

TENDER REFERENCE NO.: KK/118/2026/HTD

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING OF RECLINING DIALYSIS CHAIR FOR
DEPARTMENT OF RENAL SERVICES, MINISTRY OF
HEALTH**

TENDER FEES : \$50.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 16th June 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/118/2026/HTD

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING, OF RECLINING CHAIR
FOR DEPARTMENT OF RENAL SERVICES, MINISTRY OF HEALTH**

DELIVERY PERIOD	NOT MORE THAN 90 DAYS UPON CONFIRMATION
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SCOPE OF WORK			
1. Supply of (SIXTY) <u>60 units</u> of Reclining Chair for Department of Renal Services. with <u>staggered deliveries</u> scheduled over a <u>two-year period</u>.			
2. Summary of total numbers and distribution list are as follow:			
YEAR/ LOCATION	RIMBA DIALYSIS CENTRE	RIPAS HOSPITAL RENAL UNIT (3RD FLOOR)	KUALA BELAIT DIALYSIS CENTRE
YEAR 1	10 units	5 units	15 units
YEAR 2	10 units	5 units	15 units

	SECTION 1 – USER REQUIREMENTS
1	STANDARD FEATURES
1.1	Designated to assist and facilitate the work of physicians and medical staff
1.2	Increase the patient's comfort considerably and therefore help to relieve tension during treatment
1.3	Upholstery:
1.4	Easy to clean and disinfect
1.5	Resistant to disinfectant and flame retardant
2	TECHNICAL REQUIREMENTS
2.1	Electrically adjustable position for:
2.1.1	Seat height Adjustment range: 53 – 80cm (± 5 cm)
2.1.2	Backrest Adjustment range: 80° ($\pm 5^\circ$)
2.1.3	Trendelenburg Adjustment range: -13° ($\pm 3^\circ$) under horizontal flat position
2.1.4	Seat tilt (adjustable)
2.1.5	Legrest (adjustable)
2.1.6	footrest (adjustable)
2.1.7	Fully flat position
2.2	Hand held controller to control the adjustable position
2.3	Adjustable arm rest (tilt-up armrest)
2.4	Size of upholstery: approximately 210(L) x 60(W)cm (± 5 cm)
2.5	Armrest size: approximately 55(L) x 15(W)cm (± 3 cm)
2.6	Castor with brakes 4 x diameter 10cm (± 2 cm) swivel castors with individual total lock
2.7	Weight of chair (Please specify)
2.8	Weight load capacity: 200kg or higher
2.9	Standard power supply: 100-240V AC, 50/60Hz
2.10	Comes with:
2.10.1	Rechargeable battery backup operation
2.10.2	detachable tray table
2.10.3	IV pole holder
2.10.4	Headrest pillow
2.10.5	Upholstery with memory foam
2.11	To remove the existing reclining chair to the designated area specified by MOH (if requested) Supplier to provide manpower and transport to move the old reclining chair to the designated area if requested.

2	END-USER TRAINING
2.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.
3	TECHNICAL TRAINING
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)
4	WARRANTY
4.1	Tenderer to include warranty period of at least two (2) years
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

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

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	PRICE PER UNIT	FOR 1 UNIT
	PRICE (YEAR 1)	FOR 30 UNITS
	PRICE (YEAR 2)	FOR 30 UNITS
	TOTAL PRICE	FOR 60 UNITS

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 <u>ONE (1) YEAR</u> PRICE VALIDTY]	DELIVERY TIME:

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION
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:
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)
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:
 - 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.

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 <u>MAY</u> 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: Not More Than 90 days upon confirmation
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).
10	The equipment supplied must be newly manufactured, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/118/2026/HTD

INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING, OF RECLINING CHAIR FOR DEPARTMENT OF RENAL SERVICES, MINISTRY OF HEALTH

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

DELIVERY PERIOD	
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SCOPE OF WORK				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1. Supply of (SIXTY) 60 units of Reclining Chair for Department of Renal Services. with <u>staggered deliveries</u> scheduled over a <u>two-year period</u>.				
2. Summary of total numbers and distribution list are as follow				
YEAR/ LOCATION	RIMBA DIALYSIS CENTRE	RIPAS HOSPITAL RENAL UNIT (3RD FLOOR)	KUALA BELAIT DIALYSIS CENTRE	
YEAR 1	10 units	5 units	15 units	
YEAR 2	10 units	5 units	15 units	

SECTION 1 – USER REQUIREMENTS

Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	STANDARD FEATURES			
1.1	Designated to assist and facilitate the work of physicians and medical staff			
1.2	Increase the patient's comfort considerably and therefore help to relieve tension during treatment			
1.3	Upholstery:			
1.4	Easy to clean and disinfect			
1.5	Resistant to disinfectant and flame retardant			
2	TECHNICAL REQUIREMENTS			
2.1	Electrically adjustable position for:			
2.1.1	Seat height Adjustment range: 53 – 80cm (± 5 cm)			
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2.1.4	Seat tilt (adjustable)			
2.1.5	Legrest (adjustable)			
2.1.6	footrest (adjustable)			
2.1.7	Fully flat position			
2.2	Hand held controller to control the adjustable position			

SECTION 1 – USER REQUIREMENTS

Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2.3	Adjustable arm rest (tilt-up armrest)			
2.4	Size of upholstery: approximately 210(L) x 60(W)cm (±5cm)			
2.5	Armrest size: approximately 55(L) x 15(W)cm (±3cm)			
2.6	Castor with brakes 4 x diameter 10cm (±2cm) swivel castors with individual total lock			
2.7	Weight of chair (Please specify)			_____ kg
2.8	Weight load capacity: 200kg or higher			_____ kg
2.9	Standard power supply: 100-240V AC, 50/60Hz			
2.10	Comes with:			
2.10.1	Rechargeable battery backup operation			
2.10.2	detachable tray table			
2.10.3	IV pole holder			
2.10.4	Headrest pillow			
2.10.5	Upholstery with memory foam			
2.11	To remove the existing reclining chair to the designated area specified by MOH (if requested) Supplier to provide manpower and transport to move the old reclining chair to the designated area if requested.			

Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2	END-USER TRAINING			
2.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy) 			
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
3	TECHNICAL TRAINING			
3.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)			
4	WARRANTY			
4.1	Tenderer to include warranty period of at least two (2) years			
4.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period). 			

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

SECTION 2 – PRICE PROPOSAL			
PURCHASE PRICE	PRICE PER UNIT	BND\$	FOR 1 UNIT
	PRICE (YEAR 1)	BND\$	FOR 30 UNITS
	PRICE (YEAR 2)	BND\$	FOR 30 UNITS
	TOTAL PRICE	BND\$	FOR 60 UNITS

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 <u>ONE (1) YEAR</u> PRICE VALIDTY]		DELIVERY TIME:	

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:			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 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)				

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.
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- 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.	
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6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
9	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	
10	The equipment supplied must be newly manufactured, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form. 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