

| REFERENCE OF TENDER | DESCRIPTION OF TENDER   | TIME PERIOD OF TENDER | DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER | FEES    | CLOSING DATE NOT LATER THAN 12.00PM | FOCAL PERSON  |
|---------------------|---|-----------------------|---|---------|-------------------------------------|---|
| KK/83/2025/UPP      | THE SUPPLY, DELIVERY, TEST AND COMMISSION THIRTY (30) UNITS PATIENT TROLLEY FOR EMERGENCY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL | -                     | RIPAS HOSPITAL                              | \$30.00 | 22 <sup>ND</sup> APRIL 2025         | Hajah Fatimah binti Haji Morsidi<br>Pegawai Jururawat<br>Jabatan Kecemasan<br>Hospital Raja Isteri Pengiran Anak Saleha (RIPAS)<br>Negara Brunei Darussalam<br>Contact No: 2242424 ext 6297 /6300 |

**TENDER REFERENCE NO.: KK/83/2025/UPP**

**MINISTRY OF HEALTH  
NEGARA BRUNEI DARUSSALAM**

**THE SUPPLY, DELIVERY, TEST AND COMMISSION THIRTY  
(30) UNITS PATIENT TROLLEY FOR EMERGENCY  
DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA  
(RIPAS) HOSPITAL**

**TENDER FEES : \$30.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 22ND APRIL 2025**

**TIME : 2.00 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/83/2025/UPP

#### INVITATION TO TENDER

**TO SUPPLY, DELIVER, TEST AND COMMISSION THIRTY (30) UNITS PATIENT TROLLEY FOR EMERGENCY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL**

| SECTION 1 – USER REQUIREMENTS |   |
|-------------------------------|---|
| REF. NO.                      | DESCRIPTION   |
| 1                             | TWENTY-SEVEN (27) UNITS OF STANDARD PATIENT TROLLEY |
| 2                             | THREE (3) UNITS OF BARIATRIC PATIENT TROLLEY        |
| 3                             | WARRANTY  |

|       |   |
|-------|---|
| 1     | TWENTY-SEVEN (27) UNITS OF STANDARD PATIENT TROLLEY   |
| 1.1   | Structural design   |
| 1.1.1 | Frame material: Made of Mild steel or equivalent or better material                               |
| 1.1.2 | Frame finishing: Smooth, non-porous surface with powder-coated finish for hygiene and durability. |
| 1.1.3 | Patient Weight capacity: <b>Up to 150 kg or better</b><br><b>Maximum patient weight:</b>          |
| 1.2   | Radio translucent mattress platform   |
| 1.3   | Comes with four (4) heavy-duty, swivelling and anti-static casters                                |
| 1.4   | Heavy-duty wheels   |
| 1.5   | Adjustable height   |
| 1.6   | Adjustable Back rest  |
| 1.7   | Has Trendelenburg/ Reverse Trendelenburg function   |
| 1.8   | 3/4 length collapsible side rails that auto-lock when raised to the maximum height                |
| 1.9   | Durable hydraulic column by foot operation  |
| 1.10  | Central locking and steering caster system  |

|          |  |
|----------|--|
| 1.11     | Anti-crush bumper with wheel bumper on corners   |
| 1.12     | Comes with Push handle on the front and rear side  |
| 1.13     | Each unit comes with one (1) units of Diagonal IV pole, two (2) units of urinal Holder, oxygen cylinder holder and X-ray cassette holder.  |
| 1.14     | Each unit comes with Mattress  |
| 1.14.1   | Thick, high-density foam mattress or equivalent material   |
| 1.14.2   | Comes with antibacterial and waterproof cover  |
| <b>2</b> | <b>THREE (3) UNITS OF BARIATRIC PATIENT TROLLEY</b>  |
| 2.1      | Structural design  |
| 2.1.1    | Frame material: Made of Mild steel or equivalent or better material  |
| 2.1.2    | Frame finishing: Smooth, non-porous surface with powder-coated finish for hygiene and durability.  |
| 2.1.3    | Patient Weight capacity: <b>Up to 300 kg or better</b><br><b>Maximum patient weight:</b>   |
| 2.2      | Suitable for bariatric patient   |
| 2.3      | Radio translucent mattress platform  |
| 2.4      | Comes with four (4) heavy-duty, swivelling and anti-static casters   |
| 2.5      | Heavy-duty wheels  |
| 2.6      | Adjustable height  |
| 2.7      | Adjustable Back rest   |
| 2.8      | Has Trendelenburg/ Reverse Trendelenburg function  |
| 2.9      | 3/4 length collapsible side rails that auto-lock when raised to the maximum height   |
| 2.10     | Durable hydraulic column by foot operation   |
| 2.11     | Central locking and steering caster system   |
| 2.12     | Anti-crush bumper with wheel bumper on corners   |
| 2.13     | Comes with Push handle on the front and rear side  |
| 2.14     | Each unit comes with one (1) units of Diagonal IV pole, two (2) units of urinal Holder , oxygen cylinder holder and X-ray cassette holder. |

|          |  |
|----------|--|
| 2.15     | Each unit comes with Mattress  |
| 2.15.1   | Thick, high-density foam mattress or equivalent material   |
| 2.15.2   | Comes with antibacterial and waterproof cover  |
| <b>3</b> | <b>WARRANTY</b>  |
| 3.1      | <p>Tenderer to include warranty period of <b>at least two (2) years</b></p> <p>Tenderers to <b>INCLUDE</b> 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"> <li>▪ Duration and warranty coverage</li> <li>▪ Excluded from Warranty</li> <li>▪ 2x 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.</li> <li>▪ Scope of Planned Preventive Maintenance</li> </ul> |

## SECTION 2 – PRICING PROPOSAL

### **PURCHASE PRICE**

Tenderer to offer an Outright Purchase Price for MINISTRY OF HEALTH to purchase all the items listed in SECTION 1- USER REQUIREMENTS with:

1. Normal Warranty provided by Tenderer/Manufacturer

See Warranty in SECTION 4 - WARRANTY UNDERTAKING FORM

\*Post Warranty Comprehensive Maintenance Service – Tenderer to include the cost of Comprehensive Maintenance Service after the warranty period in the Total Cost.

| SECTION 3 – PROCUMENT AND TECHNICAL SPECIFICATION |
|---|
| BRAND:  |
| MODEL:  |
| COUNTRY OF ORIGIN:                                |
| WHERE MARKETED:                                   |
| YEAR INTRODUCED TO MARKET:                        |
| DELIVERY TIME:                                    |
| PRICE VALIDITY:                                   |
| DETAILED BROCHURE INCLUDED?                       |
| USER AND SERVICE MANUALS:                         |
| MAINS POWER SUPPLY:                               |
| POWER RATINGS:                                    |
| EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:    |
| BATTERY BACKUP:                                   |
| INTERNATIONAL SAFETY STANDARD:                    |
| TECHNICAL SUPPORT:                                |
| DIMENSIONS OF MAIN UNIT:                          |
| WEIGHT OF MAIN UNIT:                              |
| EQUIPMENT WHOLE LIFE TIME SUPPORT:                |

#### 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

##### **POST WARRANTY COMPREHENSIVE MAINTENANCE SERVICE**

Tenderer to provide the comprehensive maintenance service after the warranty period.

A **Comprehensive Maintenance Service** consists of:

- A. **Inspection Maintenance (IM)**
- B. **Corrective Maintenance (CM) and**
- C. **Planned Preventive maintenance (PPM)**
- D. **Breakdown calls**



## 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).

### ADDITIONAL REQUIREMENT FOR LEASING:

Tenderer need to plan and provide a **LOAN UNIT** to End User as soon as possible if equipment downtime is expected to be more than 24 hours after receipt of reported problem from BME (not repairable or need to be remove from service due to requiring parts replacement until the equipment is return back to service.)

**SECTION 3**  
**TENDER FORM**

To:

**TENDER REFERENCE NO: KK/83/2025/UPP**

**INVITATION TO TENDER**

**TO SUPPLY, DELIVER, TEST AND COMMISSION THIRTY (30) UNITS PATIENT TROLLEY FOR EMERGENCY DEPARTMENT, RAJA ISTERI PENGIRAN  
ANAK SALEHA (RIPAS) HOSPITAL**

---

**TENDER OF (*name of tenderer*)** : \_\_\_\_\_

Company/Business Registration No. : \_\_\_\_\_

Tender Closing Date : \_\_\_\_\_

| SECTION 1 – USER REQUIREMENTS |   |          |    |  |
|-------------------------------|---|----------|----|--|
| REF.<br>NO.                   | DESCRIPTION   | Tick (✓) |    | STATE OR SPECIFY OR<br>REMARKS OR<br>BROCHURE PAGE |
|                               |   | YES      | NO |  |
| 1                             | TWENTY-SEVEN (27) UNITS OF STANDARD PATIENT TROLLEY |          |    |  |
| 2                             | THREE (3) UNITS OF BARIATRIC PATIENT TROLLEY        |          |    |  |
| 3                             | WARRANTY  |          |    |  |

|       |   |  |  |                         |
|-------|---|--|--|-------------------------|
| 1     | TWENTY-SEVEN (27) UNITS OF STANDARD PATIENT TROLLEY   |  |  |                         |
| 1.1   | Structural design   |  |  |                         |
| 1.1.1 | Frame material: Made of Mild steel or equivalent or better material                               |  |  |                         |
| 1.1.2 | Frame finishing: Smooth, non-porous surface with powder-coated finish for hygiene and durability. |  |  |                         |
| 1.1.3 | Patient Weight capacity: Up to 150 kg or better   |  |  | Maximum patient weight: |
| 1.2   | Radio translucent mattress platform   |  |  |                         |
| 1.3   | Comes with four (4) heavy-duty, swivelling and anti-static casters                                |  |  |                         |
| 1.4   | Heavy-duty wheels   |  |  |                         |
| 1.5   | Adjustable height   |  |  |                         |
| 1.6   | Adjustable Back rest  |  |  |                         |
| 1.7   | Has Trendelenburg/ Reverse Trendelenburg function   |  |  |                         |
| 1.8   | 3/4 length collapsible side rails that auto-lock when raised to the maximum height                |  |  |                         |
| 1.9   | Durable hydraulic column by foot operation  |  |  |                         |
| 1.10  | Central locking and steering caster system  |  |  |                         |
| 1.11  | Anti-crush bumper with wheel bumper on corners  |  |  |                         |

|          |   |  |  |                         |
|----------|---|--|--|-------------------------|
| 1.12     | Comes with Push handle on the front and rear side   |  |  |                         |
| 1.13     | Each unit comes with one (1) units of Diagonal IV pole, two (2) units of urinal Holder, oxygen cylinder holder and X-ray cassette holder. |  |  |                         |
| 1.14     | Each unit comes with Mattress   |  |  |                         |
| 1.14.1   | Thick, high-density foam mattress or equivalent material  |  |  |                         |
| 1.14.2   | Comes with antibacterial and waterproof cover   |  |  |                         |
| <b>2</b> | <b>THREE (3) UNITS OF BARIATRIC PATIENT TROLLEY</b>   |  |  |                         |
| 2.1      | Structural design   |  |  |                         |
| 2.1.1    | Frame material: Made of Mild steel or equivalent or better material   |  |  |                         |
| 2.1.2    | Frame finishing: Smooth, non-porous surface with powder-coated finish for hygiene and durability.   |  |  |                         |
| 2.1.3    | Patient Weight capacity: Up to 300 kg or better   |  |  | Maximum patient weight: |
| 2.2      | Suitable for bariatric patient  |  |  |                         |
| 2.3      | Radio translucent mattress platform   |  |  |                         |
| 2.4      | Comes with four (4) heavy-duty, swivelling and anti-static casters  |  |  |                         |
| 2.5      | Heavy-duty wheels   |  |  |                         |
| 2.6      | Adjustable height   |  |  |                         |

|          |  |  |  |  |
|----------|--|--|--|--|
| 2.7      | Adjustable Back rest   |  |  |  |
| 2.8      | Has Trendelenburg/ Reverse Trendelenburg function  |  |  |  |
| 2.9      | 3/4 length collapsible side rails that auto-lock when raised to the maximum height   |  |  |  |
| 2.10     | Durable hydraulic column by foot operation   |  |  |  |
| 2.11     | Central locking and steering caster system   |  |  |  |
| 2.12     | Anti-crush bumper with wheel bumper on corners   |  |  |  |
| 2.13     | Comes with Push handle on the front and rear side  |  |  |  |
| 2.14     | Each unit comes with one (1) units of Diagonal IV pole, two (2) units of urinal Holder , oxygen cylinder holder and X-ray cassette holder.   |  |  |  |
| 2.15     | Each unit comes with Mattress  |  |  |  |
| 2.15.1   | Thick, high-density foam mattress or equivalent material   |  |  |  |
| 2.15.2   | Comes with antibacterial and waterproof cover  |  |  |  |
| <b>3</b> | <b>WARRANTY</b>  |  |  |  |
| 3.1      | <p>Tenderer to include warranty period of at least two (2) years</p> <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"> <li>▪ Duration and warranty coverage</li> <li>▪ Excluded from Warranty</li> <li>▪ 2x 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.</li> <li>▪ Scope of Planned Preventive Maintenance</li> </ul> |  |  |  |

| SECTION 2 – PRICING PROPOSAL  |   |              |   |  |         |  |               |
|---|---|--------------|---|--|---------|--|---------------|
| <b>PURCHASE PRICE</b><br>Tenderer to offer an Outright Purchase Price for MINISTRY OF HEALTH to purchase all the items listed in SECTION 1- USER REQUIREMENTS with:<br>1. Normal Warranty provided by Tenderer/Manufacturer<br><br>See Warranty in SECTION 4 - WARRANTY UNDERTAKING FORM<br>*Post Warranty Comprehensive Maintenance Service – Tenderer to include the cost of Comprehensive Maintenance Service after the warranty period in the Total Cost. |   |              |   |  |         |  |               |
| <b>PURCHASE PRICE</b>   | <b>1. NORMAL WARRANTY PROVIDED BY TENDERER/MANUFACTURER</b> | <b>BND\$</b> | <b>NORMAL WARRANTY PERIOD:</b><br><table border="1"> <tr> <td></td> <td>2 YEARS</td> </tr> <tr> <td></td> <td>OTHERS: YEARS</td> </tr> </table> |  | 2 YEARS |  | OTHERS: YEARS |
|   | 2 YEARS   |              |   |  |         |  |               |
|   | OTHERS: YEARS   |              |   |  |         |  |               |

| SECTION 3 – PROCUMENT AND TECHNICAL SPECIFICATION |   |     |  |    |  |
|---|---|-----|--|----|--|
| BRAND:  |   |     |  |    |  |
| MODEL:  |   |     |  |    |  |
| COUNTRY OF ORIGIN:                                |   |     |  |    |  |
| WHERE MARKETING:                                  |   |     |  |    |  |
| YEAR INTRODUCED TO MARKET:                        |   |     |  |    |  |
| DELIVERY TIME:                                    |   |     |  |    |  |
| PRICE VALIDITY:                                   | [AT LEAST ONE (1) YEAR PRICE VALIDTY]   |     |  |    |  |
| 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 <b>TWO</b> sets of <b>USER AND SERVICE</b> 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:                    |   |     |  |    |  |
| TECHNICAL SUPPORT:                                | NO OF LOCAL ENGINEER/TECHNICIAN:<br>NEAREST OVERSEA SUPPORT:                                    |     |  |    |  |
| DIMENSIONS OF MAIN UNIT:                          |   |     |  |    | MM / CM / INCH   |
| WEIGHT OF MAIN UNIT:                              |   |     |  |    | KG / G / LBS   |
| EQUIPMENT WHOLE LIFE TIME SUPPORT:                | Number of years, spare parts are available after the installation of the equipment: _____ years |     |  |    |  |

#### 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 extend 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.
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- **Exchange warranty;** Providing replacement units:
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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.
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- A. **Inspection Maintenance (IM)**
- B. **Corrective Maintenance (CM) and**
- C. **Planned Preventive maintenance (PPM)**
- D. **Breakdown calls**

##### **TENDERER ACKNOWLEDGMENT**

**COMPANY CHOP AND SIGNATURE**



## 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)
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- **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)
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### 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)
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- 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).

### ADDITIONAL REQUIREMENT FOR LEASING:

Tenderer need to plan and provide a **LOAN UNIT** to End User as soon as possible if equipment downtime is expected to be more than 24 hours after receipt of reported problem from BME (not repairable or need to be remove from service due to requiring parts replacement until the equipment is return back to service.)

### TENDERER ACKNOWLEDGMENT

**COMPANY CHOP AND SIGNATURE**

**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**

**COMPANY CHOP AND SIGNATURE**

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