

Rujukan Kami: **(94) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 5

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
5	279/CPC/2025/IKLAN/DENTAL	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF DENTAL LABORATORY HANDPIECE COMPLETE WITH CONTROLLER, NATIONAL DENTAL CENTRE FOR MINISTRY OF HEALTH.	03/07/2025	19/07/2025	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN.

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF DENTAL LABORATORY HANDPIECE COMPLETE WITH CONTROLLER,
NATIONAL DENTAL CENTRE FOR MINISTRY OF HEALTH**

	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/MODEL WITH ONE PRICE ONLY for each item. Submission of more than one brand/model and price will cause DISQUALIFICATION OF TENDER .	
4	All consumables supplied throughout this tender <u>shall</u> 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 90 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).	
10	The equipment supplied must be newly manufactured , unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.	
11	The vendor is required to provide proof of manufacture date and official certification from the original manufacturer confirming the equipment is new .	

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SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	To supply four (4) units of Dental laboratory handpiece completes with controller			
1.1	• For dental laboratory			
1.2	• To process all standard dental materials with outstanding precision			
1.3	• Compatible to be fitted with any Laboratory workbench at National Dental Centre			
1.4	• Must be compatible with the existing dental laboratory workbench at National Dental Centre.			
1.4.1	• Mandatory Site visit is required to ensure the correct configuration. (Site visit form attached)			
1.4.2	• Kindly arrange visit with Biomedical Engineer of Department of Dental Services via email Huzaimi.rosli@moh.gov.bn			
2	Programmes			
2.1	• 4 seconds save and speed control function			
2.2	• 4 color display for easy distinction			
2.3	• Quick access to the preset speed and torque by pressing the speed control			
3	Control unit			
3.1	• Knee control unit			
3.2	• Constant speed via an automatic readjustment			
3.3	• Safety switch for preventing speeds of over 30,000 rpm			
3.4	• Clockwise and anti-clockwise rotation depending on handpiece			

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3.5	<ul style="list-style-type: none"> Speed and Torques settings programmable for different materials 			
3.6	<ul style="list-style-type: none"> Comes with display panel 			
3.7	<ul style="list-style-type: none"> 12V relay output available for control of additional devices such as dust extraction units and lighting 			
3.8	<ul style="list-style-type: none"> Compatible with the offered Laboratory handpiece 			
4	Handpiece			
4.1	<ul style="list-style-type: none"> Low-vibration and low-noise performance 			
4.2	<ul style="list-style-type: none"> Ergonomic design with low-vibration, flexible and lightweight handpiece 			
4.3	<ul style="list-style-type: none"> Easy to service 			
4.4	<ul style="list-style-type: none"> Generates low heat during use 			
4.5	<ul style="list-style-type: none"> Rapid clamping system 			
4.6	<ul style="list-style-type: none"> Clockwise operation Minimum speed: Approximately 1,000 rpm Maximum speed: Approximately 50,000 rpm 			
4.7	<ul style="list-style-type: none"> Anti-Clockwise operation Maximum speed for: At least 5,000 rpm or better 			
4.8	<ul style="list-style-type: none"> Maximum Torque: Approximately 7.0 Ncm or better 			
4.9	<ul style="list-style-type: none"> Maximum Power: Approximately 150 watts or better 			
4.10	<ul style="list-style-type: none"> Chucking system <ul style="list-style-type: none"> - Minimum Retention force: approximately 70 N - Chuck Exchange using a tool 			
5	Accessories			
5.1	<ul style="list-style-type: none"> Accessories to be included (The Equipment Should Come with All Necessary Accessories for It to be fully operational) 			

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2 END-USER TRAINING				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2.1	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 • Provide Operating manual (Hardcopy and/or Softcopy) 			
2.2	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 • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4 WARRANTY				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
4.1	Tenderer to include warranty period of at least two (2) years			
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> • Scope of Warranty • Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period). 			

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

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SECTION 2.1 – PRICE PROPOSAL			
PURCHASE PRICE	PER UNIT	BND\$	
	TOTAL COST	BND\$	
SECTION 2.2 - PROCUMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD (at least 2 years)		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]		DELIVERY TIME:	

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SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION					
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR				
	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR	COMPANY NAME:			
		COMPANY ORIGIN:			
DETAILED BROCHURE INCLUDED	YES		NO	<input checked="" type="checkbox"/> or specify 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
	OTHERS:				
	TYPE OF BATTERY:				
	RATING:				
POWER ADAPTER/CHARGER OUTPUT RATING:					
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)					<input checked="" type="checkbox"/> Tick where appropriate <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. Others (Please specify): _____
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL			<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product	
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:		
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch		<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> Pound (lbs)	
EQUIPMENT WHOLE LIFE TIME SUPPORT:	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. No of years: _____ (Please specify)				

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SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the 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.
- **Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other 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

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

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SITE VISIT FORM

TENDER DETAILS			
TENDER REFERENCE	:		
TENDER TITLE	:	SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF DENTAL LABORATORY HANDPIECE COMPLETE WITH CONTROLLER, NATIONAL DENTAL CENTRE FOR MINISTRY OF HEALTH	

COMPANY DETAILS			
COMPANY NAME	:		COMPANY STAMP AND SIGNATURE
FOCAL PERSON	:		
CONTACT NO:	:		
<ul style="list-style-type: none"> I hereby on behalf of My Company has made a Site Visit to the following site/location on the date stated below and understand the work requirement(s) and all specification stated in this tender document. I (My Company) also agree not to make any additional claim to MOH should any accident(s) or damage(s) occur during the implementation period. 			
FOR OFFICIAL USE ONLY:			
SITE/LOCATION	:		VERIFIED BY:
DATE OF SITE VISIT	:		
			(Name, Designation, Signature)

Note: The Contractor must visit the site before quoting any price for the work stated in this Tender and shall satisfy himself as to the nature of work and site condition. The Contractor must fill in this form and obtain signature from the Biomedical Engineer (BME) as verification for having visited the Site. Failing to do so will lead to **disqualification** from this Tender.