

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/190/2024/HTD	TO SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL GENERATOR FOR MINISTRY OF HEALTH	-	Department of healthcare Technology	\$500.00	29 th July 2025	Zaenul' Arifien bin Dato Paduka Haji Rosli Bioledical Engineer Healthcare Technology Department Ministry of Health Negara Brunei Darussalam Contact No: 2382424 ext. 6122/6232 e-mail: zaenul.rosli@moh.gov.bn

TENDER REFERENCE NO.: KK/190/2024/HTD

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**TO SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING OF ELECTROSURGICAL GENERATOR
FOR MINISTRY OF HEALTH**

TENDER FEES : \$500.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 29TH JULY 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**

(NON CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/190/2025/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF LECTROSURGICAL
GENERATOR FOR MINISTRY OF HEALTH

SCOPE OF WORK AND SUMMARY OF PRICES

This tender is for the supply of equipments under a non-clustering approach, with staggered delivery over a period of three (3) years, for the following items:

Year/ Location	ITEM 1: Electrosurgical Generator				TOTAL QTY
	RIPASH	PMMPMHAMBH	SSBH	Quantity	
Year 1	4	1	1	6	18 Units
Year 2	4	1	2	7	
Year 3	4	1	0	5	
Year/ Location	Item 2: Vessel Sealing Electrosurgical Generator				TOTAL QTY
	RIPASH	SSBH	Quantity		
Year 1	1	1	2		3
Year 2	1	0	1		

ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR	
SECTION 1 – USER REQUIREMENTS	
1	STANDARD FEATURES
1.1	Designed for use in a variety of surgical procedures requiring monopolar and bipolar electrosurgery, including general surgery, gynaecology, urology, and cardiovascular applications
1.2	A microprocessor-based, isolated output electrosurgical unit that provides consistent performance across tissue types
1.3	Capable of providing enhanced performance at lower power settings, reducing the risk of tissue damage and neuromuscular stimulation, and minimizing the need to increase generator output
1.4	Equipped with Tissue Monitoring Technology that enables real-time power adjustments to help reduce tissue trauma and muscle stimulation
1.5	Equipped with Patient return electrode monitoring (REM) system for enhanced patient safety by monitoring the return electrode contact quality
1.6	Frequency: Up to 350 kHz or better
1.7	Modes of Operation: Monopolar Cut, Monopolar Coagulation, Bipolar Coagulation
1.8	Minimum Port configuration: 2 Monopolar Ports and 1 Bipolar Port; or better
1.9	Monopolar Modes
1.9.1	<ul style="list-style-type: none"> Pure cut, Blend cut, Standard Coagulation, Spray Coagulation
1.9.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 300 watts or better
1.9.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 120 watts or better
1.9.4	<ul style="list-style-type: none"> Supports activation via both handset and footswitch
1.10	Bipolar Modes
1.10.1	<ul style="list-style-type: none"> Standard Bipolar and Soft Coagulation
1.10.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 95 watts or better
1.10.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 95 watts or better
1.11	Interface: Display LCD screen for controls and intuitive information display
1.12	Automatic system checks on startup
1.13	Inclusive of dedicated cart with storage
1.14	Over temperature protection
1.15	Equipped with cooling system
1.16	Audible and visual alarm
1.17	Adjustable tone volume and programmable power/mode settings
1.18	Allows adjustment of activation tone volume and restoration of previously used power/mode settings
1.19	Tenderer to provide calibration and test certificates of each unit
1.20	Compliance
1.20.1	Must be CE marked and comply with IEC 60601-1 standards.
1.20.2	Manufacturer must provide evidence of compliance to International Safety Standards
1.21	Accessories/Consumables to be supplied with each unit: Inclusive of all the accessories for the machine to be fully functional, including but not limited to:
1.21.1	Two (2) unit Monopolar handpieces
1.21.2	Two (2) unit Bipolar cable sets
1.21.3	Two (2) unit Patient Return electrodes size: Adult
1.21.4	Two (2) unit Patient Return electrodes size: Paediatric
1.21.5	One (1) unit Dual Pedal Footswitch (Cut & Coagulation)
1.21.6	One (1) unit Single Pedal Footswitch (Bipolar)
1.21.7	Bipolar Forceps
1.21.7.1	One (1) unit Reusable Insulated Semkin Forceps with stops preventing scissoring of the tip. Suitable for ENT use. (Smooth Tip: Approximately 0.5mm) or equivalent

ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR	
SECTION 1 – USER REQUIREMENTS	
1.21.7.2	One (1) unit Reusable Insulated Cushing Forceps with smooth tips. Suitable for ENT use (Smooth Tip: Approximately 0.7mm) or equivalent
1.21.7.3	One (1) unit Reusable Insulated Jewelers Forceps with straight tip. Suitable for ENT use (Smooth Tip: approximately 0.4mm) or equivalent
1.21.7.4	One (1) unit Reusable Insulated Scoville-Greenwood Bayonet Forceps. Suitable for ENT and Neurology use (Smooth Tip: approximately 1.55mm) or equivalent
1.21.7.5	One (1) unit Reusable Insulated Cushing Forceps. Suitable for ENT and Neurology use (Tip: Approximately 1.5mm) or equivalent
1.21.7.6	One (1) unit Reusable Insulated Cushing Bayonet Forceps. Suitable for ENT use (Tip: Approximately 2.0mm) or equivalent
1.21.8	Electrosurgical Electrodes, Sterile, Single Use
1.21.8.1	Twenty (20) units Blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 7cm; Active length: approximately 5cm) or equivalent
1.21.8.2	Twenty (20) units Extended blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 10cm; Active length: approximately 5cm) or equivalent
1.21.8.3	Twenty (20) units Extended blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 16.5cm; Active length: approximately 5cm) or equivalent
1.21.8.4	Ten (10) units Needle electrode with edge insulation coating (Total length: approximately 7.2cm; Active length: approximately 5cm; Tip radius: approximately 0.8mm) or equivalent
1.21.8.5	One (1) unit Straight Microsurgical Needle (Total length: approximately 5.4cm; Active length: approximately 3mm) or equivalent
1.21.8.6	One (1) unit Stainless steel ball Electrode for gynaecology use (Diameter: approximately 3mm; Shaft length: Approximately 13cm) or equivalent
1.21.8.7	One (1) unit Tungsten Loop electrode (Size: approximately 20 mm x 15mm; Shaft length: Approximately 13cm) or equivalent
1.21.8.8	Fifty (50) units single-use tip cleaner for stainless steel electrodes comes with adhesive backing and x-ray detectable (Size: approximately 5cm x 5cm) or equivalent

2	PRODUCT DEMONSTRATION
2.1	<p>To evaluate the functionality, usability, and compliance of the proposed equipment, the tenderer shall provide a product demonstration as part of the evaluation process by contacting the BME in charge of each respective hospital to schedule an appointment using the contact details provided below:</p> <ul style="list-style-type: none"> - RIPAS Hospital – Nuramaliah.Jamaludin@moh.gov.bn - PMMPMHAMB Hospital - Nuraqilah.ismail@moh.gov.bn - SSB Hospital - fazleen.khalidin@moh.gov.bn <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> • Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. • Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: <ul style="list-style-type: none"> ○ Live operation of the actual product. ○ Real-time interaction to address questions or perform requested functions. ○ High-definition video and clear audio for full visibility and understanding.

3	END-USER TRAINING
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 ▪ 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.

4	TECHNICAL TRAINING
4.1	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)

5	WARRANTY
5.1	Tenderer to include warranty period of at least two (2) years
5.2	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 ▪ One-time Planned Preventive Maintenance Per Year during warranty ▪ Comprehensive Corrective Maintenance of Main Unit

SECTION 2 – PRICE PROPOSAL					
DESCRIPTION					
Year/ Location	ELECTROSURGICAL GENERATOR				TOTAL QTY
	RIPASH	PMMPMHAMBH	SSBH	Quantity	
Year 1	4	1	1	6	18 Units
Year 2	4	1	2	7	
Year 3	4	1	0	5	

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION	
BRAND:	MODEL:
COUNTRY OF ORIGIN:	UNIT PRICE (B\$):
WARRANTY PERIOD:	TOTAL PRICE (B\$):
YEAR INTRODUCED TO MARKET:	LAST COUNTRY SOLD TO:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]	DELIVERY TIME:
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	
DETAILED BROCHURE INCLUDED	
USER AND SERVICE MANUALS:	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 ADAPTER/CHARGER OUTPUT RATING:	
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	
DIMENSIONS AND WEIGHT OF MAIN UNIT:	
EQUIPMENT WHOLE LIFETIME SUPPORT:	

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period of two (2) years, 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 during 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 or OEM parts:
 - 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.
 - D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.
- Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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

ITEM 2: THREE (3) UNITS VESSEL SEALING ELECTROSURGICAL GENERATOR	
1	STANDARD FEATURES
1.1	Designed for use in a variety of surgical procedures requiring vessel sealing, monopolar and bipolar electrosurgery.
1.2	Electrosurgical unit that provides consistent performance across tissue types designed for open and minimally invasive surgeries across multiple specialties.
1.3	Capable of providing enhanced performance at lower power settings, reducing the risk of tissue damage and neuromuscular stimulation, and minimizing the need to increase generator output
1.4	Equipped with Tissue Monitoring Technology that enables real-time power adjustments to help reduce tissue trauma and muscle stimulation
1.5	Equipped with Patient return electrode monitoring (REM) system for enhanced patient safety by monitoring the return electrode contact quality
1.6	Frequency: Up to 350 kHz or better
1.7	Modes of Operation: Monopolar Cut, Monopolar Coagulation, Bipolar Coagulation, Advanced Vessel Sealing
1.8	Minimum Port configuration: 2 Monopolar Ports and 1 Bipolar Port
1.9	Monopolar Modes
1.9.1	<ul style="list-style-type: none"> Pure cut, Blend cut, Standard Coagulation, Spray Coagulation
1.9.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 300 watts or better
1.9.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 120 watts or better
1.9.4	<ul style="list-style-type: none"> Supports activation via both handset and footswitch
1.10	Bipolar Modes
1.10.1	<ul style="list-style-type: none"> Standard Bipolar and Soft Coagulation
1.10.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 375 watts or better
1.10.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 175 watts or better
1.11	Advanced Bipolar / Vessel Sealing:
1.11.1	Sealing capability: Vessels up to 7 mm diameter
1.11.2	Seal and Cut cycles: Automated and energy modulated
1.11.3	Tissue feedback: Real-time impedance-based energy modulation for optimized tissue effect and safety.
1.11.4	Sealing feedback: Visual and acoustic
1.12	Interface: Display LCD screen for controls and intuitive information display
1.13	Automatic system checks on startup
1.14	Inclusive of dedicated cart with storage
1.15	Over temperature protection
1.16	Equipped with cooling system
1.17	Audible and visual alarm
1.18	Adjustable tone volume and programmable power/mode settings
1.19	Allows adjustment of activation tone volume and restoration of previously used power/mode settings
1.20	Tenderer to provide calibration and test certificates of each unit
1.21	Compliance
1.21.1	Must be CE marked and comply with IEC 60601-1 standards.
1.21.2	Manufacturer must provide evidence of compliance to International Safety Standards
1.22	Accessories/Consumables to be supplied with each unit: Inclusive of all the accessories for the machine to be fully functional, including but not limited to:
1.22.1	Two (2) unit Monopolar handpieces
1.22.2	Two (2) unit Bipolar forceps or/and cable sets

ITEM 2: THREE (3) UNITS VESSEL SEALING ELECTROSURGICAL GENERATOR	
1	STANDARD FEATURES
1.22.3	Two (2) unit Patient Return electrodes size: Adult
1.22.4	Two (2) unit Patient Return electrodes size: Paediatric
1.22.5	Five (5) units Single use Laparoscopic instrument, For open surgery: Dolphin Tip or equivalent
1.22.6	Five (5) units Single use Laparoscopic instrument, For Laparoscopic: Maryland Jaw 5mm/10mm length 36cm sealers or equivalent
1.22.7	One (1) unit '3-in-1' Footswitch (Cut, Coagulation & Seal)
1.22.8	One (1) unit Single Pedal Footswitch (Bipolar)

2	PRODUCT DEMONSTRATION
2.1	<p>To evaluate the functionality, usability, and compliance of the proposed equipment, the tenderer shall provide a product demonstration as part of the evaluation process by contacting the BME in charge of each respective hospital to schedule an appointment using the contact details provided below:</p> <ul style="list-style-type: none"> - RIPAS Hospital – Nuramaliah.Jamaludin@moh.gov.bn - SSB Hospital - fazleen.khalidin@moh.gov.bn <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> ▪ Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. ▪ Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: <ul style="list-style-type: none"> √ Live operation of the actual product. √ Real-time interaction to address questions or perform requested functions. √ High-definition video and clear audio for full visibility and understanding.

3	END-USER TRAINING
3.1	<p>Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:</p> <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ 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.

4	TECHNICAL TRAINING
4.1	<p>Introductory Technical Training to Biomedical Engineers and Technicians at BME 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>

5	WARRANTY
5.1	Tenderer to include warranty period of at least two (2) years
5.2	<p>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:</p> <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ One-time Planned Preventive Maintenance Per Year during warranty ▪ Comprehensive Corrective Maintenance of Main Unit

SECTION 2 – PRICE PROPOSAL				
DESCRIPTION				
Year/ Location	Item 2: Vessel Sealing Electrosurgical Generator			TOTAL QTY
	RIPASH	SSBH	Quantity	
Year 1	1	1	2	3
Year 2	1	0	1	

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION	
BRAND:	MODEL:
COUNTRY OF ORIGIN:	UNIT PRICE (B\$):
WARRANTY PERIOD:	TOTAL PRICE (B\$):
YEAR INTRODUCED TO MARKET:	LAST COUNTRY SOLD TO:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]	DELIVERY TIME:
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	
DETAILED BROCHURE INCLUDED	
USER AND SERVICE MANUALS:	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 ADAPTER/CHARGER OUTPUT RATING:	
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	
DIMENSIONS AND WEIGHT OF MAIN UNIT:	
EQUIPMENT WHOLE LIFETIME SUPPORT:	

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period of two (2) years, 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 during 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 or OEM parts:
 - 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.
 - D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.
- Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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

NO.	TERMS AND CONDITIONS
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	Tenderers are required to submit individual proposal booklets for each item listed . Each item shall be treated as a standalone submission
5	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).
6	Brochures / catalogues should be submitted / attached with tender document.
7	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)
8	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).
9	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation
10	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).
11	The vendor is required to provide proof of manufacture date and official certification from the original manufacturer confirming the equipment is new.
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor

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SECTION 3

TENDER FORM

TENDER REFERENCE NO.: KK/190/2025/HTD

INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF LECTROSURGICAL GENERATOR FOR MINISTRY OF HEALTH

SCOPE OF WORK AND SUMMARY OF PRICES										
This tender is for the supply of equipments under <u>a non-clustering</u> approach, with staggered delivery over a <u>period of three (3) years</u> , for the following items:						YES	NO	UNIT PRICE	TOTAL PRICE	
Year/ Location	ITEM 1: Electrosurgical Generator				TOTAL QTY				3 YEARS	
	RIPASH	PMMPMHAMBH	SSBH	Quantity					BND\$	
Year 1	4	1	1	6	18 Units				YEAR 1	
									BND\$	
Year 2	4	1	2	7					YEAR 2	
									BND\$	
Year 3	4	1	0	5					YEAR 3	
									BND\$	
Year/ Location	Item 2: Vessel Sealing Electrosurgical Generator				TOTAL QTY				2 YEARS	
	RIPASH	SSBH	Quantity						BND\$	
Year 1	1	1	2		3				YEAR 1	
									BND\$	
Year 2	1	0	1						YEAR 2	
									BND\$	

SECTION 1 – USER REQUIREMENTS			
ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No
		Remarks	
1	STANDARD FEATURES		
1.1	Designed for use in a variety of surgical procedures requiring monopolar and bipolar electrosurgery, including general surgery, gynaecology, urology, and cardiovascular applications		
1.2	A microprocessor-based, isolated output electrosurgical unit that provides consistent performance across tissue types		
1.3	Capable of providing enhanced performance at lower power settings, reducing the risk of tissue damage and neuromuscular stimulation, and minimizing the need to increase generator output		
1.4	Equipped with Tissue Monitoring Technology that enables real-time power adjustments to help reduce tissue trauma and muscle stimulation		
1.5	Equipped with Patient return electrode monitoring (REM) system for enhanced patient safety by monitoring the return electrode contact quality		
1.6	Frequency: Up to 350 kHz or better		
1.7	Modes of Operation: Monopolar Cut, Monopolar Coagulation, Bipolar Coagulation		
1.8	Minimum Port configuration: 2 Monopolar Ports and 1 Bipolar Port; or better		
1.9	Monopolar Modes		
1.9.1	<ul style="list-style-type: none"> Pure cut, Blend cut, Standard Coagulation, Spray Coagulation 		
1.9.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 300 watts or better 		
1.9.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 120 watts or better 		
1.9.4	<ul style="list-style-type: none"> Supports activation via both handset and footswitch 		
1.10	Bipolar Modes		
1.10.1	<ul style="list-style-type: none"> Standard Bipolar and Soft Coagulation 		
1.10.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 95 watts or better 		
1.10.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 95 watts or better 		
1.11	Interface: Display LCD screen for controls and intuitive information display		Tenderer to specify Display size:

SECTION 1 – USER REQUIREMENTS				
ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR				
Please <input checked="" type="checkbox"/> Tick where appropriate				Yes No Remarks
1.12	Automatic system checks on startup			
1.13	Inclusive of dedicated cart with storage			
1.14	Over temperature protection			
1.15	Equipped with cooling system			
1.16	Audible and visual alarm			
1.17	Adjustable tone volume and programmable power/mode settings			
1.18	Allows adjustment of activation tone volume and restoration of previously used power/mode settings			
1.19	Tenderer to provide calibration and test certificates of each unit			
1.20	Compliance			
1.20.1	Must be CE marked and comply with IEC 60601-1 standards.			
1.20.2	Manufacturer must provide evidence of compliance to International Safety Standards			
1.21	Accessories/Consumables to be supplied with each unit: Inclusive of all the accessories for the machine to be fully functional, including but not limited to:			
1.21.1	Two (2) unit Monopolar handpieces			UNIT PRICE:
1.21.2	Two (2) unit Bipolar cable sets			UNIT PRICE:
1.21.3	Two (2) unit Patient Return electrodes size: Adult			UNIT PRICE:
1.21.4	Two (2) unit Patient Return electrodes size: Paediatric			UNIT PRICE:
1.21.5	One (1) unit Dual Pedal Footswitch (Cut & Coagulation)			UNIT PRICE:
1.21.6	One (1) unit Single Pedal Footswitch (Bipolar)			UNIT PRICE:
1.21.7	Bipolar Forceps			

SECTION 1 – USER REQUIREMENTS					
ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR					
Please <input checked="" type="checkbox"/> Tick where appropriate			Yes	No	Remarks
1.21.7.1	One (1) unit Reusable Insulated Semkin Forceps with stops preventing scissoring of the tip. Suitable for ENT use. (Smooth Tip: Approximately 0.5mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL LENGTH:
1.21.7.2	One (1) unit Reusable Insulated Cushing Forceps with smooth tips. Suitable for ENT use (Smooth Tip: Approximately 0.7mm) or equivalent				UNIT PRICE
					TENDERER TO SPECIFY TOTAL LENGTH:
1.21.7.3	One (1) unit Reusable Insulated Jewelers Forceps with straight tip. Suitable for ENT use (Smooth Tip: approximately 0.4mm) or equivalent				UNIT PRICE
					TENDERER TO SPECIFY TOTAL LENGTH:
1.21.7.4	One (1) unit Reusable Insulated Scoville-Greenwood Bayonet Forceps. Suitable for ENT and Neurology use (Smooth Tip: approximately 1.55mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL LENGTH:
1.21.7.5	One (1) unit Reusable Insulated Cushing Forceps. Suitable for ENT and Neurology use (Tip: Approximately 1.5mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL LENGTH:
1.21.7.6	One (1) unit Reusable Insulated Cushing Bayonet Forceps. Suitable for ENT use (Tip: Approximately 2.0mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL LENGTH
1.21.8	Electrosurgical Electrodes, Sterile, Single Use				

SECTION 1 – USER REQUIREMENTS					
ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR					
Please <input checked="" type="checkbox"/> Tick where appropriate			Yes	No	Remarks
1.21.8.1	Twenty (20) units Blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 7cm; Active length: approximately 5cm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL AND ACTIVE LENGTH
1.21.8.2	Twenty (20) units Extended blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 10cm; Active length: approximately 5cm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL AND ACTIVE LENGTH
1.21.8.3	Twenty (20) units Extended blade-type electrosurgical electrode with edge insulation coating (Total length: approximately 16.5cm; Active length: approximately 5cm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL AND ACTIVE LENGTH
1.21.8.4	Ten (10) units Needle electrode with edge insulation coating (Total length: approximately 7.2cm; Active length: approximately 5cm; Tip radius: approximately 0.8mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY RADIUS, ACTIVE AND TOTAL LENGTH:
1.21.8.5	One (1) unit Straight Microsurgical Needle (Total length: approximately 5.4cm; Active length: approximately 3mm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY TOTAL AND ACTIVE LENGTH:
1.21.8.6	One (1) unit Stainless steel ball Electrode for gynaecology use (Diameter: approximately 3mm; Shaft length: Approximately 13cm) or equivalent				UNIT PRICE:
					TENDERER TO SPECIFY DIAMETER AND LENGTH

SECTION 1 – USER REQUIREMENTS				
ITEM 1: EIGHTEEN (18) UNITS ELECTROSURGICAL GENERATOR				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1.21.8.7	One (1) unit Tungsten Loop electrode (Size: approximately 20 mm x 15mm; Shaft length: Approximately 13cm) or equivalent			UNIT PRICE:
				TENDERER TO SPECIFY SIZE AND LENGTH
1.21.8.8	Fifty (50) units single-use tip cleaner for stainless steel electrodes comes with adhesive backing and x-ray detectable (Size: approximately 5cm x 5cm) or equivalent			UNIT PRICE
				TENDERER TO SPECIFY TOTAL SIZE

2	PRODUCT DEMONSTRATION			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2.1	<p>To evaluate the functionality, usability, and compliance of the proposed equipment, the tenderer shall provide a product demonstration as part of the evaluation process by contacting the BME in charge of each respective hospital to schedule an appointment using the contact details provided below:</p> <ul style="list-style-type: none"> - RIPAS Hospital – Nuramaliah.Jamaludin@moh.gov.bn - PMMPMHAMB Hospital - Nuraqilah.ismail@moh.gov.bn - SSB Hospital - fazleen.khalidin@moh.gov.bn <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> • Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. • Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: <ul style="list-style-type: none"> ○ Live operation of the actual product. ○ Real-time interaction to address questions or perform requested functions. ○ High-definition video and clear audio for full visibility and understanding. 			Tenderer to specify

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• 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.			

4	TECHNICAL TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
4.1	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)			

5	WARRANTY			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
5.1	Tenderer to include warranty period of at least two (2) years			
5.2	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• One-time Planned Preventive Maintenance Per Year during warranty• Comprehensive Corrective Maintenance of Main Unit			

SECTION 2 – PRICE PROPOSAL									
DESCRIPTION					YES	NO	UNIT PRICE	TOTAL PRICE	
Year/ Location	ELECTROSURGICAL GENERATOR							3 YEARS	
	RIPASH	PMMPMHAMBH	SSBH	Quantity				BND	
Year 1	4	1	1	6	18 Units			YEAR 1	
								BND\$	
Year 2	4	1	2	7				YEAR 2	
								BND\$	
Year 3	4	1	0	5				YEAR 3	
								BND\$	

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION									
BRAND:					MODEL:				
COUNTRY OF ORIGIN:					UNIT PRICE (B\$):				
WARRANTY PERIOD:					TOTAL PRICE (B\$):				
YEAR INTRODUCED TO MARKET:					LAST COUNTRY SOLD TO:				
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]					DELIVERY TIME:				
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 SUPPLY: POWER		220V-240V			BATTERY [] YES [] NO				
		50-60HZ			Type of Battery:		Rating:		
		OTHERS:			RECHARGEABLE		NON-RECHARGEABLE		
POWER ADAPTER/CHARGER OUTPUT RATING:					EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:				
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL					<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product			
Please provide training or certification for locals who is trained/certified	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 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)								

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period of two (2) years, 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 during 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 or OEM parts:
 - 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.
 - D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.

Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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

ITEM 2: THREE (3) UNITS VESSEL SEALING ELECTROSURGICAL GENERATOR				
1	STANDARD FEATURES			
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1.1	Designed for use in a variety of surgical procedures requiring vessel sealing, monopolar and bipolar electrosurgery.			
1.2	Electrosurgical unit that provides consistent performance across tissue types designed for open and minimally invasive surgeries across multiple specialties.			
1.3	Capable of providing enhanced performance at lower power settings, reducing the risk of tissue damage and neuromuscular stimulation, and minimizing the need to increase generator output			
1.4	Equipped with Tissue Monitoring Technology that enables real-time power adjustments to help reduce tissue trauma and muscle stimulation			
1.5	Equipped with Patient return electrode monitoring (REM) system for enhanced patient safety by monitoring the return electrode contact quality			
1.6	Frequency: Up to 350 kHz or better			
1.7	Modes of Operation: Monopolar Cut, Monopolar Coagulation, Bipolar Coagulation, Advanced Vessel Sealing			
1.8	Minimum Port configuration: 2 Monopolar Ports and 1 Bipolar Port			
1.9	Monopolar Modes			
1.9.1	<ul style="list-style-type: none"> Pure cut, Blend cut, Standard Coagulation, Spray Coagulation 			
1.9.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 300 watts or better 			
1.9.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 120 watts or better 			
1.9.4	<ul style="list-style-type: none"> Supports activation via both handset and footswitch 			
1.10	Bipolar Modes			
1.10.1	<ul style="list-style-type: none"> Standard Bipolar and Soft Coagulation 			
1.10.2	<ul style="list-style-type: none"> Cut, Maximum output: At least 375 watts or better 			
1.10.3	<ul style="list-style-type: none"> Coagulate, Maximum output: At least 175 watts or better 			
1.11	Advanced Bipolar / Vessel Sealing:			
1.11.1	Sealing capability: Vessels up to 7 mm diameter			

ITEM 2: THREE (3) UNITS VESSEL SEALING ELECTROSURGICAL GENERATOR					
1	STANDARD FEATURES				
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks	
1.11.2	Seal and Cut cycles: Automated and energy modulated				
1.11.3	Tissue feedback: Real-time impedance-based energy modulation for optimized tissue effect and safety.				
1.11.4	Sealing feedback: Visual and acoustic				
1.12	Interface: Display LCD screen for controls and intuitive information display			Tenderer to specify Display size:	
1.13	Automatic system checks on startup				
1.14	Inclusive of dedicated cart with storage				
1.15	Over temperature protection				
1.16	Equipped with cooling system				
1.17	Audible and visual alarm				
1.18	Adjustable tone volume and programmable power/mode settings				
1.19	Allows adjustment of activation tone volume and restoration of previously used power/mode settings				
1.20	Tenderer to provide calibration and test certificates of each unit				
1.21	Compliance				
1.21.1	Must be CE marked and comply with IEC 60601-1 standards.				
1.21.2	Manufacturer must provide evidence of compliance to International Safety Standards				
1.22	Accessories/Consumables to be supplied with each unit: Inclusive of all the accessories for the machine to be fully functional, including but not limited to:				
1.22.1	Two (2) unit Monopolar handpieces			UNIT PRICE:	
1.22.2	Two (2) unit Bipolar forceps or/and cable sets			UNIT PRICE:	

ITEM 2: THREE (3) UNITS VESSEL SEALING ELECTROSURGICAL GENERATOR					
1	STANDARD FEATURES				
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks	
1.22.3	Two (2) unit Patient Return electrodes size: Adult			UNIT PRICE:	
1.22.4	Two (2) unit Patient Return electrodes size: Paediatric			UNIT PRICE:	
1.22.5	Five (5) units Single use Laparoscopic instrument, For open surgery: Dolphin Tip or equivalent			UNIT PRICE:	
1.22.6	Five (5) units Single use Laparoscopic instrument, For Laparoscopic: Maryland Jaw 5mm/10mm length 36cm sealers or equivalent			UNIT PRICE:	
1.22.7	One (1) unit '3-in-1' Footswitch (Cut, Coagulation & Seal)			UNIT PRICE:	
1.22.8	One (1) unit Single Pedal Footswitch (Bipolar)			UNIT PRICE:	

2	PRODUCT DEMONSTRATION			
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
2.1	<p>To evaluate the functionality, usability, and compliance of the proposed equipment, the tenderer shall provide a product demonstration as part of the evaluation process by contacting the BME in charge of each respective hospital to schedule an appointment using the contact details provided below:</p> <ul style="list-style-type: none"> - RIPAS Hospital – Nuramaliah.Jamaludin@moh.gov.bn - SSB Hospital - fazleen.khalidin@moh.gov.bn <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> • Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. • Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: <ul style="list-style-type: none"> ○ Live operation of the actual product. ○ Real-time interaction to address questions or perform requested functions. ○ High-definition video and clear audio for full visibility and understanding. 			Tenderer to specify

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 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.			

4	TECHNICAL TRAINING			
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
4.1	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)			

5	WARRANTY			
	Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
5.1	Tenderer to include warranty period of at least two (2) years			
5.2	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 One-time Planned Preventive Maintenance Per Year during warranty Comprehensive Corrective Maintenance of Main Unit 			

SECTION 2 – PRICE PROPOSAL									
DESCRIPTION					YES	NO	UNIT PRICE	TOTAL PRICE	
Year/ Location	Item 2: Vessel Sealing Electrosurgical Generator			TOTAL QTY				2 YEARS	
	RIPASH	SSBH	Quantity					BND\$	
Year 1	1	1	2	3				YEAR 1	
								BND\$	
Year 2	1	0	1					YEAR 2	
								BND\$	

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION									
BRAND:					MODEL:				
COUNTRY OF ORIGIN:					UNIT PRICE (B\$):				
WARRANTY PERIOD:					TOTAL PRICE (B\$):				
YEAR INTRODUCED TO MARKET:					LAST COUNTRY SOLD TO:				
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]					DELIVERY TIME:				
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 SUPPLY: POWER		220V-240V			BATTERY [] YES [] NO				
		50-60HZ			Type of Battery:		Rating:		
		OTHERS:			RECHARGEABLE		NON-RECHARGEABLE		
POWER ADAPTER/CHARGER OUTPUT RATING:					EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:				
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL					<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product			
Please provide training or certification for locals who is trained/certified	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 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)								

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period of two (2) years, 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 during 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 or OEM parts:
 - 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.
 - D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.

Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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

NO.	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 <u>MAY</u> 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	Tenderers are <u>required to submit individual proposal booklets for each item listed.</u> Each item shall be treated as a standalone submission	
5	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).	
6	Brochures / catalogues should be submitted / attached with tender document.	
7	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
8	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
9	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
10	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).	
11	The vendor is required to provide proof of manufacture date and official certification from the original manufacturer confirming the equipment is new.	
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor	