

DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Ministry of Transport, Highways, Ports & Civil Aviation

CEYLON SHIPPING CORPORATION LTD

(Sri Lankan Government Wholly Owned Company)



INSTRUCTIONS TO BIDDERS (ITB)

**INVITATION FOR BID (IFB) – PERSONAL ACCIDENT
INSURANCE COVER (2025/2026)**

Tender No. CSCL/L&I/PA/5-2025

Ceylon Shipping Corporation Ltd
No.27, MICH Building,
Sir Razik Fareed Mawatha (Former Bristol Street)
Colombo 00100.
Sri Lanka

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INVITATION FOR BID (IFB) – PERSONAL ACCIDENT INSURANCE COVER (2025/2026)

1. Introduction

Ceylon Shipping Corporation Limited (CSCL), a fully government-owned entity, invites qualified insurance service providers registered with the Insurance Regulatory Commission of Sri Lanka (IRCSL) to submit sealed bids for the provision of Personal Accident Insurance Cover (2025/2026) for its employees. This procurement aligns with the latest national and international best practice standards, including the recent procurement guidelines issued in 2025.

2. Scope of Scope of the Bid

The objective of this tender is to secure a comprehensive Personal Accident Insurance policy that provides coverage for approximately **106 employees** of CSCL, including natural death, accidental death, permanent total and partial disability, funeral expenses, and additional benefits as detailed below.

2.1 Key Details:

- **Coverage Period:** 6 June 2025 – 5 June 2026
- **Number of Employees:** 106
- **Coverage Type:** Personal Accident, Natural Death, Life Insurance, Funeral Expenses, and related benefits
- **Bid Submission Deadline:** 28 May 2025, 1400 hrs

3. Eligibility Criteria

Bidder must:

- 1 Be registered with the Insurance Regulatory Commission of Sri Lanka.
- 2 Have a sound financial standing, demonstrated by relevant experience and compliant annually audited financial statements.
- 3 Provide evidence of previous similar insurance coverage within the last three years.
- 4 Be willing to enter into a formal Service Contract upon award.

5 Bid Submission:

5.1 Preparation of Bids:

All bids must be submitted in sealed envelopes marked “Personal Accident Insurance Cover – 2025/2026” at the top left corner. Bids must be submitted either physically to the address specified below or via registered mail no later than **14:00 hours on 28th May 2025**.

Submission Address:

**Chairman
Department Procurement Committee
Ceylon Shipping Corporation Limited
No. 27, MICH Building,
Sir Razik Fareed Mawatha,
Colombo, Sri Lanka**

5.2 Bid Security:

A bid security equivalent to 1% of the total contract price (total premium) valid for three months from the bid opening date must be provided by a licensed commercial bank operating in Sri Lanka. The security should follow the format in **Form B**.

5.3 Submission Format:

Quotations must be submitted using **Annexure I** (Quotation Format) on the company’s letterhead considering the requirement under option 1-6 in **Annexure II** and signed by an authorized representative.

5.4 Bidder Representation:

One representative of the insurance company may attend the bid opening.

5.5 Opening of Bids:

Bids will be opened publicly immediately after the deadline in the presence of bidder representatives who choose to attend.

6. Bid Evaluation and Award

6.1 Bids shall be evaluated based on compliance, completeness, and the most advantageous overall bid considering premium rates, coverage scope, and terms.

6.2 CSCL reserves the right to accept or reject any bid, to annul the bidding process at any time prior to award, and to reject non-compliant bids without assigning reasons. **(Form A)**

6.3 The successful bidder shall be notified via registered post and required to execute a formal Service Contract as per the attached template.

7. Scope of Cover & Pricing Format

Bidders are requested to prepare their quotations based on the following structure, referencing the options provided in **Annexure II**. The detailed scope encompasses:

- A. Accidental Death (various options)
- B. Natural Death (non-accidental)
- C. Permanent Total and Partial Disability
- D. Funeral Expenses
- E. Hospitalization Daily Benefits (Rs. 2,500 per day)
- F. Worldwide 24-hour coverage
- G. Motorcycling coverage (driver & pillion)
- H. Epidemic & Pandemic Cover

Note: Bidders must specify premium rates (net and total with taxes) for each option, including the total premium for the entire employee pool.

8. Conditions of the Contract

- A. The bid with the successful premium quote will form the basis of the Service Contract.
- B. Changes or amendments to the bid are not permissible during the contract period of one year.
- C. The contract will be subject to syndicate terms and conditions of CSCL.
- D. The successful bidder shall provide comprehensive coverage as detailed in **Annexure I**.

9. Annexures

- A. **Annexure I:** Detailed Scope of Cover Format
- B. **Annexure II:** Table of Requirement (Option 1-6)
- C. **Bid Forms:** Form A & Form B

10. Declaration

By submitting a bid, the bidder confirms understanding of and compliance with all terms and conditions outlined in this invitation. **(Form A)**

11. Contact Information

For further information or clarification, please contact:

Mr. Y.T. Praboditha
Deputy Manager
Legal and Insurance Division
Tel - 0112-328772/3 (ext 210)
Mobile - 0710215730
e-mail - dm-lni@cscl.lk

**Department of Procuring Committee
Ceylon Shipping Corporation Limited
No.27, MICH Building,
Sir Razik Fareed Mawatha
Colombo 01.**

(Only on Bidder's Letterhead)
Form A

BID ENDORSEMENT

Tender No. CSCL/L&I/PA/5-2025

To: **Department Procurement Committee,
Ceylon Shipping Corporation Limited
No.27, MICH Building, Sir Razik Fareed Mawatha,
Colombo, Sri Lanka**

I/We, the undersigned, hereby confirm our full understanding and acceptance of the terms, conditions, and instructions detailed in the referenced Bid. We further commit to providing the services specified therein, in strict accordance with the terms outlined, and at the premium rate indicated in our policy.

Additionally, we acknowledge that the Company reserves the right, at its discretion, to reject any or all bids or to accept any portion of a bid that best serves the Company's interests, without obligation to provide justification. We also understand that the Company is not required to accept the lowest bid.

Name of the Bidder:		
Bidder's Business Registration No:		
Authorized Signature of the Bidder:		
Name & Title of the Authorized Signatory:		
Address:		
Telephone and Fax Nos.:	Telephone Nos.:	
	Fax Nos.:	
Address:		
Date		
Seal:		

(Only on Bidder's Letterhead)
FORM B

BID SECURITY GUARANTEE

Tender No. CSCL/L&I/PA/5-2025

To: **Department Procurement Committee,
Ceylon Shipping Corporation Limited
No.27, MICH Building, Sir Razik Fareed Mawatha,
Colombo, Sri Lanka**

PROCUREMENT GUIDELINE REFERENCE 5.3.13	
Format for Bid Security Guarantee	
<p><i>[this Bank Guarantee form shall be filled in accordance with the instructions indicated in brackets]</i></p> <p>----- [insert issuing agency's name, and address of issuing branch or office] -----</p> <p>Beneficiary : -----[insert (by PE) name and address of Employer/Purchaser]</p> <p>Date : -----[insert (by issuing agency) date]</p> <p>BID GUARANTEE No: -----[insert (by issuing agency) number]</p> <p>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 execution/supply [select appropriately] of [insert name of Contract] under Invitation for Bids No. ----- [insert IFB number] ("the IFB").</p> <p>Furthermore, we understand that, according to your conditions, Bids must be supported by a Bid Guarantee.</p> <p>At the request of the Bidder, we ----- [insert name of issuing agency] hereby irrevocable 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 :</p> <ul style="list-style-type: none">(a) has withdrawn its Bid during the period of bid validity specified ; or(b) does not accept the correction or errors in accordance with the Instructions to Bidders (hereinafter "the ITB") of the IFB ; or(c) having been notified of the acceptance of its Bid by the Employer/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. <p>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 upto ----- (insert date)</p> <p>Consequently, any demand for payment under this Guarantee must be received by us at the office on or before that date _____</p> <p>[signature(s) of authorized representative(s)]</p>	

(Only on Bidder's Letterhead)
Annexure I:
Tender No. CSCL/L&I/PA/5-2025

Scope of Cover	Sum Insured (per person)	Agreed or Not Agreed	Remarks
Accidental Death	Option 1-6		
Accidental permanent total disability	100%		
Accidental permanent partial disability	50%		
Hospitalization day cover	Rs.2,500.00 (per day) (unlimited days)		
Natural Death (non-accidental) Funeral expenses for member (non-accidental) Life Insurance Cover (non-accidental)	Option 1-6		
Additional benefits			
Motorcycling cover (driver &/or pillion rider)			
24 hrs cover & worldwide cover			
Calculation of inclusion & deletion premium policy			
Epidemic & pandemic cover			
Annual premium			
(Net Premium for 106 employees)			
(Total Premium with taxes for 106 employees)			

Annexure II:
Tender No. CSCL/L&I/PA/5-2025

Kindly prepare your quotations for personal accident cover as following requirements (option 1-6),

Category	No. of Employees	Sum Insured					
		(Option 01)		Option 02		Option 03	
		Accidental Death Rs.	Natural Death Rs.	Accidental Death Rs.	Natural Death (Rs.)	Accidental Death Rs.	Natural Death (Rs.)
Senior Managers	07	5,000,000	350,000	5,000,000	350,000	5,000,000	500,000
Managers	10	1,150,000	350,000	5,000,000	350,000	4,000,000	500,000
Executives	28	950,000	300,000	5,000,000	300,000	3,000,000	500,000
Clerical & Minor	61	750,000	300,000	5,000,000	300,000	2,000,000	500,000
Total	106	(Net Premium)		(Net Premium)		(Net Premium)	

Category	No. of Employees	Sum Insured					
		Option 04		Option 05		Option 06	
		Accidental Death Rs.	Natural Death (Rs.)	Accidental Death Rs.	Natural Death (Rs.)	Accidental Death Rs.	Natural Death (Rs.)
Senior Managers	07	5,000,000	500,000	5,000,000	1,000,000	5,000,000	1,000,000
Managers	10	5,000,000	500,000	4,000,000	1,000,000	5,000,000	1,000,000
Executives	28	5,000,000	500,000	3,000,000	1,000,000	5,000,000	1,000,000
Clerical & Minor	61	5,000,000	500,000	2,000,000	1,000,000	5,000,000	1,000,000
Total	106	(Net Premium)		(Net Premium)		(Net Premium)	