

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

QUOTATION/TENDER REFERENCE NO:	(04) IKLAN-QTN/UPP.HRIPAS/2026/ORTHO
QUOTATION/TENDER NAME	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BATTERY-POWERED ORTHOPAEDIC OSCILLATING SURGICAL SAW FOR OPERATING THEATRE, RIPAS HOSPITAL

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	BATTERY-POWERED ORTHOPAEDIC OSCILLATING SURGICAL SAW - PLEASE REFER TO THE ATTACHED SPECIFICATIONS	PER UNIT	4 UNITS						
								TOTAL PRICE (B\$)	

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION/TENDER.	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery . 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.	
5	Brochures / catalogues should be submitted / attached with quotation/tender document.	
5	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7	DELIVERY PERIOD: (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)
8	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).	

Section/Unit	Orthopaedic Department	Section/Unit Ref No.:	-
Person to Contact	Name : Dr Dyg Hj Liza binti Hj Ishak	Tel.No. :	2242424 ext: 5617
	E-mail : -	Fax No.:	-

FOR QUOTATION ONLY

TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	<p>Company's Official Stamp</p>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	
c.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION	
d.	Please do not use TIPPEX for amendment	
		<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i></p> <p>I hereby certify the above quote to be correct.</p> <p>Signature:</p> <p>Name:</p> <p>Designation:</p> <p>Date:</p>

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BATTERY-POWERED ORTHOPAEDIC OSCILLATING SURGICAL SAW FOR OPERATING THEATRE, RIPAS HOSPITAL

	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF TENDER .	
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER .	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

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SCOPE OF WORK AND SUMMARY OF PRICES				
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:				
DESCRIPTION	QUANTITY	YES	NO	REMARKS
BATTERY-POWERED ORTHOPAEDIC OSCILLATING SURGICAL SAW	4			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING BATTERY-POWERED ORTHOPAEDIC OSCILLATING SURGICAL SAW FOR OPERATING THEATRE, RIPAS HOSPITAL

SECTION 1 – USER REQUIREMENTS				
1. SYSTEM ARHITECTURE				
REF	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.1	Battery-powered orthopaedic oscillating surgical saw system suitable for use in Orthopaedics and Trauma department in the Operating Theatre			
1.2	The system shall be cordless, battery-powered, ergonomically designed for operating theatre use.			
1.3	Technical & Performance Requirements			
1.3.1	Motion & Speed			
1.3.1.1	Oscillating saw handpiece.			
1.3.1.2	Variable speed control.			
1.3.1.3	Maximum oscillation speed: ≥ 14,000 oscillations per minute (opm)			
1.3.1.4	Oscillation angle / stroke suitable for precision bone cutting.			
1.3.2	Cutting Capability			
1.3.2.1	Compatible with standard sterile oscillating saw blades for orthopaedic use.			
1.3.2.2	Capable of cutting cortical and cancellous bone efficiently with minimal vibration.			
1.3.2.3	Blade locking mechanism to prevent accidental disengagement.			
1.3.3	Power Supply / Battery			
1.3.3.1	Rechargeable lithium-ion battery system.			
1.3.3.2	Nominal battery voltage approximately 13 V or equivalent.			
1.3.3.3	Battery shall be removable and suitable for aseptic or validated reprocessing workflow.			
1.3.4	Controls & Ergonomics			
1.3.4.1	Trigger or dual-trigger design with variable speed control.			
1.3.4.2	Handpiece weight (including battery) shall be ergonomic and suitable for prolonged use.			
1.3.4.3	Non-slip grip, suitable for gloved operation.			
1.3.4.4	Visual and/or audible indicators for battery status and fault conditions.			
1.3.5	Safety Features			
1.3.5.1	Mechanical and electrical safety lock-out.			
1.3.5.2	Protection against overheating and motor overload.			
1.3.5.3	Compliance with the following standard or equivalent: <ul style="list-style-type: none"> • IEC and/or EN Safety Standards • CE and/or FDA approval 			
1.4	Sterilisation & Reprocessing			
1.4.1	Handpiece and accessories shall be designed for hospital reprocessing.			
1.4.2	Reprocessing method (e.g. steam sterilisation, low-temperature sterilisation, or aseptic barrier system) shall be validated by manufacture			

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2. CONSUMABLES AND ACCESSORIES				
REF	DESCRIPTION	(✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
2.1	Inclusive of all the accessories for the machine to be fully functional, and not limited to the following:			
2.1.1	6 units of sterilizable battery			
2.1.2	6 units of Blade with Width: 19.5mm, Length: 90.0mm, Thickness: 1.27mm or equivalent or better			

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

3. END USER AND TECHNICAL 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) 			
3.1.1	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
3.2	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)			

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4. WARRANTY				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
4.1	Tenderer to include warranty period of at least TWO (2) years			
4.2	<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 			

5. PRODUCT DEMONSTRATION (UPON REQUIREMENT)				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
5.1	<p>If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process</p> <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. 			

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SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	MAIN SYSTEM PER UNIT	BND\$
	ACCESSORIES PRICE	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: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

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SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION				
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR			
	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR		COMPANY NAME:	
			COMPANY ORIGIN:	
DETAILED BROCHURE INCLUDED	YES		NO	<input checked="" type="checkbox"/> or specify where appropriate
USER AND SERVICE MANUALS:	YES		NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)
MAINS POWER SUPPLY:	220V-240V		OTHERS:	
	50-60HZ		OTHERS:	
BATTERY	RECHARGEABLE		SINGLE-USE	REPLACEABLE
	OTHERS:			
	TYPE OF BATTERY:			
	RATING:			
POWER ADAPTER/CHARGER OUTPUT RATING:				
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:				
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)			<input checked="" type="checkbox"/> Tick where appropriate <input type="checkbox"/> US FDA Standard, <input type="checkbox"/> European Union CE MARK, <input type="checkbox"/> Australian TGA Standard, <input type="checkbox"/> Canadian CSA Standard or <input type="checkbox"/> Japanese JIS Standard. Others (Please specify): _____	
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL		<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product	
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:	
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch		<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> Pound (lbs)
EQUIPMENT WHOLE LIFE TIME SUPPORT:	The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)			

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SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **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.

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