

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00aM)	Quotation Fee	Requesting Department	Focal Person
1	263/CPC/2025/IKLAN/MOH	<p>SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF BIOMETRIC WEIGHING SCALE FOR MINISTRY OF HEALTH</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	20/02/2025	15/03/2025	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN.	NUR ATIQA BINT HAJI ABD LATIF JURUTERA PERUBATAN HAYAT KANAN TEL: 2381740 ext. 7561 (HTD)

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	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF TENDER .	
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER .	
4	All consumables supplied throughout this tender shall have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
8	DELIVERY PERIOD: (Please state) Not More Than 45 days upon confirmation	
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

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SECTION 1 – USER REQUIREMENTS				
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1	ONE (1) UNIT OF BIOMETRIC WEIGHING SCALE <ul style="list-style-type: none"> • For Wellness Centre 			
1.1	Capable of measuring key health metrics, including body fat percentage, muscle mass, bone mass, visceral fat, basal metabolic rate (BMR), and metabolic age.			
1.2	The scale must use multi-frequency BIA technology, specifically using at least three different frequencies for accurate body composition analysis: <ul style="list-style-type: none"> • Low frequency (e.g., 5 kHz) for fat mass estimation. • Mid frequency (e.g., 50 kHz) for total body water and muscle mass estimation. • High frequency (e.g., 250 kHz or higher) for lean mass and bone mass estimation. 			
1.3				
1.4	Measurement parameters;			
	<ul style="list-style-type: none"> • Weight (kg, lbs) 			
	<ul style="list-style-type: none"> • Body Fat Percentage 			
	<ul style="list-style-type: none"> • Muscle Mass 			
	<ul style="list-style-type: none"> • Visceral Fat 			
	<ul style="list-style-type: none"> • Basal Metabolic Rate (BMR) 			
	<ul style="list-style-type: none"> • Total Body Water Percentage (TBW) 			
	<ul style="list-style-type: none"> • Bone Mass 			
	<ul style="list-style-type: none"> • Metabolic Age 			
	<ul style="list-style-type: none"> • Body Fat Percentage 			
1.5	Weight capacity:			

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	<ul style="list-style-type: none"> Maximum Weight capacity at least 270kg or better 			
	<ul style="list-style-type: none"> Minimum graduation 0.1kg or better 			
1.6	Display			
	<ul style="list-style-type: none"> Dual LCD display 			
	<ul style="list-style-type: none"> The scale should display results for both whole-body and segmental body composition 			
1.8	Data management & connectivity			
	<ul style="list-style-type: none"> USB B-type connector 			
	<ul style="list-style-type: none"> RS-232C 			
	<ul style="list-style-type: none"> SD card (32GB or better) 			

3 END-USER TRAINING				
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> Basic user operation, user troubleshooting and user maintenance CPACS and/or RPACS guide through (if applicable) Provide Operating manual (Hardcopy and/or Softcopy) 			
3.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			

3 TECHNICAL TRAINING				
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> Troubleshooting and basic corrective maintenance 			

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<ul style="list-style-type: none"> • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4	WARRANTY	Yes	No	Remarks
	Please <input checked="" type="checkbox"/> Tick where appropriate			
4.1	Tenderer to include warranty period of at least one (1) year Tenderers to INCLUDE a Warranty Undertaking Letter stating the terms of warranty provided for the equipment in the tender. This includes but not limited to: <ul style="list-style-type: none"> • Duration and warranty coverage • Excluded from Warranty • Warranty Planned Preventive Maintenance (one of which includes, if applicable, PM kit) on the sixth month after date of commissioning and end of warranty period. • Scope of Planned Preventive Maintenance 			

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

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PRICE PROPOSAL	
PRICE PER UNIT:	
TOTAL PRICE:	
DELIVERY TIME:	(Please state) Not More Than 45 days upon confirmation
PRICE VALIDITY:	[AT LEAST ONE (1) YEAR PRICE VALIDTY]

PROCUREMENT AND TECHNICAL SPECIFICATION	
BRAND:	
MODEL:	
COUNTRY OF ORIGIN:	
WHERE MARKETED:	
YEAR INTRODUCED TO MARKET:	
DETAILED BROCHURE INCLUDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Tick where appropriate
USER AND SERVICE MANUALS:	<input type="checkbox"/> YES <input type="checkbox"/> NO Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)
MAINS POWER SUPPLY:	
POWER RATINGS:	
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:	
BATTERY BACKUP:	
INTERNATIONAL SAFETY STANDARD:	<input checked="" type="checkbox"/> Tick where appropriate Must comply at least one of the following; <ul style="list-style-type: none"> <input type="checkbox"/> US FDA Standard, <input type="checkbox"/> European Union CE MARK, <input type="checkbox"/> Australian TGA Standard, <input type="checkbox"/> Canadian CSA Standard or <input type="checkbox"/> Japanese JIS Standard. <input type="checkbox"/> Others (Please specify): _____

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TECHNICAL SUPPORT:	NO OF LOCAL ENGINEER/TECHNICIAN: _____ NEAREST OVERSEA SUPPORT: _____
DIMENSIONS OF MAIN UNIT:	<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch
WEIGHT OF MAIN UNIT:	<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> Pound (lbs)
EQUIPMENT WHOLE LIFE TIME SUPPORT:	<p>The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 years after installation, with the support period extending beyond the expected lifecycle of the equipment.</p> <p>No of years: _____ (Please specify)</p>

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SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline, including one-time replacements of PM Kits, batteries and any relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

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SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM)

- Must be conducted every six (6) months starting from warranty expiry date
- Issuance of IM Report to End User and Biomedical Engineering Unit of respective Facilities (BME)
- Physical hardware checks on main unit/system and all supplied accessories
- System, Software and Application checkup – Update to latest version when available
- Performance and Functional testing
- Servicing/Cleaning of dust

B. Corrective Maintenance (CM):

- Repair and replacement of parts with new, quality, and compatible parts within thirty (30) days after receipt of reported problem by BME
- Post repair tests with reports to ensure Electrical Safety Test, Performance Test and Functional Test is conducted.

C. Planned Preventive Maintenance (PPM):

- **Two times a year** Comprehensive PPM for every warranty year to ensure equipment is working in maximum condition. (Inclusive of one time PM kits and replaceable items)
- Provide Maintenance Due Date stickers after each PPM

D. Breakdown Call

- Attend to any breakdown call within 24 hours after receipt of reported problem by BME Unit of Respective Facilities preferably during office hours, else after office hours or public holidays (only if it is necessary and urgent)
- Response to Breakdown call: within 30 mins (Office hours) / within 60 mins (Non-Office hours)
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit of Respective Facilities
- If Downtime is expected to be more than 24 hours, Tenderer must provide notice to BME unit indicating the reason of delay with estimation of:
 - Estimated time of parts to arrive and
 - Expected no of days for repair completion
 - Estimated time for loan unit to arrive if not in stock (Leasing).

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ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

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