

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/202/2025/SSBH	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPERATING TABLE FOR OPERATING THEATRE, SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT MINISTRY OF HEALTH		HOSPITAL SURI SERI BEGAWAN KUALA BELAIT	\$10.00	12hb Ogos 2025	Masni binti Haji Mustapa Acting Nursing Officer Hospital Suri Seri Begawan Kuala Belait Negara Brunei Darussalam Contact No.: 3335331 ext.3146

TENDER REFERENCE NO.: KK/202/2025/SSBH(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING OPERATING TABLE FOR OPERATING
THEATRE, SURI SERI BEGAWAN HOSPITAL, KUALA
BELAIT MINISTRY OF HEALTH**

TENDER FEES : \$10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 12th August 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)

CONTENTS

SECTION 1 – USER REQUIREMENTS	2
1. ONE (1) UNIT OF OPERATING TABLE	3
2. ACCESSORIES	4
3. WARRANTY	4
4. END USER TRAINNING	5
5. TECHNICAL TRAINNING	5
SECTION 2 - PRICE PROPOSAL	6
SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION.....	7
SECTION 4 – WARRANTY UNDERTAKING FORM.....	8

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/202/2025/SSBH

INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPERATING TABLE FOR OPERATING THEATRE, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH

	SECTION 1 – USER REQUIREMENTS
1	ONE (1) UNIT OF OPEARTING TABLE
2	ACCESSORIES
3	WARRANTY
4	END USER TRAINING
5	TECHNICAL TRAINING

REF. NO.	DESCRIPTION
1	ONE (1) UNIT OF OPERATING TABLE
1	Electro-hydraulic operating table for general purpose surgery
2	Mobile with battery operated
3	Able to operate table using wired remote control and control panel on table.
4	C-arm compatible
5	Radio translucent tabletop sections.
6	Four (4) sections of tabletop:
6.1	Head rest section
6.2	Back rest section
6.3	Abdomen section
6.4	Leg section – Single piece
7	Capable of Trendelenburg, reverse trend, tilt and literal tilt
8	High quality grade stainless steel finish
9	Can withstand patient weight up to 250kg or better
10	Wheels and brakes for mobility
11	Built in battery mode in the event of electrical power failure to allow main function of table to continue working minimum at least 30 minutes or better
12	Dimension top length: Not more than 2160mm
13	Dimension top width: Not more than 550mm
14	Adjustable Trendelenburg - Maximum: 30°
15	Adjustable Lateral tilt - Maximum: 20° Left and Right
16	Adjustable Upper back section – Minimum UP: 45°
17	Adjustable Upper back section – Minimum DOWN: 40°
18	Adjustable Lower back section – Minimum UP: 30°
19	Adjustable Lower back section – Minimum DOWN: 65°
20	Adjustable Leg plate – Minimum UP and DOWN: 25°
21	Adjustable Height – Minimum from floor: 680mm or lower

REF. NO.	DESCRIPTION
2	ACCESSORIES
2.1	Two (2) units of Anaesthesia Arm boards / supports
2.1.1	Can be easily adjusted with integral easy attachment clamp. Full horizontal rotation with distal end trigger
2.1.2	Complete with removable foam pad, electrostatic cover on plastic supporting plate, may include two fastening straps.
2.1.2	One hand operation
2.2	Four (4) units of Radial setting clamp
2.2.1	Simultaneous fastening of the clamp to the side rail; radial setting and locking of the accessory using single screw. Rail clamps and side rail clamps. Accept table accessories with rectangular bar post Allows for horizontal and vertical positioning of table accessories. Constructed of durable cast metal clamp and impact resistant plastic
2.3	One (1) unit of Surgical arm board for lateral, chair, prone and neuro park bench positions.
2.3.1	Complete with Lockable ball socket that permits a wide range of positioning flexibility
2.4	One (1) Set of Bariatric width extender
2.4.1	For obese patient, the extender sets include back rest section, abdomen section extender with pads and complete with side rails.
2.5	One (1) Set of Traction bar
2.5.1	Complete set of traction bar to maintain leg position for orthopaedic surgery. Inclusive of necessary hanging orthopaedic attachment pelvic support, tibia nailing and femur nailing to ensure minimal strain to limbs.
2.6	One (1) unit of Accessories Trolley
2.7	Any other necessary standard accessories to maximise use of the operating table
2.8	Tenderer to provide a separate quote consisting of one unit of each accessory above for any additional purchase in the near future with price validity of one (1) year after this tender closing date. Tenderer may also include pricing of other accessories or consumables not listed above.
3	WARRANTY
3.1	Tenderer to include warranty period of at least two (2) years for both hardware and software
3.2	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:
3.2.1	Scope of Warranty
3.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard
3.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty
4	END USER TRAINING
4.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:
4.1.1	Basic user operation, user troubleshooting and user maintenance
4.1.2	Provide Operating manual (Hardcopy and/or Softcopy)
4.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.
5	TECHNICAL TRAINING
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)

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: BND\$	TOTAL PRICE: BND\$

SECTION 3 - PROCUREMENT 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 VALIDITY]	DELIVERY TIME:
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	
DETAILED BROCHURE INCLUDED	
USER AND SERVICE MANUALS:	
MAINS POWER SUPPLY:	
BATTERY:	
POWER ADAPTER/CHARGER OUTPUT RATING:	
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:	
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 LIFE TIME SUPPORT:	

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 or OEM parts:
 - Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- _____ **time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline including PM kits and 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.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/202/2025/SSBH

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OPERATING TABLE
FOR OPERATING THEATRE, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	ONE (1) UNIT OF OPEARTING TABLE			
2	ACCESSORIES			
3	WARRANTY			
4	END USER TRAINING			
5	TECHNICAL TRAINING			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	ONE (1) UNIT OF OPERATING TABLE			
1	Electro-hydraulic operating table for general purpose surgery			
2	Mobile with battery operated			
3	Able to operate table using wired remote control and control panel on table.			
4	C-arm compatible			
5	Radio translucent tabletop sections.			
6	Four (4) sections of tabletop:			
6.1	Head rest section			
6.2	Back rest section			
6.3	Abdomen section			
6.4	Leg section – Single piece			
7	Capable of Trendelenburg, reverse trend, tilt and literal tilt			
8	High quality grade stainless steel finish			
9	Can withstand patient weight up to 250kg or better			
10	Wheels and brakes for mobility			
11	Built in battery mode in the event of electrical power failure to allow main function of table to continue working minimum at least 30 minutes or better			
12	Dimension top length: Not more than 2160mm			
13	Dimension top width: Not more than 550mm			
14	Adjustable Trendelenburg - Maximum: 30°			
15	Adjustable Lateral tilt - Maximum: 20° Left and Right			
16	Adjustable Upper back section – Minimum UP: 45°			
17	Adjustable Upper back section – Minimum DOWN: 40°			
18	Adjustable Lower back section – Minimum UP: 30°			
19	Adjustable Lower back section – Minimum DOWN: 65°			
20	Adjustable Leg plate – Minimum UP and DOWN: 25°			
21	Adjustable Height – Minimum from floor: 680mm or lower			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
2	ACCESSORIES			
2.1	Two (2) units of Anaesthesia Arm boards / supports			
2.1.1	Can be easily adjusted with integral easy attachment clamp. Full horizontal rotation with distal end trigger			
2.1.2	Complete with removable foam pad, electrostatic cover on plastic supporting plate, may include two fastening straps.			
2.1.2	One hand operation			
2.2	Four (4) units of Radial setting clamp			
2.2.1	Simultaneous fastening of the clamp to the side rail; radial setting and locking of the accessory using single screw. Rail clamps and side rail clamps. Accept table accessories with rectangular bar post Allows for horizontal and vertical positioning of table accessories. Constructed of durable cast metal clamp and impact resistant plastic			
2.3	One (1) unit of Surgical arm board for lateral, chair, prone and neuro park bench positions.			
2.3.1	Complete with Lockable ball socket that permits a wide range of positioning flexibility			
2.4	One (1) Set of Bariatric width extender			
2.4.1	For obese patient, the extender sets include back rest section, abdomen section extender with pads and complete with side rails.			
2.5	One (1) Set of Traction bar			
2.5.1	Complete set of traction bar to maintain leg position for orthopaedic surgery. Inclusive of necessary hanging orthopaedic attachment pelvic support, tibia nailing and femur nailing to ensure minimal strain to limbs.			
2.6	One (1) unit of Accessories Trolley			
2.7	Any other necessary standard accessories to maximise use of the operating table			
2.8	Tenderer to provide a separate quote consisting of one unit of each accessory above for any additional purchase in the near future with price validity of one (1) year after this tender closing date. Tenderer may also include pricing of other accessories or consumables not listed above.			Quotation Reference:
3	WARRANTY			
3.1	Tenderer to include warranty period of at least two (2) years for both hardware and software			
3.2	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:			
3.2.1	Scope of Warranty			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
3.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard			
3.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty			
4	END USER TRAINNING			
4.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:			
4.1.1	Basic user operation, user troubleshooting and user maintenance			
4.1.2	Provide Operating manual (Hardcopy and/or Softcopy)			
4.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
5	TECHNICAL TRAINNING			
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)			

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: BND\$	TOTAL PRICE: BND\$

SECTION 3 - PROCUREMENT 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 VALIDITY]				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 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:										
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL				<input type="checkbox"/> Trained / <input type="checkbox"/> 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 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, 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 or OEM parts:
 - Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- _____ **time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline including PM kits and 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

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 _____, 2025.

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp