

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 12.00AM	FOCAL PERSON
KK/53/2024/UPP(TC)	SUPPLY AND DELIVERY OF MEDICAL ITEMS (LIFE BAND COMPRESSION STRAP) FOR EMERGENCY MEDICAL AMBULANCE SERVICES (E.M.A.S) HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA, MINISTRY OF HEALTH FOR A PERIOD OF THREE(3) YEARS	3 YEARS	RIPAS HOSPITAL	\$30.00	16 <sup>TH</sup> APRIL 2024	Hjh Nora binti Haji Mohd Yusof Ketua Perkhidmatan EMAS Hospital Raja Isteri Pengiran Anak Saleha (RIPAS) Kementerian Kesihatan Negara Brunei Darussalam Contact No: 2242424 ext 5442/5446 email: nora.yusof@moh.gov.bn

**NOMBOR TAWARAN : KK/53/2024/UPP(TC)**

**KEMENTERIAN KESIHATAN  
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF MEDICAL ITEMS (LIFE BAND  
COMPRESSION STRAP) FOR EMERGENCY MEDICAL AMBULANCE  
SERVICES (E.M.A.S) HOSPITAL RAJA ISTERI PENGIRAN ANAK  
SALEHA, MINISTRY OF HEALTH FOR A PERIOD OF THREE(3)  
YEARS**

**YURAN TAWARAN: \$30.00**

**NOMBOR RESIT :**

**TARIKH TUTUP : HARI SELASA, 16HB APRIL 2024**

**JAM : 12.00 TENGAH HARI**

**KEPADA :**

**PENGERUSI LEMBAGA TAWARAN KECIL  
PETI TAWARAN, TINGKAT BAWAH  
BANGUNAN KEMENTERIAN KESIHATAN  
COMMONWEALTH DRIVE  
BANDAR SERI BEGAWAN BB 3910  
NEGARA BRUNEI DARUSSALAM**

**(CLUSTERING)**


## SECTION 2

### SPECIFICATIONS

TENDER REFERENCE NO: KK/xx/2024/UPP(TC)

**SUPPLY AND DELIVERY OF MEDICAL ITEM (LIFE BAND COMPRESSION STRAP) FOR  
EMERGENCY MEDICAL AMBULANCE SERVICES (E.M.A.S.) HOSPITAL RAJA ISTERI  
PENGIRAN ANAK SALEHA, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

<b>DELIVERY PERIOD</b>	<b>NOT LATER THAN 4 WEEKS STAGGERED DELIVERY UPON REQUEST</b>
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	<b>USER'S REQUIREMENTS</b>		
<b>NO</b>	<b>ITEM DESCRIPTIONS AND SPECIFICATIONS</b>	<b>PACKING SIZE</b>	<b>TOTAL QUANTITY USAGE PER YEAR</b>
1	<b>LIFE BAND COMPRESSION STRAP</b>  <b>SPECIFICATION:</b> <ul style="list-style-type: none"> <li>- COMPATIBLE WITH ZOLL AUTOPLUSE MACHINE</li> <li>- CODE: 8700070601</li> <li>- SET OF 3'S</li> <li>- SINGLE USE</li> </ul> 	PCS	100 PCS

<b>NO</b>	<b><u>TERMS AND CONDITIONS</u></b>
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	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> .
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.
5	<b>Brochures / catalogues should be submitted / attached</b> with tender document.
6	<b>Samples should be submitted together with tender or within fourteen (14 days)</b> of the tender closing date (if applicable).
7	<b>DELIVERY PERIOD:</b>  <b>Not later than 4 weeks</b> <b>Staggered delivery upon request</b>

8	<p><b>PRICE VALIDITY:</b></p> <p>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. 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).</p>
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Section/Unit	: Emergency Medical Ambulance Services Ministry of Health	Section/Unit Ref No.:	-
Person to Contact	Name : Hjh Nora Binti Hj Mohd Yusof Head of Emergency Medical Ambulance Service	Tel.No. :	Telephone no: 2242424 ext 5442/5446
	E-mail : <a href="mailto:nora.yusof@moh.gov.bn">nora.yusof@moh.gov.bn</a>	Fax No.:	-

**SCHEDULE 1**  
**TENDER FORM**

To:

TENDER REFERENCE NO: KK/xx/2024/UPP(TC)

**INVITATION TO TENDER**

**SUPPLY AND DELIVERY OF MEDICAL ITEM (LIFE BAND COMPRESSION STRAP) FOR EMERGENCY MEDICAL AMBULANCE SERVICES (E.M.A.S.)  
HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS**

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**TENDER OF (*name of tenderer*)** \_\_\_\_\_

Company/Business Registration No \_\_\_\_\_

Tender Closing Date: \_\_\_\_\_

<b>DELIVERY PERIOD</b>	
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	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COST PER YEAR (B\$)
1	<b>LIFE BAND COMPRESSION STRAP</b>  <b>SPECIFICATION:</b> <ul style="list-style-type: none"><li>- COMPATIBLE WITH ZOLL AUTOPLUSE MACHINE</li><li>- CODE: 8700070601</li><li>- SET OF 3'S</li><li>- SINGLE USE</li></ul>	PCS	<b>100 PCS</b>						

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COST PER YEAR (B\$)
									
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									
TOTAL PRICE (B\$) FOR THREE (3) YEARS USAGE									

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (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><u>MAY</u></b> cause <b>DISQUALIFICATION OF TENDER.</b>	
3	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>	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.	
5	<b>Brochures / catalogues should be submitted / attached</b> with tender document.	
6	<b>Samples should be submitted together with tender or within fourteen (14 days)</b> of the tender closing date (if applicable).	

7	<b>DELIVERY PERIOD:</b> <b>Not later than 4 weeks</b> <b>Staggered delivery upon request</b>	<b>(Yes / No)</b> <b>(If No, please specify)</b>
8	<b>PRICE VALIDITY:</b> 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. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12) CALENDER** MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this                      day of                      20   .

\_\_\_\_\_  
**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:
  - *Supply, Delivery Medical Consumables*
- (d) Other information which is considered relevant

### SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1      Responsibility Table

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

## **SCHEDULE 4 – COMPANY’S BACKGROUND**

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

## SCHEDULE 5 – REFERENCES

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

Table 5.1      References of previous customers

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

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

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

## **SCHEDULE 6 - SUBMISSION OF SAMPLE**

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
- (a) identical in packing and manufacture to the items to be offered by the Tenderer; and
  - (b) marked with the corresponding item number of the tender.

## SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO: KK/XX/2024/UPP(TC)

INVITATION TO TENDER  
SUPPLY AND DELIVERY OF MEDICAL ITEM (LIFE BAND COMPRESSION STRAP) FOR  
EMERGENCY MEDICAL AMBULANCE SERVICES (E.M.A.S.) HOSPITAL RAJA ISTERI  
PENGIRAN ANAK SALEHA, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3)  
YEARS

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

ITEM NO.	DESCRIPITON	SAMPLE SUBMITTED (indicate with ✓ )	SAMPLE NOT SUBMITTED (indicate with ✕ )	OFFERED/ NOT OFFERED (indicate as appropriate)
1	LIFE BAND COMPRESSION STRAP			

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

\_\_\_\_\_  
*(signature of authorized officer of Tenderer)*

Name:

Designation:

Date:

Tenderer's official stamp:

\_\_\_\_\_  
**FOR OFFICE USE**

Date of receipt : \_\_\_\_\_

Receiving Officer : \_\_\_\_\_