TENDER REF. NO.: KK/193/2026/MED

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF CHEST COMPRESSION SYSTEM FOR EMERGENCY MEDICAL AMBULANCE SERVICE, MINISTRY OF HEALTH

TENDER FEE : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 06th October 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

TENDER REFERENCE NO.: KK/193/2026/MED

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING OF CHEST COMPRESSION SYSTEM FOR EMERGENCY MEDICAL AMBULANCE SERVICE, MINISTRY OF HEALTH

SECTION 1 – EQUIPMENT SPECIFICATION	
Quantity	11 units for EMAS
Features	Portable automated chest compression device for adult cardiopulmonary resuscitation (CPR).
	Suitable for use in hospital, ambulance, emergency medical services (EMS), patient transport and other emergency care settings.
Mechanism	Mechanical piston or equivalent technology capable of delivering automated chest compressions.
CPR Performance	Provide consistent, automated chest compressions in accordance with the latest internationally recognised CPR guidelines (e.g., AHA/ERC or equivalent).
Compression Rate	Minimum adjustable 100 ± 5 compressions per minute
Compression Modes	Continuous Compression Mode and 30:2 Compression-to-Ventilation Mode.
Compression Pause	Has manual pause/resume function with a pause duration of ≥10 seconds for rhythm analysis, ventilation and defibrillation.
Chest Recoil	Shall provide 100% passive chest recoil after each compression.
Patient size	Suitable for adult patients with broad range of adult body chest size
Securing mechanism	Should include an integrated patient restraint system comprising adjustable straps with secure buckle fastenings, or equivalent, for safe and stable positioning of the device on the patient during CPR/ transport.
Device Weight	Should not be more than 8 kg including accessories
Deployment Time	Ready for use within ≤30 seconds by trained personnel.
Battery	Lithium-ion Rechargeable battery-operated system or equivalent
	Battery shall be replaceable with minimal interruption to device operation.
Battery operating time	≥45 minutes continuous operation per fully charged battery.
Protection rating	Minimum IP33 in accordance with IEC 60529 or higher.
Display	Provide visual indication of battery charge status.
	Provide clear visual indicators for operational status and system condition.
Alerts and notification	Provide audible alerts for low battery, system fault and operational notifications
Self-test	Automatic self-test or system check during power-up.
Emergency stop function	Shall have emergency stop function
Accessories	Each unit shall be supplied with following accessories not limited to;

SECTION 1 – EQUIPMENT SPECIFICATION	
	▪ Two Rechargeable batteries (**one in use and one spare**) **.** ▪ One (1) external battery charger. ▪ Patient securing straps/support system or equivalent. ▪ Carrying case or protective transport bag. ▪ AC power adapter ▪ **12V DC Charging cable** (**required)** ▪ All accessories required for immediate clinical operation.

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

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: ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**

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: ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)

5	**WARRANTY**
5.1	Tenderer to include warranty period of **at least two (2) years**
5.2	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: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	**PER UNIT**
	TOTAL

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:**

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 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:
  - ✓ Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
  - ✓ Faulty workmanship or unsatisfactory condition during delivery or commissioning
  - ✓ 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 **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	Brochures / catalogues should be submitted / attached with tender document.
5	**Samples should be submitted together with tender or within fourteen (14 days)** of the tender closing dates (if applicable).
6	**DELIVERY PERIOD: (Please state)**
7	**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).
8	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. The vendor is required to provide **proof of manufacture date confirming the equipment is new**.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/193/2026/MED

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING OF CHEST COMPRESSION SYSTEM FOR EMERGENCY MEDICAL AMBULANCE SERVICE, MINISTRY OF HEALTH

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

SECTION 1 – EQUIPMENT SPECIFICATION				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
Quantity	11 units for EMAS			
Features	Portable automated chest compression device for adult cardiopulmonary resuscitation (CPR).			
	Suitable for use in hospital, ambulance, emergency medical services (EMS), patient transport and other emergency care settings.			
Mechanism	Mechanical piston or equivalent technology capable of delivering automated chest compressions.			
CPR Performance	Provide consistent, automated chest compressions in accordance with the latest internationally recognised CPR guidelines (e.g., AHA/ERC or equivalent).			
Compression Rate	Minimum adjustable 100 ± 5 compressions per minute			
Compression Modes	Continuous Compression Mode and 30:2 Compression-to-Ventilation Mode.			
Compression Pause	Has manual pause/resume function with a pause duration of ≥10 seconds for rhythm analysis, ventilation and defibrillation.			
Chest Recoil	Shall provide 100% passive chest recoil after each compression.			

SECTION 1 – EQUIPMENT SPECIFICATION				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
Patient size	Suitable for adult patients with broad range of adult body chest size			
Securing mechanism	Should include an integrated patient restraint system comprising adjustable straps with secure buckle fastenings, or equivalent, for safe and stable positioning of the device on the patient during CPR/ transport.			
Device Weight	Should not be more than 8 kg including accessories			
Deployment Time	Ready for use within ≤30 seconds by trained personnel.			
Battery	Lithium-ion Rechargeable battery-operated system or equivalent			
	Battery shall be replaceable with minimal interruption to device operation.			
Battery operating time	≥45 minutes continuous operation per fully charged battery.			
Protection rating	Minimum IP33 in accordance with IEC 60529 or higher.			
Display	Provide visual indication of battery charge status.			
	Provide clear visual indicators for operational status and system condition.			
Alerts and notification	Provide audible alerts for low battery, system fault and operational notifications			
Self-test	Automatic self-test or system check during power-up.			
Emergency stop function	Shall have emergency stop function			
Accessories	Each unit shall be supplied with following accessories not limited to;			
	▪ Two Rechargeable batteries (**one in use and one spare**) **.** ▪ One (1) external battery charger. ▪ Patient securing straps/support system or equivalent. ▪ Carrying case or protective transport bag. ▪ AC power adapter ▪ **12V DC Charging cable** (**required)** ▪ All accessories required for immediate clinical operation.			

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

3	**END-USER TRAINING**			
Please ☑ 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: ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)			
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			

4	**TECHNICAL TRAINING**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
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: ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)			

5	**WARRANTY**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
5.1	Tenderer to include warranty period of **at least two (2) years**			
5.2	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: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).			

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	**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: **[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**	**☑ 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)		**☑ Tick where appropriate** ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____							
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	**LOCAL**			☐ **Trained / Certified** ☐ **Not yet trained on the product**					
	OVERSEA (SPECIFY LOCATION)	NEAREST LOCATION:							
DIMENSIONS AND WEIGHT OF MAIN UNIT:		☐ **mm** ☐ **cm** ☐ **inch**		☐ **Kilogram (Kg)** ☐ **Gram(g)** ☐ **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

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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 **MAY** cause **DISQUALIFICATION OF TENDER.**	
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8	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. 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 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_____, 2026.

Tenderer's official stamp:

_____
Signature of authorised officer of Tenderer
Name:
Designation:
Date: