

**TENDER REF. NO.: KK/242/2026/HTD**

**MINISTRY OF HEALTH  
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND  
COMMISSIONING OF ANEROID SPHYGMOMANOMETER  
FOR MINISTRY OF HEALTH**

**TENDER FEE : \$10.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 27th 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**

**[NON-CLUSTERING]**

## SECTION 2

### SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/242/2026/HTD

#### INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ANEROID SPHYGMOMANOMETER FOR  
MINISTRY OF HEALTH

| SECTION 1 – USER REQUIREMENTS |                                                                                                                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. STANDARD FEATURES          |                                                                                                                                                                                                                                                                |
| <u>Category</u>               | <u>DESCRIPTION</u>                                                                                                                                                                                                                                             |
| Quantity                      | <b>ONE HUNDRED AND SEVENTY-TWO (172) UNITS OF HANDHELD ANEROID SPHYGMOMANOMETER</b> <ul style="list-style-type: none"><li>• 50 units- EMAS</li><li>• 30 units- Health Services</li><li>• 23 units- Renal Services</li><li>• 69 units- Hospital RIPAS</li></ul> |
| Type                          | Manual, aneroid, non-mercury<br>Handheld                                                                                                                                                                                                                       |
| One-handed operation          | Ergonomic design suitable for single-handed use; comfortable for both left-handed and right-handed users                                                                                                                                                       |
| Measurement Range             | 0 to 300 mmHg                                                                                                                                                                                                                                                  |
| Accuracy                      | ±3 mmHg or better                                                                                                                                                                                                                                              |
| Overpressure Protection       | Capable of withstanding 100% overpressure without loss of accuracy or damage                                                                                                                                                                                   |
| Dial Gauge                    | Clear white face with high-contrast markings and a fine pointer for precise and easy reading of measurements; minimum 50 mm diameter dial                                                                                                                      |
| Cuff Type                     | Reusable, adult standard size cuff                                                                                                                                                                                                                             |
| Cuff Material                 | Nylon or polyester, latex-free, washable                                                                                                                                                                                                                       |
| Bladder                       | 2-tube bladder; latex-free                                                                                                                                                                                                                                     |
| Case                          | Supplied with a protective carrying case (zippered pouch or hard case)                                                                                                                                                                                         |
| Accessories                   | 1 pc standard adult<br>1 pc extra-large adult<br>1 pc child size                                                                                                                                                                                               |

| ITEM 2: DESKTOP ANEROID SPHYGMOMANOMETER |                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION 1 – USER REQUIREMENTS            |                                                                                                                                                                                                                                                                                                                       |
| 1. STANDARD FEATURES                     |                                                                                                                                                                                                                                                                                                                       |
| <u>Category</u>                          | <u>DESCRIPTION</u>                                                                                                                                                                                                                                                                                                    |
| Quantity                                 | <b>One hundred and eighty (180)</b> units of Desktop aneroid sphygmomanometer for health services                                                                                                                                                                                                                     |
| Type                                     | Manual, aneroid, non-mercury<br>Desktop                                                                                                                                                                                                                                                                               |
| Design                                   | Durable desktop model suitable for clinical use in physician’s offices, hospitals, and other point-of-care environments                                                                                                                                                                                               |
| Durability                               | The unit must be constructed from impact-resistant ABS plastic or equivalent medical-grade polymer, able to withstand accidental drops from up to 1 meter.<br>The base must be coated or treated to resist scratches from repeated contact with metal surfaces and disinfectants used in clinical cleaning protocols. |
| Display                                  | Large, high-contrast,<br>Large at least 6-inch display dial with high-contrast markings for easy readability.                                                                                                                                                                                                         |
| Visibility Distance:                     | Can be read from at least 1 meter                                                                                                                                                                                                                                                                                     |
| Pressure Range                           | 0 – 300 mmHg                                                                                                                                                                                                                                                                                                          |
| Accuracy                                 | Certified accuracy of $\pm 3$ mmHg or better                                                                                                                                                                                                                                                                          |
| Inflation System                         | Latex-free, coiled tubing; double tube system                                                                                                                                                                                                                                                                         |
| Shock Resistance                         | Flexible shock mount to resist damage to the gauge                                                                                                                                                                                                                                                                    |
| Arm Cuff Sizes Included                  | Four (4) arm cuffs included with tubing connectors: <ul style="list-style-type: none"> <li>Two (2) Standard Adult: 24–34 cm arm circumference, ~15 cm width</li> <li>One (1) Large Adult: 28–42 cm arm circumference, ~15 cm width</li> <li>One (1) Paediatric: 16–26 cm arm circumference, ~15 cm width</li> </ul>   |
| Cuff Design                              | Double tube with inflation bulb and pressure release valve<br>Central inlet tube on cuff face for ease of use with stethoscope                                                                                                                                                                                        |
| Cuff Compatibility                       | Usable on left or right arm<br>Cuff range and artery indicator readable from either side                                                                                                                                                                                                                              |
| Cuff Material                            | Durable, disinfectant-wipe cleanable, antimicrobial-treated material                                                                                                                                                                                                                                                  |
| Portability                              | Integrated carrying handle preferred                                                                                                                                                                                                                                                                                  |
| Storage                                  | Built-in cuff storage compartment                                                                                                                                                                                                                                                                                     |

| 2. WARRANTY |                                                                                                                                                                                |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | Tenderer to include warranty period of <b>at least one (1) year</b>                                                                                                            |
| 2           | Tenderers to <b>acknowledge</b> 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. |

| 3. END USER TRAINING |                                                                                                                                                                                                                                                                                                                             |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                    | Conduct <b>user training</b> to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> <li>• Basic user operation, user troubleshooting and user maintenance</li> <li>• Provide Operating manual (Hardcopy and/or Softcopy)</li> </ul> |
| 2                    | Tenderer must <b>prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.</b>                                                                                                                                                      |

| 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:<br>[AT LEAST ONE (1) YEAR PRICE VALIDTY]                                                                          | DELIVERY TIME:        |
| AUTHORIZED DISTRIBUTOR:<br>(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)<br>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 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.
- \_\_\_\_\_ **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.

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |                       |          |
|----------------------------------------|----------|-----------------------|----------|
| HOSPITAL RIPAS                         |          |                       |          |
| Ward / Unit                            | Quantity | Ward / Unit           | Quantity |
| Ward 4                                 | 3        | 23                    | 2        |
| Ward 6                                 | 2        | CCU                   | 2        |
| Ward 7                                 | 2        | Burn unit             | 2        |
| Ward 10 (2)                            | 2        | DCU                   | 1        |
| Ward 11                                | 2        | ED                    | 10       |
| Ward 12                                | 2        | IM SOC (PHY)          | 2        |
| Ward 14                                | 2        | IM SOC (Endocrine)    | 2        |
| Ward 15                                | 2        | IM SOC (Haematology)  | 4        |
| Ward 16                                | 2        | IM SOC (Geri Palli)   | 0        |
| Ward 17                                | 2        | IM SOC (Radiology)    | 1        |
| Ward 18                                | 2        | IM SOC (GastroHepato) | 2        |
| Ward 19                                | 4        | IM SOC (DORM)         | 2        |
| Ward 20                                | 4        | IM SOC (Dermatology)  | 4        |
| Ward 22                                | 4        |                       |          |
| TOTAL                                  |          | 69                    |          |

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |
|----------------------------------------|----------|
| HEALTH SERVICES                        |          |
| Ward / Unit                            | Quantity |
| Home nursing services                  | 22       |
| Flying medical service                 | 1        |
| Pusat Tahanan Pemulihan                | 6        |
| Airport medical clinic                 | 1        |
| TOTAL                                  | 30       |

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |
|----------------------------------------|----------|
| RENAL SERVICES                         |          |
| Ward / Unit                            | Quantity |
| Rimba Dialysis Centre                  | 20       |
| Temburong Dialysis Unit                | 3        |
| TOTAL                                  | 23       |

| SECTION 5 - DETAILED DISTRIBUTION LIST |
|----------------------------------------|
|----------------------------------------|

| EMAS                           |          |
|--------------------------------|----------|
| Ward / Unit                    | Quantity |
| EMAS response bag in Ambulance | 30       |
| MME Disaster management        | 10       |
| Medical coverage               | 10       |
| TOTAL                          | 50       |

| SUMMARY OF PRICES                                                                                           |              |
|-------------------------------------------------------------------------------------------------------------|--------------|
| This tender is for the supply of equipment under <u>a non-clustering</u> approach, for the following items: |              |
| Item 1: Handheld Aneroid Sphygmomanometer                                                                   | 172<br>units |
| Item 2: Desktop Aneroid Sphygmomanometer                                                                    | 180 units    |

|    | TERMS AND CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                   | VENDOR'S OFFER<br>(PLEASE STATE) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1  | Tenderer must be registered with the Ministry of Health.                                                                                                                                                                                                                                                                                                                                               |                                  |
| 2  | <b>TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF TENDER</b> .                                                                                                                                                                                                           |                                  |
| 3  | Tenderers are <b>required to submit individual proposal booklets for each item listed</b> . Each item shall be treated as a standalone submission                                                                                                                                                                                                                                                      |                                  |
| 4  | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF TENDER</b> .                                                                                                                                                                                                                       |                                  |
| 5  | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> (if applicable).<br>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).                                                |                                  |
| 6  | Brochures / catalogues should be submitted / attached with tender document.                                                                                                                                                                                                                                                                                                                            |                                  |
| 7  | Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)                                                                                                                                                                                                                                                                                                       |                                  |
| 8  | Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).                                                                                                                                                                                                                                                                             |                                  |
| 9  | <b>DELIVERY PERIOD:</b><br>(Please state) Not More Than <b>90 days</b> upon confirmation                                                                                                                                                                                                                                                                                                               |                                  |
| 10 | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period.<br>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). |                                  |
| 11 | The equipment supplied must be <b>newly manufactured</b> , unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.                                                                                                                                                                                                       |                                  |
| 12 | The vendor is required to provide proof of manufacture date confirming the equipment is <b>new</b> .                                                                                                                                                                                                                                                                                                   |                                  |
| 13 | To provide justification for the <b>price increase</b> of a product previously supplied to the Ministry of Health by the same supplier/distributor                                                                                                                                                                                                                                                     |                                  |

## SECTION 2

### SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/242/2026/HTD

#### INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ANEROID SPHYGMOMANOMETER FOR  
MINISTRY OF HEALTH

| SECTION 1 – USER REQUIREMENTS |                                                                                                                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. STANDARD FEATURES          |                                                                                                                                                                                                                                                                |
| <u>Category</u>               | <u>DESCRIPTION</u>                                                                                                                                                                                                                                             |
| Quantity                      | <b>ONE HUNDRED AND SEVENTY-TWO (172) UNITS OF HANDHELD ANEROID SPHYGMOMANOMETER</b> <ul style="list-style-type: none"><li>• 50 units- EMAS</li><li>• 30 units- Health Services</li><li>• 23 units- Renal Services</li><li>• 69 units- Hospital RIPAS</li></ul> |
| Type                          | Manual, aneroid, non-mercury<br>Handheld                                                                                                                                                                                                                       |
| One-handed operation          | Ergonomic design suitable for single-handed use; comfortable for both left-handed and right-handed users                                                                                                                                                       |
| Measurement Range             | 0 to 300 mmHg                                                                                                                                                                                                                                                  |
| Accuracy                      | ±3 mmHg or better                                                                                                                                                                                                                                              |
| Overpressure Protection       | Capable of withstanding 100% overpressure without loss of accuracy or damage                                                                                                                                                                                   |
| Dial Gauge                    | Clear white face with high-contrast markings and a fine pointer for precise and easy reading of measurements; minimum 50 mm diameter dial                                                                                                                      |
| Cuff Type                     | Reusable, adult standard size cuff                                                                                                                                                                                                                             |
| Cuff Material                 | Nylon or polyester, latex-free, washable                                                                                                                                                                                                                       |
| Bladder                       | 2-tube bladder; latex-free                                                                                                                                                                                                                                     |
| Case                          | Supplied with a protective carrying case (zippered pouch or hard case)                                                                                                                                                                                         |
| Accessories                   | 1 pc standard adult<br>1 pc extra-large adult<br>1 pc child size                                                                                                                                                                                               |

| ITEM 2: DESKTOP ANEROID SPHYGMOMANOMETER |                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION 1 – USER REQUIREMENTS            |                                                                                                                                                                                                                                                                                                                       |
| 1. STANDARD FEATURES                     |                                                                                                                                                                                                                                                                                                                       |
| <u>Category</u>                          | <u>DESCRIPTION</u>                                                                                                                                                                                                                                                                                                    |
| Quantity                                 | <b>One hundred and eighty (180)</b> units of Desktop aneroid sphygmomanometer for health services                                                                                                                                                                                                                     |
| Type                                     | Manual, aneroid, non-mercury<br>Desktop                                                                                                                                                                                                                                                                               |
| Design                                   | Durable desktop model suitable for clinical use in physician’s offices, hospitals, and other point-of-care environments                                                                                                                                                                                               |
| Durability                               | The unit must be constructed from impact-resistant ABS plastic or equivalent medical-grade polymer, able to withstand accidental drops from up to 1 meter.<br>The base must be coated or treated to resist scratches from repeated contact with metal surfaces and disinfectants used in clinical cleaning protocols. |
| Display                                  | Large, high-contrast,<br>Large at least 6-inch display dial with high-contrast markings for easy readability.                                                                                                                                                                                                         |
| Visibility Distance:                     | Can be read from at least 1 meter                                                                                                                                                                                                                                                                                     |
| Pressure Range                           | 0 – 300 mmHg                                                                                                                                                                                                                                                                                                          |
| Accuracy                                 | Certified accuracy of $\pm 3$ mmHg or better                                                                                                                                                                                                                                                                          |
| Inflation System                         | Latex-free, coiled tubing; double tube system                                                                                                                                                                                                                                                                         |
| Shock Resistance                         | Flexible shock mount to resist damage to the gauge                                                                                                                                                                                                                                                                    |
| Arm Cuff Sizes Included                  | Four (4) arm cuffs included with tubing connectors: <ul style="list-style-type: none"> <li>Two (2) Standard Adult: 24–34 cm arm circumference, ~15 cm width</li> <li>One (1) Large Adult: 28–42 cm arm circumference, ~15 cm width</li> <li>One (1) Paediatric: 16–26 cm arm circumference, ~15 cm width</li> </ul>   |
| Cuff Design                              | Double tube with inflation bulb and pressure release valve<br>Central inlet tube on cuff face for ease of use with stethoscope                                                                                                                                                                                        |
| Cuff Compatibility                       | Usable on left or right arm<br>Cuff range and artery indicator readable from either side                                                                                                                                                                                                                              |
| Cuff Material                            | Durable, disinfectant-wipe cleanable, antimicrobial-treated material                                                                                                                                                                                                                                                  |
| Portability                              | Integrated carrying handle preferred                                                                                                                                                                                                                                                                                  |
| Storage                                  | Built-in cuff storage compartment                                                                                                                                                                                                                                                                                     |

| 2. WARRANTY |                                                                                                                                                                                |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | Tenderer to include warranty period of <b>at least one (1) year</b>                                                                                                            |
| 2           | Tenderers to <b>acknowledge</b> 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. |

| 3. END USER TRAINING |                                                                                                                                                                                                                                                                                                                             |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                    | Conduct <b>user training</b> to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> <li>• Basic user operation, user troubleshooting and user maintenance</li> <li>• Provide Operating manual (Hardcopy and/or Softcopy)</li> </ul> |
| 2                    | Tenderer must <b>prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.</b>                                                                                                                                                      |

| 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:<br>[AT LEAST ONE (1) YEAR PRICE VALIDTY]                                                                          | DELIVERY TIME:        |
| AUTHORIZED DISTRIBUTOR:<br>(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)<br>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 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.
- \_\_\_\_\_ **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.

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |                       |          |
|----------------------------------------|----------|-----------------------|----------|
| HOSPITAL RIPAS                         |          |                       |          |
| Ward / Unit                            | Quantity | Ward / Unit           | Quantity |
| Ward 4                                 | 3        | 23                    | 2        |
| Ward 6                                 | 2        | CCU                   | 2        |
| Ward 7                                 | 2        | Burn unit             | 2        |
| Ward 10 (2)                            | 2        | DCU                   | 1        |
| Ward 11                                | 2        | ED                    | 10       |
| Ward 12                                | 2        | IM SOC (PHY)          | 2        |
| Ward 14                                | 2        | IM SOC (Endocrine)    | 2        |
| Ward 15                                | 2        | IM SOC (Haematology)  | 4        |
| Ward 16                                | 2        | IM SOC (Geri Palli)   | 0        |
| Ward 17                                | 2        | IM SOC (Radiology)    | 1        |
| Ward 18                                | 2        | IM SOC (GastroHepato) | 2        |
| Ward 19                                | 4        | IM SOC (DORM)         | 2        |
| Ward 20                                | 4        | IM SOC (Dermatology)  | 4        |
| Ward 22                                | 4        |                       |          |
| TOTAL                                  |          | 69                    |          |

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |
|----------------------------------------|----------|
| HEALTH SERVICES                        |          |
| Ward / Unit                            | Quantity |
| Home nursing services                  | 22       |
| Flying medical service                 | 1        |
| Pusat Tahanan Pemulihan                | 6        |
| Airport medical clinic                 | 1        |
| TOTAL                                  | 30       |

| SECTION 5 - DETAILED DISTRIBUTION LIST |          |
|----------------------------------------|----------|
| RENAL SERVICES                         |          |
| Ward / Unit                            | Quantity |
| Rimba Dialysis Centre                  | 20       |
| Temburong Dialysis Unit                | 3        |
| TOTAL                                  | 23       |

| SECTION 5 - DETAILED DISTRIBUTION LIST |
|----------------------------------------|
|----------------------------------------|

| EMAS                           |           |
|--------------------------------|-----------|
| Ward / Unit                    | Quantity  |
| EMAS response bag in Ambulance | 30        |
| MME Disaster management        | 10        |
| Medical coverage               | 10        |
| <b>TOTAL</b>                   | <b>50</b> |

| SUMMARY OF PRICES                                                                                           |              |
|-------------------------------------------------------------------------------------------------------------|--------------|
| This tender is for the supply of equipment under <u>a non-clustering</u> approach, for the following items: |              |
| Item 1: Handheld Aneroid Sphygmomanometer                                                                   | 172<br>units |
| Item 2: Desktop Aneroid Sphygmomanometer                                                                    | 180 units    |

|    | TERMS AND CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                   | VENDOR'S OFFER<br>(PLEASE STATE) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1  | Tenderer must be registered with the Ministry of Health.                                                                                                                                                                                                                                                                                                                                               |                                  |
| 2  | <b>TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF TENDER</b> .                                                                                                                                                                                                           |                                  |
| 3  | Tenderers are <b><u>required to submit individual proposal booklets for each item listed</u></b> . Each item shall be treated as a standalone submission                                                                                                                                                                                                                                               |                                  |
| 4  | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF TENDER</b> .                                                                                                                                                                                                                       |                                  |
| 5  | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> (if applicable).<br>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).                                                |                                  |
| 6  | Brochures / catalogues should be submitted / attached with tender document.                                                                                                                                                                                                                                                                                                                            |                                  |
| 7  | Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)                                                                                                                                                                                                                                                                                                       |                                  |
| 8  | Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).                                                                                                                                                                                                                                                                             |                                  |
| 9  | <b>DELIVERY PERIOD:</b><br>(Please state) Not More Than <b>90 days</b> upon confirmation                                                                                                                                                                                                                                                                                                               |                                  |
| 10 | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period.<br>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). |                                  |
| 11 | The equipment supplied must be <b>newly manufactured</b> , unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.                                                                                                                                                                                                       |                                  |
| 12 | The vendor is required to provide proof of manufacture date confirming the equipment is <b>new</b> .                                                                                                                                                                                                                                                                                                   |                                  |
| 13 | To provide justification for the <b>price increase</b> of a product previously supplied to the Ministry of Health by the same supplier/distributor                                                                                                                                                                                                                                                     |                                  |