

**TENDER REFERENCE NO.: KK/379/2025/HTD**

**MINISTRY OF HEALTH  
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND  
COMISSIONING OF SLIT LAMP FOR OPHTHALMOLOGY  
DEPARTMENT, MINISTRY OF HEALTH**

**TENDER FEES : \$30.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 20 January 2026**

**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/379/2025/HTD

INVITATION TO TENDER  
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF SLIT LAMP FOR  
OPHTHALMOLOGY DEPARTMENT, MINISTRY OF HEALTH

| SCOPE OF WORK |  |
|---------------|--|
| 1.            | Supply of ONE (1) <u>unit</u> of Digital Slit lamp for Room 19, Eye Centre, RIPAS Hospital   |
| 2.            | Supply of ELEVEN (11) <u>units</u> of Standard Slit lamps for Ophthalmology Department <ul style="list-style-type: none"><li>- 4 Units for Eye Centre, RIPAS Hospital (Room 17, Room 12, Room 11 and Room 15)</li><li>- 2 Units for Berakas Health Centre</li><li>- 1 Unit for Muara Health Centre</li><li>- 1 Unit for Jubli Perak Sengkurong</li><li>- 2 Units for Gadong Health Centre</li><li>- 1 Unit for PIHM Hospital</li></ul> |

| NO.   | SECTION 1 – USER REQUIREMENTS  |
|-------|--|
| 1     | <b>DIGITAL SLIT LAMP</b>   |
| 1.1   | <b>Illumination system</b>   |
| 1.1.1 | <b>Slit Width:</b> Adjustable of up to 14mm or <b>better</b>   |
| 1.1.2 | <b>Slit length:</b> In the range of <b>1 mm to 14mm</b> or <b>better</b>                                     |
| 1.1.3 | <b>Rotation:</b> From 0° up to 180°  |
| 1.1.4 | <b>Bulb type:</b> LED  |
| 1.1.5 | <b>Filters:</b> Cobalt blue and red-free   |
| 1.2   | <b>Microscope / Optics</b>   |
| 1.2.1 | Type: Galilean magnification changer with converging binocular tubes (parallel magnification body)           |
| 1.2.2 | Eyepiece Magnification: 12.5x  |
| 1.2.3 | <b>Method of changing magnification:</b> 5-step drum rotation  |
| 1.2.4 | <b>Total magnification:</b> 6x, 10x, 16x, 25x, 40x or an equivalent range or better                          |
| 1.2.5 | <b>Field of View (FOV) / Magnification ratios:</b> 5.6, 8.8, 14, 22.5, 35.1 or an equivalent range or better |
| 1.2.6 | <b>Binocular angle:</b> 13° or better  |
| 1.2.7 | <b>Interpupillary distance:</b> Approximately 50mm – 75mm or better  |
| 1.3   | <b>Range of movement</b>   |
| 1.3.1 | Base Lateral (Right-Left) Movement: 100mm or better  |

| NO.      | SECTION 1 – USER REQUIREMENTS  |
|----------|--|
| 1.3.2    | Base Longitudinal (Forward-Backward) Movement: 90mm or better  |
| 1.3.3    | Height shift: 30mm or better   |
| 1.3.4    | Fine adjustment: 12mm or better  |
| 1.3.5    | Chinrest height adjustment: 80 mm or better  |
| 1.4      | <b>Digital Attachment for ophthalmic image recording system</b>  |
| 1.4.1    | Includes digital camera for capturing still images or videos compatible with the offered slit lamp for documentation, teaching and patient record.   |
| 1.4.2    | Ergonomic design for comfortable operator positioning  |
| 1.4.3    | <b>Complete with PC system for working station with the following minimum requirement:</b>   |
| 1.4.3.1  | Minimum Operating system: Microsoft Window 10 pro 64 bit or newer, compatible with the offered workstation software.   |
| 1.4.3.2  | Enterprise Grade with Intel core i5 processor or better  |
| 1.4.3.3  | 16GB DDR4 RAM or higher  |
| 1.4.3.4  | Hard drive capacity of 10TB or higher  |
| 1.4.3.5  | Appropriate video graphic card to support software visuals   |
| 1.4.3.6  | Connectivity through Ethernet, Wireless-N and Bluetooth 4.0  |
| 1.4.3.7  | Various ports such as USB 3.0, Display Port, RJ-45 and all the necessary ports for it to work as intended  |
| 1.4.3.8  | Security features: Antivirus, Trusted Platform Module 2.0 and remote support software.   |
| 1.4.3.9  | Inclusive of Display monitor suitable for working station  |
| 1.4.3.10 | Working System shall come with all the necessary standard accessories not mention above.   |
| 1.4.5    | License fully activated for data management software (if applicable) capable of capture, store, display and enhance digital images obtained with the device.   |
| 1.4.6    | System shall be ready and capable to be integrated to Hospital Information System  |
| 1.5      | <b>Accessories/Consumables</b><br>The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine |
| 1.5.1    | Motorised Instrument table   |
| 1.5.2    | Chin rest  |
| 1.5.3    | Patient grip   |
| 1.5.4    | Background illuminator   |
| 1.5.5    | Fixation target  |
| 1.5.6    | Additional spare of two (2) sets of LED bulbs  |
| 2        | <b>STANDARD SLIT LAMP</b>  |

| NO.   | SECTION 1 – USER REQUIREMENTS  |
|-------|--|
| 2.1   | <b>Illumination system</b>   |
| 2.1.1 | <b>Slit Width:</b> Adjustable of up to 14mm or <b>better</b>   |
| 2.1.2 | <b>Slit length:</b> In the range of <b>1mm to 14mm</b> or <b>better</b>  |
| 2.1.3 | <b>Rotation:</b> From 0° up to 180°  |
| 2.1.4 | <b>Bulb type:</b> LED  |
| 2.1.5 | <b>Filters:</b> Cobalt blue and red-free   |
| 2.2   | <b>Microscope / Optics</b>   |
| 2.2.1 | Type: Galilean magnification changer with converging binocular tubes (parallel magnification body)   |
| 2.2.2 | Eyepiece Magnification: 12.5x  |
| 2.2.3 | <b>Method of changing magnification:</b> 3-step drum rotation  |
| 2.2.4 | <b>Total magnification:</b> 10x, 16x, 25x, or an equivalent range or better  |
| 2.2.5 | <b>Field of View (FOV) / Magnification ratios:</b> 8.8, 14, 22.5 or an equivalent range or better  |
| 2.2.6 | <b>Binocular angle:</b> 13° or better  |
| 2.2.7 | <b>Interpupillary distance:</b> Approximately 50mm – 75mm or better  |
| 2.3   | <b>Range of movement</b>   |
| 2.3.1 | Base Lateral (Right-Left) Movement: 100mm or better  |
| 2.3.2 | Base Longitudinal (Forward-Backward) Movement: 90mm or better  |
| 2.3.3 | Height shift: 30mm or better   |
| 2.3.4 | Fine adjustment: 12mm or better  |
| 2.3.5 | Chinrest height adjustment: 80 mm or better  |
| 2.4   | <b>Applanation Tonometer</b>   |
| 2.4.1 | To measure intraocular pressure  |
| 2.4.2 | Configuration: Mounted to the offered standard slit lamp   |
| 2.4.3 | Measurement range: Approximately in the range of 0-80 mmHg or better   |
| 2.4.4 | Measurement accuracy: at least 0.49 mN   |
| 2.5   | <b>Accessories and consumables to be supplied for each unit</b>  |
| 2.5.1 | The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine |
| 2.5.1 | Motorised Instrument table   |
| 2.5.2 | Chin rest  |

| NO.      | SECTION 1 – USER REQUIREMENTS   |
|----------|---|
| 2.5.3    | Patient grip  |
| 2.5.4    | <b>Applanation tonometer, complete with a mounting base compatible with the slit lamp.</b>  |
| 2.5.5    | Fixation target   |
| 2.5.6    | Additional spare of two (2) sets of LED bulbs   |
| <b>3</b> | <b>END-USER TRAINING</b>  |
| 3.1      | Conduct <b>user training</b> to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> <li>▪ Basic user operation, user troubleshooting and user maintenance</li> <li>▪ Provide Operating manual (Hardcopy and/or Softcopy)</li> </ul>   |
| 3.2      | Tenderer must <b>prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.</b>  |
| <b>4</b> | <b>TECHNICAL TRAINING</b>   |
| 4.1      | <b>Introductory Technical Training</b> 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"> <li>▪ Troubleshooting and basic corrective maintenance</li> <li>▪ Handling and basic inspection maintenance</li> </ul> *(Two sessions/groups if required)  |
| <b>5</b> | <b>WARRANTY</b>   |
| 5.1      | Tenderer to include warranty period of <b>at least two (2) years</b>  |
| 5.2      | Tenderers to <b>ACKNOWLEDGE</b> 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"> <li>▪ Scope of Warranty</li> <li>▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).</li> </ul> |

| <b>SECTION 2 – PRICE PROPOSAL</b> |  |
|-----------------------------------|--|
| <b>PURCHASE PRICE</b>             | <b>DIGITAL SLIT LAMP<br/>PER UNIT</b>  |
|                                   | <b>STANDARD SLIT LAMP<br/>PER UNIT</b> |
|                                   | <b>TOTAL</b>                           |

| <b>SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION</b>              |                                   |
|---|-----------------------------------|
| <b>BRAND:</b>   | <b>MODEL:</b>                     |
| <b>COUNTRY OF ORIGIN:</b>   | <b>YEAR INTRODUCED TO MARKET:</b> |
| <b>WARRANTY PERIOD:</b>   | <b>LAST COUNTRY SOLD TO:</b>      |
| <b>PRICE VALIDITY:<br/>[AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]</b> | <b>DELIVERY TIME:</b>             |

| <b>SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION</b>  |
|---|
| <b>AUTHORIZED DISTRIBUTOR:<br/>(AUTHORIZED DISTRIBUTOR LETTER ATTACHED)</b>   |
| <b>DETAILED BROCHURE INCLUDED</b>   |
| <b>USER AND SERVICE MANUALS:</b>  |
| <b>MAINS POWER SUPPLY:</b>  |
| <b>BATTERY</b>  |
| <b>POWER ADAPTER/CHARGER OUTPUT RATING:</b>   |
| <b>EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:</b>   |
| <b>INTERNATIONAL SAFETY STANDARD</b><br>Must comply to at least 1 safety Standards and certification<br>(Please attached the copy of stated standards and certifications) |
| <b>NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)</b><br>Please provide training or certification for locals who is trained/certified                                  |
| <b>DIMENSIONS AND<br/>WEIGHT OF MAIN UNIT:</b>  |
| <b>EQUIPMENT WHOLE LIFE TIME SUPPORT:</b>   |

## 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 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.
- 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 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.
- 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.

**SECTION 3**

**TENDER FORM**

To:

**TENDER REFERENCE NO: KK/379/2025/HTD**

**INVITATION TO TENDER**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF SLIT LAMP FOR OPHTHALMOLOGY DEPARTMENT, MINISTRY OF HEALTH**

| <b>SCOPE OF WORK</b>   |     |    |         |
|--|-----|----|---------|
| Please <input checked="" type="checkbox"/> Tick where appropriate  | Yes | No | Remarks |
| <b>1. Supply of ONE (1) <u>unit</u> of Digital Slit lamp for Room 19, Eye Centre, RIPAS Hospital</b>   |     |    |         |
| <b>2. Supply of ELEVEN (11) <u>units</u> of Standard Slit lamps for Ophthalmology Department</b><br>- 4 Units for Eye Centre, RIPAS Hospital (Room 17, Room 12, Room 11 and Room 15)<br>- 2 Units for Berakas Health Centre<br>- 1 Unit for Muara Health Centre<br>- 1 Unit for Jubli Perak Sengkurong<br>- 2 Units for Gadong Health Centre<br>- 1 Unit for PIHM Hospital |     |    |         |

| <b>SECTION 1 – USER REQUIREMENTS</b>                              |   |    |         |
|---|---|----|---------|
| Please <input checked="" type="checkbox"/> Tick where appropriate | Yes   | No | Remarks |
| <b>1</b>  | <b>DIGITAL SLIT LAMP</b>  |    |         |
| 1.1   | <b>Illumination system</b>  |    |         |
| 1.1.1   | <b>Slit Width:</b> Adjustable of up to 14mm or <b>better</b>            |    |         |
| 1.1.2   | <b>Slit length:</b> In the range of <b>1mm to 14mm</b> or <b>better</b> |    |         |
| 1.1.3   | <b>Rotation:</b> From 0° up to 180°                                     |    |         |
| 1.1.4   | <b>Bulb type:</b> LED   |    |         |

| SECTION 1 – USER REQUIREMENTS                                     |  |  |     |    |         |  |
|---|--|--|-----|----|---------|--|
| Please <input checked="" type="checkbox"/> Tick where appropriate |  |  | Yes | No | Remarks |  |
| 1.1.5   | Filters: Cobalt blue and red-free  |  |     |    |         |  |
| 1.2   | <b>Microscope / Optics</b>   |  |     |    |         |  |
| 1.2.1   | Type: Galilean magnification changer with converging binocular tubes (parallel magnification body)   |  |     |    |         |  |
| 1.2.2   | Eyepiece Magnification: 12.5x  |  |     |    |         |  |
| 1.2.3   | <b>Method of changing magnification:</b> 5-step drum rotation  |  |     |    |         |  |
| 1.2.4   | <b>Total magnification:</b> 6x, 10x, 16x, 25x, 40x or an equivalent range or better  |  |     |    |         |  |
| 1.2.5   | <b>Field of View (FOV) / Magnification ratios:</b> 5.6, 8.8, 14, 22.5, 35.1 or an equivalent range or better                                       |  |     |    |         |  |
| 1.2.6   | <b>Binocular angle:</b> 13° or better  |  |     |    |         |  |
| 1.2.7   | <b>Interpupillary distance:</b> Approximately 50mm – 75mm or better  |  |     |    |         |  |
| 1.3   | <b>Range of movement</b>   |  |     |    |         |  |
| 1.3.1   | Base Lateral (Right-Left) Movement: 100mm or better  |  |     |    |         |  |
| 1.3.2   | Base Longitudinal (Forward-Backward) Movement: 90mm or better  |  |     |    |         |  |
| 1.3.3   | Height shift: 30mm or better   |  |     |    |         |  |
| 1.3.4   | Fine adjustment: 12mm or better  |  |     |    |         |  |
| 1.3.5   | Chinrest height adjustment: 80 mm or better  |  |     |    |         |  |
| 1.4   | <b>Digital Attachment for ophthalmic image recording system</b>  |  |     |    |         |  |
| 1.4.1   | Includes digital camera for capturing still images or videos compatible with the offered slit lamp for documentation, teaching and patient record. |  |     |    |         |  |
| 1.4.2   | Ergonomic design for comfortable operator positioning  |  |     |    |         |  |
| 1.4.3   | <b>Complete with PC system for working station with the following minimum requirement:</b>   |  |     |    |         |  |
| 1.4.3.1   | Minimum Operating system: Microsoft Window 10 pro 64 bit or newer, compatible with the offered workstation software.                               |  |     |    |         |  |
| 1.4.3.2   | Enterprise Grade with Intel core i5 processor or better  |  |     |    |         |  |
| 1.4.3.3   | 16GB DDR4 RAM or higher  |  |     |    |         |  |
| 1.4.3.4   | Hard drive capacity of 10TB or higher  |  |     |    |         |  |

| <b>SECTION 1 – USER REQUIREMENTS</b>                                     |  |            |           |                |
|--|--|------------|-----------|----------------|
| <b>Please <input checked="" type="checkbox"/> Tick where appropriate</b> |  | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 1.4.3.5  | Appropriate video graphic card to support software visuals   |            |           |                |
| 1.4.3.6  | Connectivity through Ethernet, Wireless-N and Bluetooth 4.0  |            |           |                |
| 1.4.3.7  | Various ports such as USB 3.0, Display Port, RJ-45 and all the necessary ports for it to work as intended  |            |           |                |
| 1.4.3.8  | Security features: Antivirus, Trusted Platform Module 2.0 and remote support software.   |            |           |                |
| 1.4.3.9  | Inclusive of Display monitor suitable for working station  |            |           |                |
| 1.4.3.10   | Working System shall come with all the necessary standard accessories not mention above.   |            |           |                |
| 1.4.5  | License fully activated for data management software (if applicable) capable of capture, store, display and enhance digital images obtained with the device.   |            |           |                |
| 1.4.6  | System shall be ready and capable to be integrated to Hospital Information System  |            |           |                |
| 1.5  | <b>Accessories/Consumables</b><br>The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine |            |           |                |
| 1.5.1  | Motorised Instrument table   |            |           |                |
| 1.5.2  | Chin rest  |            |           |                |
| 1.5.3  | Patient grip   |            |           |                |
| 1.5.4  | Background illuminator   |            |           |                |
| 1.5.5  | Fixation target  |            |           |                |
| 1.5.6  | Additional spare of two (2) sets of LED bulbs  |            |           |                |
| <b>2</b>   | <b>STANDARD SLIT LAMP</b>  |            |           |                |
| 2.1  | <b>Illumination system</b>   |            |           |                |
| 2.1.1  | <b>Slit Width:</b> Adjustable of up to 14mm or <b>better</b>   |            |           |                |
| 2.1.2  | <b>Slit length:</b> In the range of <b>1mm to 14mm</b> or <b>better</b>  |            |           |                |
| 2.1.3  | <b>Rotation:</b> From 0° up to 180°  |            |           |                |
| 2.1.4  | <b>Bulb type:</b> LED  |            |           |                |
| 2.1.5  | <b>Filters:</b> Cobalt blue and red-free   |            |           |                |

| SECTION 1 – USER REQUIREMENTS                                     |   |     |    |         |
|---|---|-----|----|---------|
| Please <input checked="" type="checkbox"/> Tick where appropriate |   | Yes | No | Remarks |
| 2.2   | <b>Microscope / Optics</b>  |     |    |         |
| 2.2.1   | Type: Galilean magnification changer with converging binocular tubes (parallel magnification body)  |     |    |         |
| 2.2.2   | Eyepiece Magnification: 12.5x   |     |    |         |
| 2.2.3   | <b>Method of changing magnification:</b> 3-step drum rotation   |     |    |         |
| 2.2.4   | <b>Total magnification:</b> 10x, 16x, 25x, or an equivalent range or better   |     |    |         |
| 2.2.5   | ▪ <b>Field of View (FOV) / Magnification ratios:</b> 8.8, 14, 22.5 or an equivalent range or better   |     |    |         |
| 2.2.6   | <b>Binocular angle:</b> 13° or better   |     |    |         |
| 2.2.7   | <b>Interpupillary distance:</b> Approximately 50mm – 75mm or better   |     |    |         |
| 2.3   | <b>Range of movement</b>  |     |    |         |
| 2.3.1   | Base Lateral (Right-Left) Movement: 100mm or better   |     |    |         |
| 2.3.2   | Base Longitudinal (Forward-Backward) Movement: 90mm or better   |     |    |         |
| 2.3.3   | ▪ Height shift: 30mm or better  |     |    |         |
| 2.3.4   | ▪ Fine adjustment: 12mm or better   |     |    |         |
| 2.3.5   | ▪ Chinrest height adjustment: 80 mm or better   |     |    |         |
| 2.4   | ▪ <b>Applanation Tonometer</b>  |     |    |         |
| 2.4.1   | ▪ To measure intraocular pressure   |     |    |         |
| 2.4.2   | ▪ Configuration: Mounted to the offered standard slit lamp  |     |    |         |
| 2.4.3   | ▪ Measurement range: Approximately in the range of 0-80 mmHg or better  |     |    |         |
| 2.4.4   | ▪ Measurement accuracy: at least 0.49 mN  |     |    |         |
| 2.5   | <b>Accessories and consumables to be supplied for each unit</b><br>The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine |     |    |         |
| 2.5.1   | Motorised Instrument table  |     |    |         |
| 2.5.2   | Chin rest   |     |    |         |

| SECTION 1 – USER REQUIREMENTS                                     |   |  |     |    |         |
|---|---|--|-----|----|---------|
| Please <input checked="" type="checkbox"/> Tick where appropriate |   |  | Yes | No | Remarks |
| 2.5.3   | Patient grip  |  |     |    |         |
| 2.5.4   | <b>Applanation tonometer, complete with a mounting base compatible with the slit lamp.</b>  |  |     |    |         |
| 2.5.5   | Fixation target   |  |     |    |         |
| 2.5.6   | Additional spare of two (2) sets of LED bulbs   |  |     |    |         |
| <b>3</b>  | <b>END-USER TRAINING</b>  |  |     |    |         |
| 3.1   | Conduct <b>user training</b> to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> <li>▪ Basic user operation, user troubleshooting and user maintenance</li> <li>▪ Provide Operating manual (Hardcopy and/or Softcopy)</li> </ul>   |  |     |    |         |
| 3.2   | Tenderer must <b>prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.</b>  |  |     |    |         |
| <b>4</b>  | <b>TECHNICAL TRAINING</b>   |  |     |    |         |
| 4.1   | <b>Introductory Technical Training</b> 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"> <li>▪ Troubleshooting and basic corrective maintenance</li> <li>▪ Handling and basic inspection maintenance</li> </ul> *(Two sessions/groups if required)  |  |     |    |         |
| <b>5</b>  | <b>WARRANTY</b>   |  |     |    |         |
| 5.1   | ▪ Tenderer to include warranty period of <b>at least two (2) years</b>  |  |     |    |         |
| 5.2   | Tenderers to <b>ACKNOWLEDGE</b> 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"> <li>▪ Scope of Warranty</li> <li>▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).</li> </ul> |  |     |    |         |

| SECTION 2 – PRICE PROPOSAL |                                |       |
|----------------------------|--------------------------------|-------|
| PURCHASE PRICE             | DIGITAL SLIT LAMP<br>PER UNIT  | BND\$ |
|                            | STANDARD SLIT LAMP<br>PER UNIT | BND\$ |
|                            | TOTAL                          | BND\$ |

| SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION                |  |                            |  |
|--|--|----------------------------|--|
| BRAND:   |  | MODEL:                     |  |
| COUNTRY OF ORIGIN:   |  | YEAR INTRODUCED TO MARKET: |  |
| WARRANTY PERIOD:   |  | LAST COUNTRY SOLD TO:      |  |
| PRICE VALIDITY:<br>[AT LEAST <u>ONE (1) YEAR</u> PRICE<br>VALIDTY] |  | DELIVERY TIME:             |  |

| SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION  |   |                 |  |  |             |  |
|--|---|-----------------|--|--|-------------|--|
| AUTHORIZED DISTRIBUTOR:<br>(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 <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:  |   |                 |  | OTHERS:  |             |  |
|  |   |                 |  | OTHERS:  |             |  |
| BATTERY  | RECHARGEABLE  |                 | SINGLE-USE   |  | REPLACEABLE |  |
|  | OTHERS:   |                 |  |  |             |  |
|  | TYPE OF BATTERY:  |                 |  |  |             |  |
|  | RATING:   |                 |  |  |             |  |
| POWER ADAPTER/CHARGER OUTPUT RATING:   |   |                 |  |  |             |  |
| EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:   |   |                 |  |  |             |  |
| INTERNATIONAL SAFETY STANDARD<br>Must comply to at least 1 safety Standards and certification<br>(Please attached the copy of stated standards and certifications) |   |                 |  | <input checked="" type="checkbox"/> Tick where appropriate<br><input type="checkbox"/> US FDA Standard,<br><input type="checkbox"/> European Union CE MARK,<br><input type="checkbox"/> Australian TGA Standard,<br><input type="checkbox"/> Canadian CSA Standard or<br><input type="checkbox"/> Japanese JIS Standard.<br>Others (Please specify): _____ |             |  |
| NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)<br><br>Please provide training or certification for locals who is trained/certified                              | LOCAL   |                 | <input type="checkbox"/> Trained / Certified<br><input type="checkbox"/> Not yet trained on the product            |  |             |  |
|  | OVERSEA (SPECIFY LOCATION)  |                 | NEAREST LOCATION:  |  |             |  |
| DIMENSIONS AND WEIGHT OF MAIN UNIT:  | <input type="checkbox"/> mm<br><input type="checkbox"/> cm<br><input type="checkbox"/> inch   |                 | <input type="checkbox"/> Kilogram (Kg)<br><input type="checkbox"/> Gram(g)<br><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.<br>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:
  - 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 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.
- 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<br>(PLEASE STATE) |
|-----|--|----------------------------------|
| 1   | Tenderer must be registered with the Ministry of Health.   |                                  |
| 2   | <b>TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF TENDER.</b>  |                                  |
| 3   | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF TENDER.</b>  |                                  |
| 4   | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> (if applicable).<br>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   | <b>Brochures / catalogues should be submitted / attached</b> with tender document.   |                                  |
| 6   | Any <b>room renovation</b> which may be required, <b>it is mandatory to conduct site visit</b> (if applicable)   |                                  |
| 7   | <b>Samples should be submitted together with tender or within fourteen (14 days)</b> of the tender closing dates (if applicable).  |                                  |
| 8   | <b>DELIVERY PERIOD:</b><br>(Please state) Not More Than <b>90 days</b> upon confirmation   |                                  |
| 9   | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period.<br>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 <b>newly manufactured, unused, and in its original</b> , sealed packaging. The equipment must <b>not be previously owned, refurbished, or reconditioned</b> in any form.<br>During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.   |                                  |

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

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