copies of the Contract signed by the Bidder and of the Performance Security issued to you by the Bidder; or (b) if the Bidder is not the successful bidder, upon the earlier of (i) our

receipt of a copy of your notification to the Bidder that the Bidder was unsuccessful, otherwise it will remain in force up to ----- (insert date)

Consequently, any demand for payment under this Guarantee must be received by us at the office on or before that date. _____

[signature(s) of authorized representative(s)]