



宜康救护车服务私人有限公司
ECON AMBULANCE SERVICES PTE LTD (199402619H)

Head Office: 20 Jalan Afifi, CERTIS CISCO Centre II, #06-02/03/04/05 Singapore 409179
Tel: (65) 6447 8788 Fax: (65) 6496 1339
10 Buangkok View, Blk 5 Basement, Singapore 539747 Hotline: 6382 8888 Fax: (65) 6464 6781
Email: ambulance@econhealthcare.com Website: www.econhealthcare.com



16TH APRIL, 2019

ECON EAS /STANDBY-049C-19

ATTN: MS KELLY LIM

Singapore University of Technology and Design (SUTD)

Dear Ms Kelly,

Ambulance Standby: **ORIENTATION PROGRAMME EVENT**

Thank you for giving us the opportunity to provide our quotation to you. Please refer to the table below for the Quotation.

Date/Day	Venue	Time of Event	Service Details	Cost
16 TH MAY 2019 THURSDAY	SUTD	0900HRS TO 1200HRS(3HRS) 1500HRS TO 1900HRS(4HRS)	1 Ambulance (includes 1 Driver cum First Aider & 1 Paramedic/ EMT)	\$S\$1,205.00
17 TH MAY 2019 FRIDAY		2000HRS TO 2300HRS(3 HRS)		
18 TH MAY, 2019 SATURDAY		1330 HRS TO 1830HRS(5 HRS)		
		TOTAL NUMBER OF HRS: 15 HRS		
Econ Ambulance Services will be providing the following:				
1) 1 Ambulance that is fully equipped with a comprehensive set of medical equipment as per MOH's guideline. (Stretcher, suction machine, resuscitative equipments, first aid box, collar brace, AED etc).				
2) 1 Ambulance driver cum 1st Aider , who is fully trained and certified in first aid management,				
3) 1 Paramedic/ EMT who is fully trained and certified in BCLS (Basic Cardiac Life Support) & operation of the AED.				
TOTAL EVENT COST :				\$S\$1,205.00/NETT

Should there be a need to carry out any evacuation; all casualties will be transported to the nearest hospital.

We hope you will find the above quotation acceptable. To confirm the booking, kindly sign on this quotation with your company stamp and email us a scanned copy (page 1 & 2) back to us.

Thank you and we look forward to your early confirmation.

Yours Sincerely,

Accept and approved by:

(sign & company stamp)

Mohammad Hamza
Asst. Manager
Econ Healthcare Group
Tel: 6382 8888
Fax: 6464 6781
Email: ambulance@econhealthcare.com

Name & Designation:

Tel (HP):

Email:



Ambulance Services 救护车服务
Hotline 热线: **6382 8888**

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Payment Term:

Cash or Cheque (Cheque to be made payable to "Econ Ambulance Services Pte Ltd")

*** Payment by Billing/Cheque should be done within 15 days of the service rendered***

Cancellation Fees:

If the event is cancelled after team arrivesAS PER QUOTATION AMOUNT
If cancellation occurs 1day before eventS\$140/-
To reschedule event WITHIN ONE MONTH OR FULL CHARGE AS PER QUOTATION.

Extension Fees:

Charged in blocks of 30 minutes Based on quoted Nett hourly rate

Evacuation:

Transfer of casualty to the nearest hospital(per casualty)\$40
Activation of Second ambulance to cover the 1st Ambulance (Based on Availability)S\$70.00

Equipment Usage:

Automated External Defibrillator (unlimited shocks)\$150

Rental of Additional Equipment:

Pole Stretcher \$20/unit per event
First Aid Kit S\$18/unit per event
Wheelchair \$20/unit per event

Billing Details:

Please provide the billing details if it is different from the above stated.

E- Invoice
Details: _____(applicable to government institutions)

Company Name: _____

Name: _____ Designation: _____

Email: _____

Address: _____

Tel: _____ Fax: _____

Yours Sincerely,

Accept and approved by:

(sign & company stamp)

Mohammad Hamza
Assistant Manager, EAS
Econ Healthcare Group
Tel: 6382 8888
Fax: 6464 6781
Email: ambulance@econhealthcare.com

Name & Designation: _____

Tel (HP): _____

Email: _____



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