

TENDER REFERENCE NO.: KK/95/2026/SSBH

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING DELIVERY BEDS FOR SURI SERI
BEGAWAN (SSB) HOSPITAL, KUALA BELAIT**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 09th 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)

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SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/95/2026/SSBH

INVITATION TO TENDER

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING DELIVERY BEDS FOR
SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT**

SECTION 1 – USER REQUIREMENTS	
REF. NO.	DESCRIPTION
1	FIVE (5) UNITS OF DELIVERY BEDS
2	WARRANTY
3	END USER TRAINING
4	TECHNICAL TRAINING

REF. NO.	DESCRIPTION
1	FIVE (5) UNITS OF DELIVERY BEDS
1.1	Electric delivery bed with columnar motor on lockable wheels designed for obstetric care.
1.2	Labour, Delivery and Recovery capability – supports labour, delivery and recovery in one bed or changing from hospital bed to delivery table.
1.3	Electronically adjustable height, Trendelenburg and reverse Trendelenburg for both standing and seated medical staff.
1.4	Can go as low as 60cm from the floor to mattress platform or lower.
1.5	Can go as high as 90cm from the floor to mattress platform or higher.
1.6	Backrest adjustment from 0° to 70° or better
1.7	Trendelenburg and Reverse Trendelenburg positioning with a tilt angle up to at least 12° or better.
1.8	Weight capacity can safely accommodate patients weighing up at least 150 Kg or better.
1.9	Comes with quality detachable ABS headboard and footboard.
1.10	Removable headboard and footboard.
1.11	Tuck-away bedside rails made of polypropylene (PP) plastic.
1.12	Has both control panels embedded on side rails and a nurse control panel.
1.13	Rotating protective bumpers at all four corners of the bed.
1.14	Have 125mm twin castors with central and directional lock.
1.15	Adjustable hand grips.
1.16	Inclusive of integrated IV poles.
1.16	Inclusive of adjustable leg supports.
1.17	Integrated accessory rails to hold accessories and items such as urine bag.
1.18	Inclusive of upholstered heel supports.
1.19	Inclusive of ABS fluid bowl of 10L capacity or better
1.20	Inclusive of accessory rack.
1.21	Easily accessible emergency stop button to immediately halt all electronic functions.
1.22	Comply with IEC 60601-1 standards for electrical safety in medical applications.
1.23	Bed dimension requirements: Length between 2000 to 2200mm
1.24	Bed dimension requirements: Width between 900 to 1100mm
2	WARRANTY

REF. NO.	DESCRIPTION
2.1	Tenderer to include comprehensive warranty for a period of at least one (1) year
2.2	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:
2.2.1	Scope of Warranty
2.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard
2.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty
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:
3.1.1	Basic user operation, user troubleshooting and user maintenance
3.1.2	Provide Operating manual (Hardcopy and/or Softcopy)
3.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.
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)

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE:	TOTAL PRICE:

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:	
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 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 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.
- **One 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/95/2026/SSBH

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING DELIVERY BEDS FOR
SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT

TENDER OF (*name of tenderer*) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

SECTION 1 – USER REQUIREMENTS				
REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	FIVE (5) UNITS OF DELIVERY BEDS			
2	WARRANTY			
3	END USER TRAINING			
4	TECHNICAL TRAINING			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	FIVE (5) UNITS OF DELIVERY BEDS			
1.1	Electric delivery bed with columnar motor on lockable wheels designed for obstetric care.			
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1.21	Easily accessible emergency stop button to immediately halt all electronic functions.			
1.22	Comply with IEC 60601-1 standards for electrical safety in medical applications.			
1.23	Bed dimension requirements: Length between 2000 to 2200mm			
1.24	Bed dimension requirements: Width between 900 to 1100mm			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
2	WARRANTY			
2.1	Tenderer to include comprehensive warranty for a period of at least one (1) year			
2.2	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:			
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3.1.2	Provide Operating manual (Hardcopy and/or Softcopy)			
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4	TECHNICAL TRAINNING			
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)			

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: BND\$	TOTAL PRICE: 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				
	LETTER	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		<input type="checkbox"/>	SINGLE-USE	<input type="checkbox"/>
	OTHERS:				
	TYPE OF BATTERY:				
	RATING:				
POWER ADAPTER/CHARGER OUTPUT RATING:					
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL		<input type="checkbox"/>	Trained / Certified	
Please provide training or certification for locals who is trained/certified	OVERSEA (SPECIFY LOCATION)		<input type="checkbox"/>	Not yet trained on the product	
			NEAREST LOCATION:		
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm		<input type="checkbox"/> Kilogram (Kg)	
		<input type="checkbox"/> cm		<input type="checkbox"/> Gram(g)	
		<input type="checkbox"/> inch		<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

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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 _____, _____

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp