TENDER REF. NO.: KK/210/2026/HTD(TC)

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

PROVISION OF ELECTRICAL PATIENT BED IN A PERIOD OF FIVE (5) YEARS FOR MINISTRY OF HEALTH

TENDER FEE : $500.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 13th 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/210/2026/HTD(TC)

INVITATION TO TENDER
PROVISION OF ELECTRICAL PATIENT BED IN A PERIOD OF FIVE (5) YEARS FOR MINISTRY OF HEALTH

SCOPE OF WORK

Please ☑ Tick where appropriate

Supply Requirements:
The vendor shall supply patient beds on an **as-and-when-required basis for a period of five (5) years,** with a maximum supply quantity of 200 units and a minimum supply quantity of 40 units per year. [Total of 1,000 beds Maximum or 200 beds Minimum for 5 years]

	Quantity/ year	Total for 5 years
Maximum	200	1,000
Minimum	40	200

The quantity required will be determined based on the Government's needs and communicated in advance.

Pricing should be fixed for the contract period based on the maximum and minimum quantities.

The vendor will be responsible for storing any excess stock and handling it in a manner that ensures the product's integrity and safety, until it is required for delivery.

Delivery period within 90 days from issuance of purchase order.

Payments for supplies will be made in accordance with the delivery schedule, with invoices issued upon each shipment.

Prior to receiving Government approval for the disposal, the Vendor shall be responsible for the removal and relocation to the existing patient bed to a designated temporary location (within MOH/Government facilities) or the Vendor's storage facility (See Additional Price). The Vendor is responsible to ensure that the beds are handled, maintained, stored safely and properly maintained during the storage period.

Additional Price:

1. Vendor must also include a trade-in value for each existing Hospital Patient Bed to be replace. (*Please note there are various brand and model of existing Hospital Patient bed)
   Upon receiving the Government's approval, the Vendor shall proceed with the trade-in process as per agreed. All cost associated with the removal, transport, storage shall be included in your offer.
2. Vendor is also required to offer a Preventive Maintenance cost for each bed after warranty including details of the Scope of Work included in the Preventive Maintenance Service
3. Vendor to quote price for Vendor's storage facility option – a temporary location for storage until official approval is obtained from MOH for disposal.

The proposed storage location shall meet, but not be limited to, the following conditions:

- The facility must be **securely locked** and access-controlled.
- The area must be **properly organized** to ensure safe and traceable storage.
- The environment must be **clean and well-maintained** to prevent damage or deterioration of the item.

The proposal shall include, but not be limited to, the following details:

- Monthly rental cost for the secure storage location.
- Transportation cost and logistics plan for transferring the bed from the MOH facility to the secure storage location.
- Transportation cost and logistics plan for transferring the bed from the secure storage location to the final disposal site (Sinarubai / Sg. Paku).

SCOPE OF WORK AND SUMMARY OF PRICES
This tender is to supply Electrical Patient Bed to the following MOH facilities which includes but not limited to:
1. RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA **2. WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA** **3. SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT** **4. PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG** **5. PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG** **6. DEPARTMENT OF RENAL SERVICES** **7. DEPARTMENT OF HEALTH SERVICES**

PURCHASE PRICE	**PER UNIT**
	FOR MAXIMUM 1,000 UNITS
ADDITIONAL PRICE	**TRADE IN VALUE PER UNIT** **(Note: Vendor shall state the trade-in value offered for each existing bed)**
	COST OF PREVENTIVE MAINTENANCE PER UNIT **(Please specify the scope of work included in your Preventive Maintenance Offer)**
	VENDOR'S STORAGE FACILTY
NET PURCHASE PRICE AFTER TRADE-IN	**PER UNIT**

SECTION 1 – USER REQUIREMENTS	
1	**STANDARAD FEATURES**
1	Type: Electronic Patient Bed for General Wards
2	Safe working load: At least 200kg or better
3	Electronic operable beds with rechargeable battery back-up
4	Bed frame and components shall be constructed from high-quality materials resistant to corrosion and wear, suitable for continuous hospital use.
5	**BED ARTICULATION SUCH AS:**
5.1	Electrically operated backrest, height and leg rest adjustment
5.2	Electrically operated Trendelenburg, Reverse Trendelenburg, fowler position
5.3	Auto contour; simultaneous adjustment of knee section when the head section is raised
5.4	Angle indicator for Trendelenburg and Reverse Trendelenburg
6	**BED DIMENSIONS MUST COMPLY TO THE FOLLOWING:**
6.1	Bed length: not more than 235cm (due to limitation of lift)
6.2	Bed width: not more than 125cm (due to limitation of lift)
7	**BED PATIENT POSITIONING AND ADJUSTABILITY MUST COMPLY TO THE FOLLOWING:**
7.1	Trendelenburg and Reverse Trendelenburg: can go up to or more than (≥) 12°
7.2	Backrest Angle: 0° to at least 60°
7.3	Leg rest Angle: 0° to at least 20°
7.4	All electrical adjustments shall be controlled via a patient-accessible hand pendant and a caregiver control panel.
7.5	The caregiver control panel shall include a lock-out feature for patient controls to prevent unintended adjustments.
7.6	The bed shall allow for cardiac chair position, where the patient is comfortably seated with the head and knee sections raised.
8	**BED MOBILITY AND TRANSPORT:**
8.1	The bed shall be equipped with at least four 150mm or bigger durable, non-marking swivel wheels.
8.2	The bed must at least have two wheels with individual locking mechanisms.
8.3	The bed shall also be equipped with central braking system to lock all wheels simultaneously.
8.4	The bed shall be easily manoeuvrable by one caregiver for patient transport within the hospital.
9	**BED PATIENT SAFETY FEATURES:**
9.1	The bed shall include sturdy, full or split side rails that are easily raised and lowered by a caregiver and provide excellent design for patient fall prevention.
9.2	The bed side rails should have a secure locking and release guard feature
9.3	The bed shall have a CPR release function to quickly flatten the back section in emergencies.
9.4	Night light under the bed.

SECTION 1 – USER REQUIREMENTS	
10	**BED ACCESSORIES INTEGRATION:**
10.1	Include points/mount for IV poles s on all four corners
10.2	Has protective corner roller bumpers
10.3	Has removable head and footboards
10.4	Equipped with urinal bag holder
11	Must have at least IPX4 Liquid Ingress Protection or better
12	**COMES WITH MEDICAL GRADE MATTRESS (FULLY COMPATIBLE WITH THE OFFERED HOSPITAL PATIENT BED)**
12.1	Suitable for adult patient with low risk of pressure ulcers
12.2	Thickness: At least **14 cm** or better
12.3	Mattress material: High-resilience, Monodensity (Single layer) foam
12.4	Mattress material: Latex-free to minimize allergy risks.
12.5	Anti-skid bottom to keep the mattress in place on the sleep deck
12.6	X-ray Translucent
12.7	Medical grade mattress cover material: MRSA resistant, anti-bacterial and anti-fungal
12.8	Medical grade mattress cover material: Waterproof and breathable fabric
12.9	Medical grade mattress standard: Comply with EN14126 – Resistance to Infectious agents
12.10	Medical grade mattress standard: Comply with EN597-1 & EN597-2 – Fire resistance testing or another equivalent standard.
12.11	**Tenderer must include mattress quality evaluation report for the above standards.**
13	**QUALITY MANAGEMENT**
13.1	The proposed bed shall comply with IEC/EN 60601-1 and IEC/EN 60601-2-52 (International standards that specifies safety and performance of medical beds for adults)
13.2	Manufacturer hold a valid internationally recognized certification by an accredited certification body, including but not limited to ISO 13485 certification or EU MDR 2017/745.
13.3	Tenderer to provide letter from manufacturer that guarantee official spare parts availability and technical support for at least 8 to 10 years.
2	**END-USER TRAINING**
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 ▪ CPACS and/or RPACS guide through (if applicable) ▪ Provide Operating manual (Hardcopy and/or Softcopy)
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**
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)

SECTION 1 – USER REQUIREMENTS	
4	**WARRANTY**
1	Tenderer to include warranty period of **two (2) years**
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**
	FOR MAXIMUM 1,000 UNITS
ADDITIONAL PRICE	**TRADE IN VALUE PER UNIT** **(Note: Vendor shall state the trade-in value offered for each existing bed)**
	COST OF PREVENTIVE MAINTENANCE PER UNIT **(Please specify the scope of work included in your Preventive Maintenance Offer)**
	VENDOR'S STORAGE FACILTY
NET PURCHASE PRICE AFTER TRADE-IN	**PER UNIT**

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION
BRAND AND MODEL:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]
YEAR INTRODUCED TO MARKET:
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)
DETAILED BROCHURE INCLUDED
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
POWER ADAPTER/CHARGER OUTPUT RATING:
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 (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty for either two (2) years for Outright Purchase or Leasing period of Five (5) years, must cover the scope of comprehensive warranty at no additional cost:

- 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.
- Inclusive of Comprehensive Maintenance Service (see below)
- **Exchange warranty**; Providing replacement units or OEM parts for:
  A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first six (6) 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.

COMPREHENSIVE MAINTENANCE SERVICE

Tenderer must provide a comprehensive maintenance during the warranty period. The scope for **Comprehensive Maintenance Service** consists of:

A. Inspection Maintenance (IM)
B. Corrective Maintenance (CM) and
C. Planned Preventive maintenance (PPM)
D. Breakdown call

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

Tenderer may also attach a list of terms to be excluded from the warranty for MOH consideration and notification

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM)

- Must be conducted every six (6) months starting from commissioning date.
- Issuance of IM Report to End User and Biomedical Engineering Unit of respective Facilities (BME)
- Physical hardware checks on main unit/system and all supplied accessories
- System, Software and Application check-up – Update to latest version when available
- Performance and Functional testing
- Servicing/Cleaning of dust

B. Corrective Maintenance (CM):

- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported including any cost of breakdown repairs.
- Repair and replacement of parts with new, quality, and compatible parts within thirty (30) days after receipt of reported problem by BME. (Valid also for all scopes for the duration of the first 2 years only)
- Post repair tests with reports to ensure Electrical Safety Test, Performance Test and Functional Test is conducted.

C. Planned Preventive Maintenance (PPM):

- **One time yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including replacements of PM Kits, any relevant parts to prolong equipment lifespan**.**
- Provide Maintenance Due Date stickers after each PPM or booklet for easy monitoring

D. Breakdown Call

- Onsite response to assess and rectify any breakdown call within a maximum of two (2) hours after receipt of reported problem by BME Unit preferably during office hours, else after office hours or public holidays.
  - ✓ Deduction demerit shall be imposed if the Company fails to provide onsite response within the time above and the deduction amount shall be based on the frequency of event times certain rate to be formulated later.
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit
- If Downtime is expected to be more than 24 hours, Tenderer must notify formally to BME unit through email or letter immediately indicating the reason of delay with estimation of:
  A. Estimated time of parts to arrive and
  B. Expected no of days for repair completion
- **The downtime permitted after the first 24 hours with notification, should not be more than 72 working hours or else, a penalty fee of BND$50 per per day per unit will be charge after the 72th downtime hour.**

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	**DELIVERY PERIOD:** (Please state) Not More Than **90 days** upon confirmation
6	**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).
7	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

FORMS TO BE USED

CONTENTS

SECTION 3

FORMS TO BE USED

TENDER REFERENCE NO.: KK/210/2026/HTD(TC)

INVITATION TO TENDER
PROVISION OF ELECTRICAL PATIENT BED IN A PERIOD OF FIVE (5) YEARS FOR MINISTRY OF HEALTH

<table>
<tr><th>Please ☑ Tick where appropriate</th><th>Yes</th><th>No</th><th>Remarks</th></tr>
<tr><td>SCOPE OF WORK</td><td></td><td></td><td></td></tr>
<tr><td>Supply Requirements:
The vendor shall supply patient beds on an as-and-when-required basis for a period of five (5) years, with a maximum supply quantity of 200 units and a minimum supply quantity of 40 units per year. [Total of 1,000 beds Maximum or 200 beds Minimum for 5 years]

<table>
<tr><th></th><th>Quantity/ year</th><th>Total for 5 years</th></tr>
<tr><td>Maximum</td><td>200</td><td>1,000</td></tr>
<tr><td>Minimum</td><td>40</td><td>200</td></tr>
</table>
</td><td></td><td></td><td></td></tr>
<tr><td>The quantity required will be determined based on the Government’s needs and communicated in advance.</td><td></td><td></td><td></td></tr>
<tr><td>Pricing should be fixed for the contract period based on the maximum and minimum quantities.</td><td></td><td></td><td></td></tr>
<tr><td>The vendor will be responsible for storing any excess stock and handling it in a manner that ensures the product’s integrity and safety, until it is required for delivery.</td><td></td><td></td><td></td></tr>
<tr><td>Delivery period within 90 days from issuance of purchase order.</td><td></td><td></td><td></td></tr>
<tr><td>Payments for supplies will be made in accordance with the delivery schedule, with invoices issued upon each shipment.</td><td></td><td></td><td></td></tr>
<tr><td>Prior to receiving Government approval for the disposal, the Vendor shall be responsible for the removal and relocation to the existing patient bed to a designated temporary location (within MOH/Government facilities) or the Vendor’s storage facility (See Additional Price). The Vendor is responsible to ensure that the beds are handled,</td><td></td><td></td><td></td></tr>
</table>

Please ☑ Tick where appropriate	Yes	No	Remarks
SCOPE OF WORK			
maintained, stored safely and properly maintained during the storage period.			
Additional Price: 1. Vendor must also include a trade-in value for each existing Hospital Patient Bed to be replace. (*Please note there are various brand and model of existing Hospital Patient bed) Upon receiving the Government's approval, the Vendor shall proceed with the trade-in process as per agreed. All cost associated with the removal, transport, storage shall be included in your offer.			
2. Vendor is also required to offer a Preventive Maintenance cost for each bed after warranty including details of the Scope of Work included in the Preventive Maintenance Service			
3. Vendor to quote price for Vendor's storage facility option – a temporary location for storage until official approval is obtained from MOH for disposal. The proposed storage location shall meet, but not be limited to, the following conditions: ▪ The facility must be **securely locked** and access-controlled. ▪ The area must be **properly organized** to ensure safe and traceable storage. ▪ The environment must be **clean and well-maintained** to prevent damage or deterioration of the item. The proposal shall include, but not be limited to, the following details: ▪ Monthly rental cost for the secure storage location. ▪ Transportation cost and logistics plan for transferring the bed from the MOH facility to the secure storage location. ▪ Transportation cost and logistics plan for transferring the bed from the secure storage location to the final disposal site (Sinarubai / Sg. Paku).			

SCOPE OF WORK AND SUMMARY OF PRICES
This tender is to supply Electrical Patient Bed to the following MOH facilities which includes but not limited to:
1. RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA **2. WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA** **3. SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT** **4. PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG** **5. PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG** **6. DEPARTMENT OF RENAL SERVICES** **7. DEPARTMENT OF HEALTH SERVICES**

PURCHASE PRICE	**PER UNIT**	**BND$**	
	FOR MAXIMUM 1,000 UNITS	**BND$**	
ADDITIONAL PRICE	**TRADE IN VALUE PER UNIT** **(Note: Vendor shall state the trade-in value offered for each existing bed)**	**BND$**	
	COST OF PREVENTIVE MAINTENANCE PER UNIT **(Please specify the scope of work included in your Preventive Maintenance Offer)**	**BND$**	
		Quotation reference:	
	VENDOR'S STORAGE FACILTY	**BND$**	**PER MONTH**
		BND$	**PER YEAR**
NET PURCHASE PRICE AFTER TRADE-IN	**PER UNIT**	**BND$**	

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**STANDARAD FEATURES**			
1	Type: Electronic Patient Bed for General Wards			
2	Safe working load: At least 200kg or better			
3	Electronic operable beds with rechargeable battery back-up			
4	Bed frame and components shall be constructed from high-quality materials resistant to corrosion and wear, suitable for continuous hospital use.			
5	**BED ARTICULATION SUCH AS:**			
5.1	Electrically operated backrest, height and leg rest adjustment			
5.2	Electrically operated Trendelenburg, Reverse Trendelenburg, fowler position			
5.3	Auto contour; simultaneous adjustment of knee section when the head section is raised			
5.4	Angle indicator for Trendelenburg and Reverse Trendelenburg			
6	**BED DIMENSIONS MUST COMPLY TO THE FOLLOWING:**			
6.1	Bed length: not more than 235cm (due to limitation of lift)			
6.2	Bed width: not more than 125cm (due to limitation of lift)			
7	**BED PATIENT POSITIONING AND ADJUSTABILITY MUST COMPLY TO THE FOLLOWING:**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
7.1	Trendelenburg and Reverse Trendelenburg: can go up to or more than (≥) 12°			
7.2	Backrest Angle: 0° to at least 60°			
7.3	Leg rest Angle: 0° to at least 20°			
7.4	All electrical adjustments shall be controlled via a patient-accessible hand pendant and a caregiver control panel.			
7.5	The caregiver control panel shall include a lock-out feature for patient controls to prevent unintended adjustments.			
7.6	The bed shall allow for cardiac chair position, where the patient is comfortably seated with the head and knee sections raised.			
8	**BED MOBILITY AND TRANSPORT:**			
8.1	The bed shall be equipped with at least four 150mm or bigger durable, non-marking swivel wheels.			
8.2	The bed must at least have two wheels with individual locking mechanisms.			
8.3	The bed shall also be equipped with central braking system to lock all wheels simultaneously.			
8.4	The bed shall be easily manoeuvrable by one caregiver for patient transport within the hospital.			
9	**BED PATIENT SAFETY FEATURES:**			
9.1	The bed shall include sturdy, full or split side rails that are easily raised and lowered by a caregiver and provide excellent design for patient fall prevention.			
9.2	The bed side rails should have a secure locking and release guard feature			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
9.3	The bed shall have a CPR release function to quickly flatten the back section in emergencies.			
9.4	Night light under the bed.			
10	**BED ACCESSORIES INTEGRATION:**			
10.1	Include points/mount for IV poles s on all four corners			
10.2	Has protective corner roller bumpers			
10.3	Has removable head and footboards			
10.4	Equipped with urinal bag holder			
11	Must have at least IPX4 Liquid Ingress Protection or better			
12	**COMES WITH MEDICAL GRADE MATTRESS (FULLY COMPATIBLE WITH THE OFFERED HOSPITAL PATIENT BED)**			
12.1	Suitable for adult patient with low risk of pressure ulcers			
12.2	Thickness: At least **14 cm** or better			
12.3	Mattress material: High-resilience, Monodensity (Single layer) foam			
12.4	Mattress material: Latex-free to minimize allergy risks.			
12.5	Anti-skid bottom to keep the mattress in place on the sleep deck			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
12.6	X-ray Translucent			
12.7	Medical grade mattress cover material: MRSA resistant, anti-bacterial and anti-fungal			
12.8	Medical grade mattress cover material: Waterproof and breathable fabric			
12.9	Medical grade mattress standard: Comply with EN14126 – Resistance to Infectious agents			
12.10	Medical grade mattress standard: Comply with EN597-1 & EN597-2 – Fire resistance testing or another equivalent standard.			
12.11	**Tenderer must include mattress quality evaluation report for the above standards.**			
13	**QUALITY MANAGEMENT**			
13.1	The proposed bed shall comply with IEC/EN 60601-1 and IEC/EN 60601-2-52 (International standards that specifies safety and performance of medical beds for adults)			
13.2	Manufacturer hold a valid internationally recognized certification by an accredited certification body, including but not limited to ISO 13485 certification or EU MDR 2017/745.			
13.3	Tenderer to provide letter from manufacturer that guarantee official spare parts availability and technical support for at least 8 to 10 years.			Letter reference:
2	**END-USER TRAINING**			
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 ▪ CPACS and/or RPACS guide through (if applicable) ▪ Provide Operating manual (Hardcopy and/or Softcopy)			
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.**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
3	**TECHNICAL TRAINING**			
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)			
4	**WARRANTY**			
1	Tenderer to include warranty period of **two (2) years**			
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$**	
	FOR MAXIMUM 1,000 UNITS	**BND$**	
ADDITIONAL PRICE	**TRADE IN VALUE PER UNIT** **(Note: Vendor shall state the trade-in value offered for each existing bed)**	**BND$**	
	COST OF PREVENTIVE MAINTENANCE PER UNIT **(Please specify the scope of work included in your Preventive Maintenance Offer)**	**BND$**	
		Quotation reference:	
	VENDOR'S STORAGE FACILTY	**BND$**	**PER MONTH**
		BND$	**PER YEAR**
NET PURCHASE PRICE AFTER TRADE-IN	**PER UNIT**	**BND$**	

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION								
BRAND AND MODEL:					COUNTRY OF ORIGIN:			
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]					DELIVERY TIME:			
YEAR INTRODUCED TO MARKET:								
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	BATTERY [ ] YES [ ]NO					
		50-60HZ	Type of Battery:			Rating:		
		OTHERS:		RECHARGEABLE		NON-RECHARGEABLE		
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		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 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 (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty for either two (2) years for Outright Purchase or Leasing period of Five (5) years, must cover the scope of comprehensive warranty at no additional cost:

- 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.
- Inclusive of Comprehensive Maintenance Service (see below)
- **Exchange warranty**; Providing replacement units or OEM parts for:
  A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first six (6) 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.

COMPREHENSIVE MAINTENANCE SERVICE

Tenderer must provide a comprehensive maintenance during the warranty period. The scope for **Comprehensive Maintenance Service** consists of:

A. Inspection Maintenance (IM)
B. Corrective Maintenance (CM) and
C. Planned Preventive maintenance (PPM)
D. Breakdown call

EXCLUSION FROM WARRANTY	**TENDERER ACKNOWLEDGMENT ON WARRANTY UNDERTAKING FORM PAGE 1**
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 Tenderer may also attach a list of terms to be excluded from the warranty for MOH consideration and notification	**COMPANY CHOP AND SIGNATURE**

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM) ▪ Must be conducted every six (6) months starting from commissioning date. ▪ Issuance of IM Report to End User and Biomedical Engineering Unit of respective Facilities (BME) ▪ Physical hardware checks on main unit/system and all supplied accessories ▪ System, Software and Application check-up – Update to latest version when available ▪ Performance and Functional testing ▪ Servicing/Cleaning of dust	**TENDERER ACKNOWLEDGMENT ON WARRANTY UNDERTAKING FORM PAGE 2** **COMPANY CHOP AND SIGNATURE**

B. Corrective Maintenance (CM):

- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported including any cost of breakdown repairs.
- Repair and replacement of parts with new, quality, and compatible parts within thirty (30) days after receipt of reported problem by BME. (Valid also for all scopes for the duration of the first 2 years only)
- Post repair tests with reports to ensure Electrical Safety Test, Performance Test and Functional Test is conducted.

C. Planned Preventive Maintenance (PPM):

- **One time yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including replacements of PM Kits, any relevant parts to prolong equipment lifespan**.**
- Provide Maintenance Due Date stickers after each PPM or booklet for easy monitoring

D. Breakdown Call

- Onsite response to assess and rectify any breakdown call within a maximum of two (2) hours after receipt of reported problem by BME Unit preferably during office hours, else after office hours or public holidays.
  - ✓ Deduction demerit shall be imposed if the Company fails to provide onsite response within the time above and the deduction amount shall be based on the frequency of event times certain rate to be formulated later.
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit
- If Downtime is expected to be more than 24 hours, Tenderer must notify formally to BME unit through email or letter immediately indicating the reason of delay with estimation of:
  A. Estimated time of parts to arrive and
  B. Expected no of days for repair completion
- **The downtime permitted after the first 24 hours with notification, should not be more than 72 working hours or else, a penalty fee of BND$50 per per day per unit will be charge after the 72th downtime hour.**

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.**	
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	**DELIVERY PERIOD:** (Please state) Not More Than **90 days** upon confirmation	
6	**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).	
7	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 **EIGHTEEN (18)** 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 .

_____

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

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:

- ✓ ***Provision of Electrical Patient Bed***

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.