

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/27/2025/SSBH	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPHTHALMIC YAG LASER SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, SSB HOSPITAL	-	SURI SERI BEGAWAN HOSPITAL KUALA BELAIT	\$30.00	4 TH MARCH 2025	<p>Muhd Amirul Fazleen bin Haji Khalidin Biomedical Engineer Suri Seri Begawan Hospital (SSBH) Ministry of Health Negara Brunei Darussalam Estet Management & Project Development Ministry of Health Negara Brunei Darussalam Contact No.: 3335331 ext. 4222</p>

TENDER REFERENCE NO.: KK/27/2025/SSBH

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING OPHTHALMIC YAG LASER SYSTEM FOR
OPHTHALMOLOGY DEPARTMENT, SSB HOSPITAL**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 04TH MARCH 2025

TIME : 12.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/27/2025/SSBH

INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPHTHALMIC YAG LASER SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, SSB HOSPITAL

	SECTION 1 – USER REQUIREMENTS
REF. NO.	DESCRIPTION
1	ONE (1) UNIT OF OPHTHALMIC YAG LASER SYSTEM
2	ACCESSORIES AND CONSUMABLES
3	TRAINING AND WARRANTY
1	ONE (1) UNIT OF OPHTHALMIC YAG LASER SYSTEM
1.1	Dual-mode system combining YAG and Selective Laser Trabeculoplasty (SLT) in one platform
1.2	YAG Laser Source: Nd or equivalent
1.3	YAG Energy Output: 0.3mJ to 10mJ or equivalent
1.4	YAG Spot Size: 8µm or equivalent
1.5	SLT Energy Output: 0.3mJ to 3.0mJ or equivalent
1.6	SLT Sport Size: 400µm or equivalent
1.7	LED Slit lamp with multiple magnification: 5x, 8x, 12.5x, 20x, 32x
1.8	Inclusive of dual aiming beam system
1.9	Inclusive of foot switch
2	ACCESSORIES AND CONSUMABLES Inclusive of the following accessories but not limited to:
2.1	Foot switch
2.2	Table for laser system and stand for control box,
2.3	Rapid SLT lens for trabecular meshwork and iridocorneal angle
2.4	Stools with backrest for doctor (without wheels) and patient (with wheels)
3	TRAINING AND WARRANTY
3.1	Tenderers to conduct training to end users by either an application specialist or competent local engineer. Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning. Training must include but not limited to: <ul style="list-style-type: none">▪ Basic User Operation, User Troubleshooting and User Maintenance

	SECTION 1 – USER REQUIREMENTS
REF. NO.	DESCRIPTION
	<ul style="list-style-type: none"> ▪ CPACS and/or RPACS guide through (if necessary) ▪ Operating manual (Hardcopy and/or Softcopy)
3.2	<p>Introductory Technical Training to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer’s Engineer/Technicians that includes but not limited to:</p> <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance <p>*(Two sessions/groups if required)</p>
3.3	Tenderer to include warranty period of at least two (2) years
3.4	<p>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:</p> <ul style="list-style-type: none"> ▪ Warranty coverage and what is excluded from Warranty ▪ Warranty Planned Preventive Maintenance (See below) ▪ Scope of Planned Preventive Maintenance ▪ Tenderer to include a four-time (twice a year) planned preventive maintenance during the equipment warranty (two of which includes, if necessary, a PM Kit), on the twelveth month after the date of commissioning and end of warranty period

In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumable.

SECTION 2 – PROCUMENT AND TECHNICAL SPECIFICATION	
BRAND:	MODEL:
COUNTRY OF ORIGIN:	UNIT PRICE (B\$):
WARRANTY PERIOD:	TOTAL PRICE (B\$):
YEAR INTRODUCED TO MARKET:	PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]
LAST COUNTRY SOLD TO:	DELIVERY TIME:
WARRANTY UNDERTAKING LETTER?	
DETAILED BROCHURE INCLUDED?	
USER AND SERVICE MANUALS:	
MAINS POWER SUPPLY:	
BATTERY:	
POWER RATINGS:	
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:	
INTERNATIONAL SAFETY STANDARD List of Safety Standards and certification (Please attached the copy of stated standards and certifications)	
NO OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	
DIMENSIONS AND WEIGHT OF MAIN UNIT:	
EQUIPMENT WHOLE LIFE TIME SUPPORT:	

SECTION 3
TENDER FORM

To:

TENDER REFERENCE NO: KK/27/2025/SSBH

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPHTHALMIC YAG LASER SYSTEM FOR OPHTHALMOLOGY
DEPARTMENT, SSB HOSPITAL

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

DELIVERY PERIOD	
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SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY
		YES	NO	REMARKS/ BROCHURE PAGE
1	ONE (1) UNIT OF OPHTHALMIC YAG LASER SYSTEM			
2	ACCESSORIES AND CONSUMABLES			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY
		YES	NO	REMARKS/ BROCHURE PAGE
3	TRAINING AND WARRANTY			
1	ONE (1) UNIT OF OPHTHALMIC YAG LASER SYSTEM			
1.1	Dual-mode system combining YAG and Selective Laser Trabeculoplasty (SLT) in one platform			
1.2	YAG Laser Source: Nd or equivalent			
1.3	YAG Energy Output: 0.3mJ to 10mJ or equivalent			
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1.8	Inclusive of dual aiming beam system			
1.9	Inclusive of foot switch			
2	ACCESSORIES AND CONSUMABLES Inclusive of the following accessories but not limited to:			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY
		YES	NO	REMARKS/ BROCHURE PAGE
2.1	Foot switch			
2.2	Table for laser system and stand for control box,			
2.3	Rapid SLT lens for trabecular meshwork and iridocorneal angle			
2.4	Stools with backrest for doctor (without wheels) and patient (with wheels)			
3	TRAINING AND WARRANTY			
3.1	Tenderers to conduct training to end users by either an application specialist or competent local engineer. Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning. Training must include 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 necessary) ▪ Operating manual (Hardcopy and/or Softcopy) 			
3.2	Introductory Technical Training to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer’s Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)			
3.3	Tenderer to include warranty period of at least two (2) years			
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SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY
		YES	NO	REMARKS/ BROCHURE PAGE
	<ul style="list-style-type: none"> ▪ Warranty Planned Preventive Maintenance (See below) ▪ Scope of Planned Preventive Maintenance ▪ Tenderer to include a four-time (twice a year) planned preventive maintenance during the equipment warranty (two of which includes, if necessary, a PM Kit), on the twelveth month after the date of commissioning and end of warranty period 			

SECTION 2 – PROCUMENT AND TECHNICAL SPECIFICATION							
BRAND:				MODEL:			
COUNTRY OF ORIGIN:				UNIT PRICE (B\$):			
WARRANTY PERIOD:				TOTAL PRICE (B\$):			
YEAR INTRODUCED TO MARKET:				PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]			
LAST COUNTRY SOLD TO:				DELIVERY TIME:			
WARRANTY UNDERTAKING LETTER?		YES		NO	<input checked="" type="checkbox"/> Where appropriate		
DETAILED BROCHURE INCLUDED?		YES		NO	<input checked="" type="checkbox"/> Where appropriate		
USER AND SERVICE MANUALS:		YES		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:		220V-240V			OTHERS:		
		50-60HZ			OTHERS:		
BATTERY		RECHARGEABLE			SINGLE-USE		REPLACEABLE

SECTION 2 – PROCUMENT AND TECHNICAL SPECIFICATION		
	OTHERS:	
	TYPE OF BATTERY:	
POWER RATINGS:	POWER ADAPTER/CHARGER:	
	BATTERY:	
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:		
INTERNATIONAL SAFETY STANDARD List of Safety Standards and certification (Please attached the copy of stated standards and certifications)		
NO OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL	
	OVERSEA (SPECIFY LOCATION)	LOCATION:
DIMENSIONS AND WEIGHT OF MAIN UNIT:		MM / CM / INCH
		KG / G / LBS
EQUIPMENT WHOLE LIFE TIME SUPPORT:	Number of years, spare parts are available after the installation of the equipment: _____ years	

1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, _____

Signature of authorised officer of Tenderer
Name:
Designation:

Tenderer's official stamp