**TENDER REF. NO.: KK/179/2026/UPP(TC)**

# MINISTRY OF HEALTH

## NEGARA BRUNEI DARUSSALAM

## SUPPLY, DELIVERY AND MAINTENANCE OF HEARING AIDS FOR AUDIOLOGY SERVICES, DEPARTMENT OF OTORHINOLARYNGOLOGY, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR TWO (2) YEARS

**TENDER FEE : $50.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 18th August 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**

**SPECIFICATION**

**TENDER REFERENCE NO.: KK/179/2026/UPP(TC)**

**INVITATION TO TENDER**
**SUPPLY, DELIVERY AND MAINTENANCE OF HEARING AIDS FOR AUDIOLOGY SERVICES, DEPARTMENT OF OTORHINOLARYNGOLOGY, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR TWO (2) YEARS**

| | |
|---|---|
| **DELIVERY PERIOD** | **NOT LATER THAN 6 - 8 WEEKS**<br>**STAGGERED DELIVERY UPON REQUEST** |

| NO | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR |
|---|---|---|---|
| **1.** | **HEARING AIDS**<br><br>(PLEASE SEE ATTACHMENT FOR THE SPECIFICATION) | UNIT | **350 UNITS** |

| 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 **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 shall 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 tender document**.** |
| **6** | **Samples should be submitted together with tender or within fourteen (14 days)** of the tender closing date (if applicable). |
| **7** | **DELIVERY PERIOD:**<br>**Not later than 6 - 8 weeks**<br>**Staggered delivery upon request** |
| **8** | **PRICE VALIDITY:**<br>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 | Audiology Services, Otorhinolaryngology Department (ORL), Raja Isteri Pengiran Anak Saleha Hospital | | Section/Unit Ref No.: | |
| Person to Contact | Name: | Nurrul Akmar Halem<br>Audiology Unit, Otorhinolaryngology Department (ORL), Raja Isteri Pengiran Anak Saleha Hospital | Tel.No.: | 2242424<br>ext 5309 |
| | E-mail: | Nurrul.halem@moh.gov.bn | Fax No.: | |

**ATTACHMENT**

| **DESCRIPTION** | |
|---|---|
| 350 units of Hearing Aids | |
| Suitable for mild to severe hearing loss, all audiometric configuration | |
| Behind-the-ear hearing (BTE) with interchangeable standard (damped) and paediatric hooks (damped/ undamped) as well as for receiver in the ear or open-fitting | |
| 3 pairs of right and left cables for programming (optional) | |
| 2 units of NoahLink Wireless | |
| Updated CD software or link Software for programming compatible with MOH internet | |
| Interfaces with NoahLink Wireless / HiPro2 | |
| **Technical Data:** | |
| **Ear Simulator** | |
| Frequency range | : 100-7500Hz |
| OSPL90 (peak) | : Between 127dBSPL (for low powered speakers) to 135dBSPL (for high powered speakers) |
| Full on gain (peak) | : Between 66dBSPL (for low powered speakers) to 72dBSPL for high powered speakers) |
| **2cc coupler** | |
| Frequency range | : 100-7500Hz |
| OSPL90 (peak) | : Between 117dBSPL (for low powered speakers) to 127dBSPL (for high powered speakers) |
| Full on gain (peak) | : Between 55dBSPL (for low powered speakers) to 64dBSPL for high powered speakers) |
| **Features** | |
| Fitting formulas | : NAL-NL1, NAL-NL2, DSL v5a |
| Fitting Bandwidth | : At least 8KHz |
| Processing Channels | : 48 |
| Fitting band | : At least 18 |
| Manual Program | : At least 3 |
| Push button (program / volume) | |
| Multiple Directionality Options | |
| Noise management | |
| Compatible with wireless communication system | |
| **Other features** | |
| ▪ | Wireless connectivity between two hearing aids |
| ▪ | Frequency lowering |

| | | |
|---|---|---|
| ▪ | Improves soft speech understanding | |
| ▪ | Feedback management system | |
| ▪ | Provides a variety of relief sounds to meet the individual needs of people with tinnitus | |
| ▪ | Compatible with Contralateral Routing of Signals (CROS) hearing aids | |
| **Additional requirements** | | |
| ▪ | Speaker units of different sizes to cater to different levels of hearing loss for all the hearing aids supplier (receiver-in-ear) | At least 100 units |
| ▪ | Demo set – of different sizes depending on patient's ear size | At least 50 units per size |
| ▪ | Tool set for changing speaker units and earhooks | 7 sets |
| ▪ | Adult earhook | 100 units |
| ▪ | Paediatric earhook | 100 units |
| ▪ | Custom ear mould (soft/hard) | 100 units |
| **Each hearing aid should include the following:** | | |
| ▪ | Warranty 2 years | |
| ▪ | 1 set hearing aid kit for each hearing aid unit consisting of a SafeLineTM, 2 pieces of drying capsules, drying beaker, air puffer, battery tester and cleaning tools | |
| ▪ | At least two (2) packets of zinc air batteries | |

**SECTION 3**

**FORMS TO BE USED**

**CONTENTS**

**SCHEDULE 1 – TENDER FORM**

To:

**TENDER REFERENCE NO.: KK/179/2026/UPP(TC)**

**INVITATION TO TENDER**
**SUPPLY, DELIVERY AND MAINTENANCE OF HEARING AIDS FOR AUDIOLOGY SERVICES, DEPARTMENT OF OTORHINOLARYNGOLOGY, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR TWO (2) YEARS**

**TENDER OF (*name of tenderer*)** _____

Company/Business Registration No.: _____

Tender Closing Date: _____

| **DELIVERY PERIOD** | |
|---|---|

| | **USER'S REQUIREMENTS** | | | **VENDOR'S OFFER** | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **NO.** | **ITEM DESCRIPTIONS AND SPECIFICATIONS** | **PACKING SIZE** | **TOTAL QUANTITY REQUESTED** | **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 YEAR)** | **TOTAL COSTS (B$) (2 YEARS)** |
| **1.** | **HEARING AIDS**<br><br>(PLEASE SEE ATTACHMENT FOR THE SPECIFICATION) | UNIT | **350 UNITS** | | | | | | | |

| DESCRIPTION | | YES (√) | NO (X) | PLEASE SPECIFY (where necessary) |
|---|---|---|---|---|
| 350 units of Hearing Aids | | | | |
| Suitable for mild to severe hearing loss, all audiometric configuration | | | | |
| Behind-the-ear hearing (BTE) with interchangeable standard (damped) and paediatric hooks (damped/ undamped) as well as for receiver in the ear or open-fitting | | | | |
| 3 pairs of right and left cables for programming (optional) | | | | |
| 2 units of NoahLink Wireless | | | | |
| Updated CD software or link Software for programming compatible with MOH internet | | | | |
| Interfaces with NoahLink Wireless / HiPro2 | | | | |
| **Technical Data:** | | | | |
| **Ear Simulator** | | | | |
| Frequency range | : 100-7500Hz | | | |
| OSPL90 (peak) | : Between 127dBSPL (for low powered speakers) to 135dBSPL (for high powered speakers) | | | |
| Full on gain (peak) | : Between 66dBSPL (for low powered speakers) to 72dBSPL for high powered speakers) | | | |
| **2cc coupler** | | | | |
| Frequency range | : 100-7500Hz | | | |
| OSPL90 (peak) | : Between 117dBSPL (for low powered speakers) to 127dBSPL (for high powered speakers) | | | |
| Full on gain (peak) | : Between 55dBSPL (for low powered speakers) to 64dBSPL for high powered speakers) | | | |
| **Features** | | | | |
| Fitting formulas | : NAL-NL1, NAL-NL2, DSL v5a | | | |
| Fitting Bandwidth | : At least 8KHz | | | |
| Processing Channels | : 48 | | | |
| Fitting band | : At least 18 | | | |
| Manual Program | : At least 3 | | | |
| Push button (program / volume) | | | | |
| Multiple Directionality Options | | | | |
| Noise management | | | | |

| DESCRIPTION | | | YES (√) | NO (X) | PLEASE SPECIFY (where necessary) |
|---|---|---|---|---|---|
| Compatible with wireless communication system | | | | | |
| **Other features** | | | | | |
| ▪ | Wireless connectivity between two hearing aids | | | | |
| ▪ | Frequency lowering | | | | |
| ▪ | Improves soft speech understanding | | | | |
| ▪ | Feedback management system | | | | |
| ▪ | Provides a variety of relief sounds to meet the individual needs of people with tinnitus | | | | |
| ▪ | Compatible with Contralateral Routing of Signals (CROS) hearing aids | | | | |
| **Additional requirements** | | | | | |
| ▪ | Speaker units of different sizes to cater to different levels of hearing loss for all the hearing aids supplier (receiver-in-ear) | At least 100 units | | | |
| ▪ | Demo set – of different sizes depending on patient's ear size | At least 50 units per size | | | |
| ▪ | Tool set for changing speaker units and earhooks | 7 sets | | | |
| ▪ | Adult earhook | 100 units | | | |
| ▪ | Paediatric earhook | 100 units | | | |
| ▪ | Custom ear mould (soft/hard) | 100 units | | | |
| **Each hearing aid should include the following:** | | | | | |
| ▪ | Warranty 2 years | | | | |
| ▪ | 1 set hearing aid kit for each hearing aid unit consisting of a SafeLineTM, 2 pieces of drying capsules, drying beaker, air puffer, battery tester and cleaning tools | | | | |
| ▪ | At least two (2) packets of zinc air batteries | | | | |

| NO. | TERMS AND CONDITIONS | VENDOR'S OFFER<br>(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.** | |
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| **5** | **Brochures / catalogues should be submitted / attached** with tender document**.** | |
| **6** | **Samples should be submitted together with tender or within fourteen (14 days)** of the tender closing date (if applicable). | |
| **7** | **DELIVERY PERIOD:**<br>**Not later than 6 - 8 weeks**<br>**Staggered delivery upon request** | **(Yes / No)**<br>**(If No, please specify)** |
| **8** | **PRICE VALIDITY:**<br>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). | |

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods 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. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.

4. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDER MONTHS FROM THE TENDER CLOSING DATE.

5. When requested by you, we shall extend the validity of this offer.

6. We further undertake to give you any further information which you may require.

Dated this day of 20 .

Tenderer's official stamp:

_____
Signature of authorised officer of Tenderer
Name:
Designation:

## SCHEDULE 2 - INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

a. Management summary

b. Company profile (including Contractor and sub-contractor(s), if any)

c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:

- *Supply and delivery of Ultrasound Consumables*

d. Other information which is considered relevant

## SCHEDULE 3 – SUB-CONTRACTS

3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.

3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

| **Company Name** | **Responsibility Description** | **Alliance Relationship between Contractor and Sub-contractor(s)** | | |
|---|---|---|---|---|
| | | **Alliance Exists? (Y/N)** | **Date Established** | **Alliance Description** |
| **Contractor** | | | | |
| | | Not Applicable | Not Applicable | Not Applicable |
| **Sub-contractor(s)** | | | | |
| | | | | |

## SCHEDULE 4 – COMPANY'S BACKGROUND

4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

## SCHEDULE 5 – REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

| Customer Name and Address | Customer Type (Govt or Quasi Govt)* | Contact Person | Title | Contact Number, Fax Number and E-mail Address |
|---|---|---|---|---|
| | | | | |

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

## SCHEDULE 6 - SUBMISSION OF SAMPLE

6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.

6.2 Samples of the items to be submitted shall be:

a. identical in packing and manufacture to the items to be offered by the Tenderer; and

b. marked with the corresponding item number of the tender.

**SUBMISSION OF SAMPLE FORM**

To:

**TENDER REFERENCE NO.: KK/179/2026/UPP(TC)**

**INVITATION TO TENDER**
**SUPPLY, DELIVERY AND MAINTENANCE OF HEARING AIDS FOR AUDIOLOGY SERVICES, DEPARTMENT OF OTORHINOLARYNGOLOGY, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR TWO (2) YEARS**

**SUBMISSION OF SAMPLE FORM OF** (*NAME OF TENDERER*)

_____

| **ITEM NO.** | **DESCRIPITON** | **SAMPLE SUBMITTED** (indicate with ✓) | **SAMPLE NOT SUBMITTED** (indicate with ✕) | **OFFERED/ NOT OFFERED** (indicate as appropriate) |
|---|---|---|---|---|
| **1.** | **HEARING AIDS**<br><br>(PLEASE SEE ATTACHMENT FOR THE SPECIFICATION) | | | |

We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered.

_____
(*signature of authorized officer of Tenderer*)
Name:
Designation:
Date:

Tenderer's official stamp:

_____

**FOR OFFICE USE**

Date of receipt : _____

Receiving Officer : _____