

**RFI**

**–**

**REQUEST FOR INFORMATION**

**FOR**

**SERVICE AGREEMENT FOR THE PROVISION OF VEHICLE INSURANCE**

International Medical Corps

RFI n°

**IMC/SUD/RFI/02/008/2025**

## RFI – VEHICLE RENTAL

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BACKGROUND

International Medical Corps is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Established in 1984 by volunteer doctors and nurses, the International Medical Corps is a private, voluntary, nonpolitical, non-sectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide. By offering training and health care to local populations and medical assistance to people at the highest risk, and with the flexibility to respond rapidly to emergencies, the International Medical Corps rehabilitate devastated healthcare systems and help bring them back to self-reliance.

# OBJECTIVES

International Medical Corps Sudan’s objective for this RFI is to scope the market to identify and register qualified suppliers capable of providing the following services to support International Medical Corps operations:

**SERVICE AGREEMENT FOR PROVISION OF VEHICLE INSURANCE SERVICES**:

* **Vehicle Insurance** Number of vehicles to be insured: **Ten (10)**

*Please note that the value mentioned is only indicative.*

Check Annex A – Service Specifications on page 7 to complete the requested specifications fully.

**Please note that the Request for Information process does not aim to select and/or contract a supplier and does not represent commitment for International Medical Corps to undertake any purchasing activity with the registered vendors.**

**The list of prices requested in Annex A will not be the object of any competitive analysis; this information will exclusively serve market knowledge purposes.**

# MENTATION

To ensure a standard process for collecting data from different companies, International Medical Corps invites suitable suppliers to submit the following documentation:

**Mandatory**:

* Company registration
* ID of the owner(s) or company’s representative
* Vendor Registration Form

**Non-mandatory**:

* Catalogue of services
* Company profile
* Other documents that might be relevant to the objective of this RFI

# INSTRUCTION FOR COMPLETION

* Recipients are invited to complete and submit **Annex A – Service Specifications** together with any requested supporting information, to International Medical Corps by the due date following the procedures set out in the Chapter 6 Submission Instruction.
* Please ensure that **ALL questions are fully completed in English or Arabic**. Any annexes returned without a complete set of responses may be deemed non-compliant and therefore be excluded from further consideration.
* Where a question is not relevant to the vendor, this should be indicated by entering “N/A”, (not applicable) with an explanation as to why this is.
* Vendors must be explicit and comprehensive in their responses to this RFI as this will be the single source of information on which responses will be gathered.
* All digital Annexes must be supplied in MS Office format (MS Word, PowerPoint, Excel, or Project) or PDF - formats compatible with these will also be accepted.
* Note that in any case, all required documentation, including the one submitted in MS Office format, has to be submitted, **signed, and dated** by the authorized company officer. It is recommended that any company letterhead includes the company registration number, VAT, or fiscal #.

# QUIES ABOUT THE RFI

All requests for clarification or further information in respect of this RFI should be addressed to the following contacts including in the subject the reference of the RFI:

* Noon Adil – Procurement Unit

Email: aibrahimabas@internationalmedicalcorps.org

* Adetola ADEKOYA – Procurement Unit

Email: aadekoya@internationalmedicalcorps.org

This RFI is being provided on the same basis to all interested vendors.

If the contacts mentioned above consider any question or request for clarification to be of material significance, both the question and the response will be communicated to all vendors having expressed an interest in the submission of the RFI.

Clarification questions must be submitted at least 1 working day before the RFI submission deadline to allow time for Authority response, circulation, and Potential Provider action (if required).

# SUBMISSION INSTRUCTION

The required documentation can be submitted through the following options using the reference **IMC/SUD/RFI/02/008/PZU/2025**

1. Hand-delivered or via courier service in a sealed envelope against receipt and record of delivery by the company’s representative delivering the documents. Hand-delivered submissions should be consigned to the following address:

**International Medical Corps**

House 19, Block 04, Transit Area

Port Sudan, Red Sea State. Sudan

**RFI Timelines**

|  |  |
| --- | --- |
| **Phases of the RFI**  | **Date**  |
| RFI available to vendors  | 19th February 2025  |
| Submission deadline | 24th February 2025  |
| Review and registration of Vendor Files  | 25th February to 2nd March 2025  |
| Communication with registered vendors | 3rd March 2025  |

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| --- |
| **ANNEX A – SERVICE SPECIFICATIONS**  |
| **The list of prices requested in Annex A will not be an object of any competitive analysis; this information will exclusively serve market knowledge purposes.**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Specifications** | **Cost per vehicle (SDG)** | **Cost per vehicle (USD)** | **Comments (mention other associated cost)** |
| **Third-Party Insurance** | Third-party vehicle insurance for 1 year |  |  |    |
| **Comprehensive Insurance** | Comprehensive vehicle insurance against civil collision, theft, fire, physical damage, and adverse weather events for 1 year. |  |  |  |
| **War Insurance** | War insurance for vehicles for 1 year |  |  |  |

  **Tax % applied to be mentioned here separately: \_\_\_\_\_\_\_%**

|  |  |  |
| --- | --- | --- |
|  | YES/NO | **Comments (List)** |
| Do you have a registered business for vehicle insurance? |  |  |
| Do you have experience in providing vehicle insurance services? |  |  |
| Does your company have a functional bank account in Sudanese Pounds (SDG) with the Bank of Khartoum? |  |  |

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**Observation**

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**AUTHORIZED COMPANY OFFICER / REPRESENTATIVE**

**Company name:**

**Name and Surname of Representative:**

**Title / Position:**

**Date:**

**Signature:**