

BILL OF QUANTITY

Item	Description	Qty		Rate	Amount
UBD- Female Ammenities					
To supply and install:					
1	To dismantle all existing faulty Addressable Heat Detectors and to replace new Heat detectors c/w testing and commissioning	10	nos	\$	\$
2	To dimantle all existing faulty Addressable Smoke Detectors and to replace new Smoke detectors c/w testing and commissioning	20	nos	\$	\$
3	to dismantle all existing faulty Addressable Manual Call Point and to replace new Addressable Manual Call point c/w testing and commissioning	1	no.	\$	\$
4	To dismantle all existing faulty 6" Fire Alarm Bell and to replace new 6" Fire Alarm Bell c/w testing and commissioning	2	nos	\$	\$
5	To supply and install 1 nos Maxspid (Mickey Mouse) Emergency Light Fittings	1	no	\$	\$
6	To supply and replave rechargeable batteries 6volts, 4,5Ah for existing Mickey Mouse	5	nos	\$	\$
UBD - Male Ammenities & VLQ					
To supply and install:					
7	To supply and install 2 nos Maxspid Keluar Fittings 230V, 50/60 Hz. (Wall Type)	2	nos	\$	\$
8	To supply and install 1 nos Maxspid (Mickey Mouse) Emergenct Light Fittings.	4	nos	\$	\$
9	To supply and replace rechargeable batteries 6V, 4.5Ah for existing Mickey Mouse	5	nos	\$	\$
10	To supply and install 9 nos Maxspid Keluar Fittings 230V, 50/60Hz (Hang Type)	9	nos	\$	\$
11	To dismantle all existing faulty Addresssable Heat Detectors and replace new Heat detectors c/w testing and commissioning	24	nos	\$	\$
12	To dismantle all existing faulty Addresssable Smoke Detectors and replace new Smoke detectors c/w testing and commissioning	2	nos	\$	\$
13	To dismantle all existing faulty 6" Fire Alarm Bell and replace new 6" Fire Alarm Bell c/w testing and commissioning	1	no.	\$	\$
Notes:					
Contractor shall engage competent vendor to program the newly installed devices to existing control panel.					
					\$

Validity Offer:

6 (Six) Months (from closing date of quotation)

From:.....

Defects Liability Period: 6 (Six) Months.

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(Official Chop / Signature)

Contract period: 3 Weeks

Contractor / Address:

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Tel. (off):.....

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H/phone:.....

Fax. No:.....

Class / Category: I and above /E01,E02, KPME 05 &P04