



LOVE Never Fails

ANNUAL REPORT 2025

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**Love is Patient,
Love is Kind...
It Always Protects,
Always Trusts,
Always Hopes,
Always Perseveres...
Love Never Fails.**

1 Corinthians 13:4-8

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INTRODUCTION

St. Andrew's Medical Mission was founded in 1913 by Dr Charlotte Ferguson-Davie. In 1934, St. Andrew's Mission Hospital (SAMH) was incorporated under the SAMH Ordinance. SAMH is an exempt charity and an approved Institution of a Public Character, with its registered address at 8 Simei Street 3 Singapore 529895 and UEN registration number T08CC3017C.

SAMH provides health care, social care and education services through the following services:

**ST. ANDREW'S COMMUNITY HOSPITALS,
ST. ANDREW'S MISSION HOSPITAL CLINIC,
ST. ANDREW'S SENIOR CARE AND
ST. ANDREW'S MIGRANT WORKER MEDICAL CENTRE**

To provide holistic care and healing to the underserved and disadvantaged by ministering to their physical, mental and social needs based on Christian values.

ST. ANDREW'S NURSING HOMES

To provide holistic care and healing to the underserved and disadvantaged by ministering to their physical, mental, social and special needs based on Christian values.

ST. ANDREW'S AUTISM CENTRE

To enrich the lives of people with autism and their families through quality education, training and care, distinguished by Christian love and compassion.

ST. ANDREW'S MISSION SCHOOL

To maximise our students' potential and develop their character to be active members of our society, committed to serve and lead.

OUR VISION

**To be a light in society,
relieving suffering and
enriching lives with the
love of Christ.**

OUR MISSION

**To provide holistic
care and healing to
the underserved and
disadvantaged by
ministering to their
physical, mental, social
and special needs based
on Christian values.**

CORE VALUES (L.I.G.H.T.)

Love

We care for those in need with love and compassion, following the example of Christ.

Integrity

We commit to the highest moral and ethical standards in word and deed.

Growth

We increase in passion and professionalism, continuously learning and innovating.

Honour

We accord due respect and dignity to every human being as created by God.

Teamwork

We work together in an environment of trust, collaboration, and mutual support.

PRESIDENT'S ADDRESS



Photo credit: The Diocese of Singapore

A STEADY LIGHT IN CHANGING TIMES

“You are the light of the world... Let your light shine before others, that they may see your good works and give glory to your Father in heaven.”

— MATTHEW 5:14, 16

REMAINING FAITHFUL TO OUR CALL TO SERVE

Since our founding in 1913, St. Andrew's Mission Hospital (SAMH) continues to see rapid changes and transformation in our society in the past 113 years. From a poor developing country burdened with communicable diseases, we have entered the rank of “Developed Countries” with one of the highest Gross Domestic Product per capita in the world, top-tier infrastructure, and high living standards.

The needs of our society have also evolved. We now have one of the most rapidly aging populations in the world. The changing demographic structure of our society has also placed a heavy burden on individual caregivers. Emerging needs such as caring for those with mental health conditions and special needs present new challenges that we must address as one of the largest healthcare and social service agencies in Singapore.

Our government's strategy to focus on preventive care (Healthier SG), ensuring sustainability, strengthening resilience, and supporting an ageing population, makes us rethink our approaches in integrating care. This is especially so for our elderly population, and we need to reduce reliance on acute hospitals by strengthening step-down care, and investing in our services in mental health and special needs.

A CONTINUUM OF CARE

Our commitment to integrated care is demonstrated by our efforts to develop a continuum of care in all our clusters of services. In medical services, we continue to strengthen our community-based services.

The mission to meet our seniors' needs and enabling them to age in place continues through our role in the Integrated Community Care Programme (ICCP). Spearheaded by the Agency for Integrated Care, the ICCP brings together the various community agencies to provide coordinated care to the elderly living in the community according to designated zones. Under this programme, St. Andrew's Senior Care and St. Andrew's Active Ageing Centres have strengthened the integration of health and psychosocial support, serving as the administrative point of contact for four regions and active members in ten others. Through these efforts, we have brought together a reliable network of community support, ensuring that seniors can age with dignity, with their physical well-being and overall needs cared for.

PRESIDENT'S ADDRESS

STRENGTHENING STEP-DOWN CARE

To relieve the bed crunch in the eastern sector of our island, we opened our second community hospital, St. Andrew's Community Hospital (Bedok) in November 2025. Established in close partnership with the Ministry of Health and Changi General Hospital, this 240-bed facility supports the national expansion of hospital capacity and provides vital step-down and transitional care. With a dedicated focus on helping patients bridge the gap between hospital and home, the facility is anchored by a universal design philosophy and a comprehensive Mobility Park. Here, patients practice essential real-life skills such as navigating a repurposed MRT carriage, as well as simulated bus and taxi settings to regain both the physical ability and the mental confidence needed for independent daily living.

As the demand for residential support grows with our ageing population, our seven nursing homes now provide a home for 2,400 residents. In 2025, we reached a new milestone by expanding the mixed-use care model pioneered at St. Andrew's Nursing Home (SANH) (Taman Jurong) to include the recently opened SANH (Aljunied). This expansion reflects our deep commitment to supporting individuals living with mental health conditions. We recognise that those with stable psychiatric conditions also experience the same physical frailties as other seniors as they age. By bridging our expertise in medical, psychiatric and residential care, we are addressing an area of need that is presently underserved.

A COMMITMENT OF LIFELONG SUPPORT

Since St. Andrew's Mission School started admitting students with mild to moderate autism under the national curriculum, the first batch of 10 students sat for the PSLE in 2025 and we are deeply heartened to see a 100% passing rate, with three of them successfully placed in mainstream schools. These results represent more than academic achievements; they represent the many years of hard work of our teachers and staff, guiding and training these students with patience and love.

Our commitment does not end at the school gates. The goal is to ensure a continuum of support as they transition into secondary school and eventually adulthood. Our vocational training programme provides the necessary training for our students to be ready to face challenges in the workplace and be able to live and work independently.

This vision has also led St. Andrew's Autism Centre (SAAC) to strategically expand its "Dignity of Work" initiatives within the Day Activity Centres. The ability to contribute is a cornerstone of self-respect, and this focus on vocational integration ensures that clients are seen as active contributors rather than merely recipients of aid.

FORGING AHEAD TOGETHER

Looking back on 2025, we are grateful for the many hands and hearts that sustain this mission. These include the late Ms. Diana Wang Hui Min, who bequeathed \$1.2 million to SAMH, and the ACE Team Foundation, which raised and matched a total of \$2.5 million for SAAC's adult services. Such generosity attests to the fact that the work of SAMH is recognised and appreciated by our society.

As we develop our services to serve more people in need, SAMH and Singapore Anglican Community Services are excited to be appointed by the Ministry of Health to operate four more nursing homes in Bukit Purmei, Buangkok Green, Bayshore and Admiralty, which will begin operation within the next few years. We have also been appointed by the Ministry of Education to start our third special education school to cater to the rising demand for places for students with Autism Spectrum Disorder with Intellectual Disability.

Finally, I would like to thank our partners who work with us and support us in reaching out to those in need in our society - the Government, the various community and grassroots organisations, the private sector, our churches and many volunteers and donors. Together, we are able to bring hope to our beneficiaries, and make Singapore a better place to live in. I pray that SAMH will continue to move forward and be a beacon of light that shines into the world, and that through our ministries in caring for the sick, the elderly, those with mental health conditions and special needs, we may be a testimony of His love.

To the Glory of God, and for the Relief of Suffering.

The Most Reverend Dr Titus Chung

President, St. Andrew's Mission Hospital
Bishop of Singapore

Archbishop of the Province of the Anglican Church in South East Asia

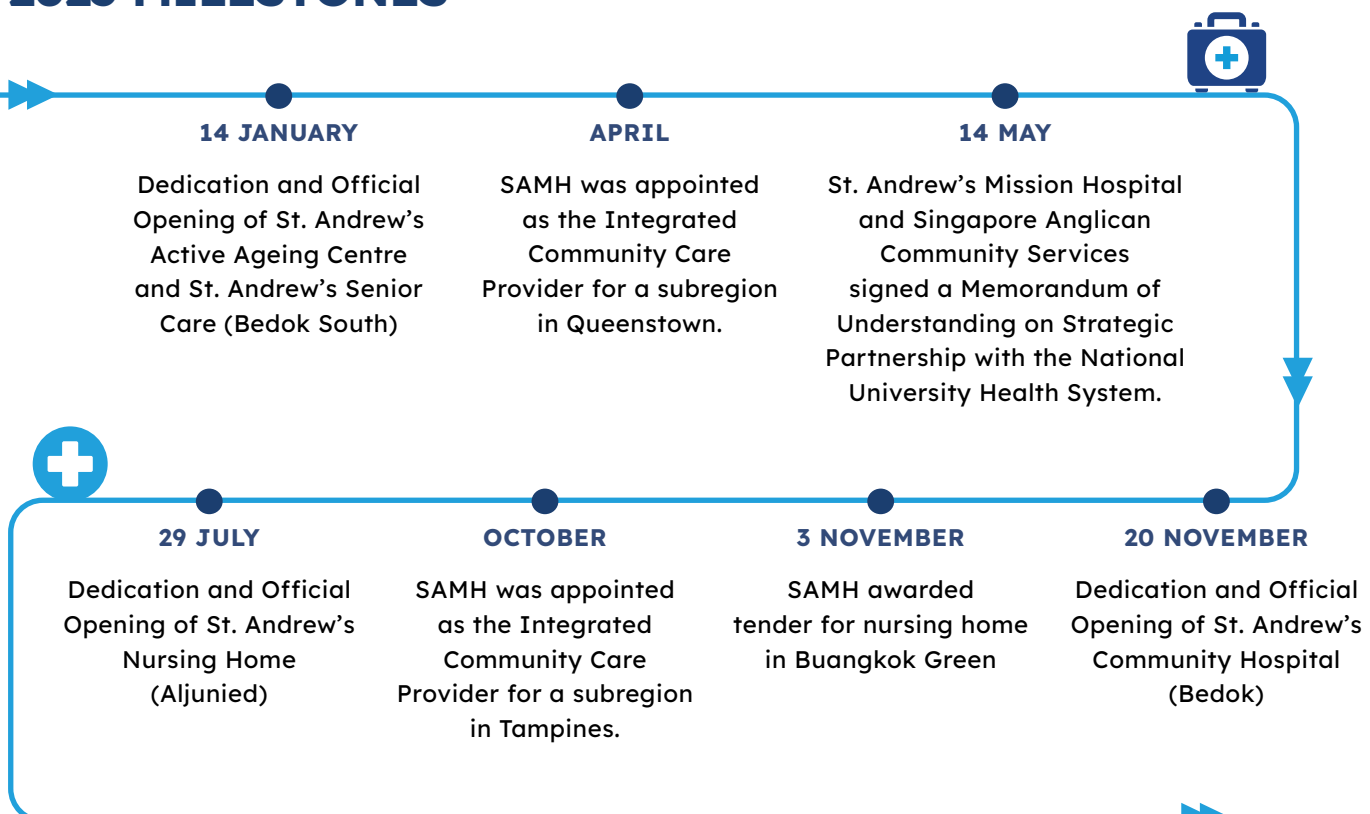
GCEO'S REPORT



**DR (ADJUNCT
ASSOCIATE
PROFESSOR)
ARTHUR CHERN**
*Group Chief
Executive Officer
SAMH*

Over the past year, St. Andrew's Mission Hospital (SAMH) has stepped up our services to meet the needs of the community, shining God's light and demonstrating His love to those in need. We will continue to do the work entrusted to us by His grace and empowerment. On behalf of the board, I am pleased to provide an update on our work in 2025.

2025 MILESTONES



2025 STATISTICS

Medical Services

St. Andrew's Community Hospital (SACH)

Inpatient Admissions:

4,157

SACH (Bedok)
Transitional Care
Facility Admissions
(August -
December 2025):
431

SACH (Bedok)
Community Hospital
Admissions
(August -
December 2025):
320

SACH (Simei)
Community Hospital
Admissions:
3,406

Home Care Services Visits:

7,652

Home Medical
Visits:
689

Home Nursing
Visits:
2,186

Home Therapy
Visits:
2,298

Home Palliative Care
Visits:
2,479

Outpatient Clinic Attendances:

11,107

Day Rehabilitation Centre Attendances:

22,960

St. Andrew's Migrant Worker Medical Centre

Medical Attendances:

63,243

Dental Attendances:

3,917

Physiotherapy Attendances:

849

Case Management Attendances:

334

Senior Services

St. Andrew's Senior Care (SASC)

	Seniors Served	Day Care Attendances	Day Rehabilitation Attendances
SASC (Bedok North)	222	8,762	4,700
SASC (Bedok South)	227	6,630	4,705
SASC (Dover)	281	15,087	4,107
SASC (Henderson)	256	12,910	3,451
SASC (Joy Connect)	371	13,656	5,509
SASC (Queenstown)	521	17,851	6,585
SASC (Tampines Central)	368	13,010	6,216
SASC (Tampines North)	98	3,137	1,771
Total	2,344	91,043	37,044

St. Andrew's Nursing Home (SANH)

	Residents Served
SANH (Aljunied)	376
SANH (Buangkok)	325
SANH (Henderson)	339
SANH (Queenstown)	356
SANH (Tampines North)	332
St. John's - St. Margaret's Nursing Home	324

St. Andrew's Active Ageing Centre (SAAAC)

	Seniors Served
SAAAC (Bedok North)	866
SAAAC (Bedok South)	1,215
SAAAC (Dover)	673
Total	2,754

Autism Services

St. Andrew's Autism Centre

St. Andrew's
Autism School:

324
students

Day Activity
Centre (Siglap):

72
clients

Day Activity
Centre (Sengkang):

52
clients

St. Andrew's Mission School

281
students

GoodSpace
Programme:

21
clients

Dignity of Work
Programme:

20
trainees

St. Andrew's
Adult Home:

47
residents

AWARDS AND ACHIEVEMENTS

SINGAPORE HEALTH QUALITY SERVICE AWARDS (SHQSA) 2025



Photos credit: Singapore Health Services



Over 180 staff from SAMH and Singapore Anglican Community Services (SACS) received the SHQSA 2025. Of these, 13 were Star Awards, 51 were Gold Awards and 115 were Silver Awards. The SHQSA is a nationwide platform to honour outstanding healthcare professionals who have delivered quality care and excellent patient experience.

AWARDS AND ACHIEVEMENTS



The “I am a Caregiver” programme at St. Andrew’s Community Hospital (SACH) won the Best Team Award for Clinical Practice Improvement. This initiative, which empowers caregivers with essential skills and knowledge, will soon expand to the Senior Care Centres.



Photos credit: Singapore Health Services

Dr Edward Goh, Head of Inpatient Rehabilitation Services, Medical Services, SACH, was honoured with the Clinician Superstar Award. His leadership in collaborating with Changi General Hospital to streamline patient care processes and reduce waiting times and costs has significantly enhanced patient experience and outcomes at SACH.

AWARDS AND ACHIEVEMENTS

COMMUNITY CARE EXCELLENCE AWARDS (CCEA) 2025



24 staff and four teams from SAMH and SACS were recognised for their contributions to community care with Community Care Excellence Awards from the Agency of Integrated Care on 24 September 2025. 15 staff from SAMH and SACS also received Community Care Manpower Development Awards.

St. Andrew's Nursing Home (Buangkok)'s project "Restoring Hearts, Renewing Hope" won the CCEA Gold Team Award. The project showcased how the nursing home staff organised a Family Day to reach out to next-of-kin who face difficulties visiting residents.

NURSES' MERIT AWARD 2025



Three nurses across SAMH received the Nurses' Merit Award 2025. The award is given by the Ministry of Health to nurses who have displayed exceptional performance and contributed to raising the profession.

From left to right: Ms Tan Mui Lan, Assistant Director of Nursing, St. Andrew's Community Hospital, Ms Joyce Betty Jung, Nurse Manager, St. Andrew's Nursing Home (Buangkok), Ms Doris Tchen Siew Geok, Director of Nursing, St. Andrew's Nursing Home (Henderson).

AWARDS AND ACHIEVEMENTS

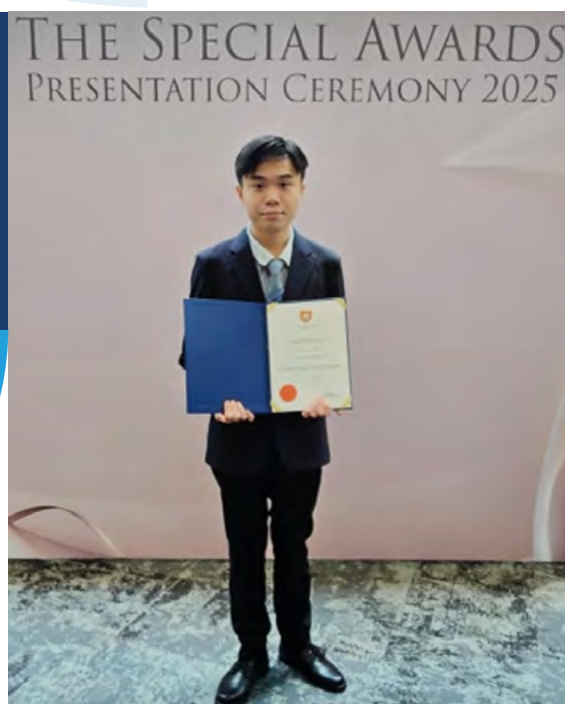
CERTIFICATE OF EXCELLENCE



Minister Masagos Zulkifli presenting the Certificate of Excellence to Ms Tulasi Devi on behalf of SACH CCMS.

St. Andrew's Community Hospital's Community Case Management Service (CCMS) received the Certificate of Excellence from the Ministry of Social and Family Development, presented by Minister Masagos Zulkifli. The award recognises the team's sustained commitment and outstanding contributions in supporting clients to allow those with complex needs to continue living well in the community.

LEE KUAN YEW EXEMPLARY STUDENT AWARD 2025



Neo Guang Wei, Bryan from Abundance AM, St. Andrew's Autism School received the Lee Kuan Yew Exemplary Student Award, which recognises students in Special Education schools who inspire others through perseverance and courage. This award celebrates his ongoing growth and achievements, including developing independence in buying his own lunch, navigating unfamiliar routes, and adapting to new routines for his internship and sports training, tasks which seem simple to most teenagers, but require much effort and perseverance for persons with autism.

REVIEW OF SERVICES

Medical Services

St. Andrew's Community Hospital (Bedok)
 St. Andrew's Community Hospital (Simei)
 St. Andrew's Mission Hospital Clinic
 St. Andrew's Migrant Worker Medical Centre

ST. ANDREW'S COMMUNITY HOSPITALS - LIGHT OF CARE, HEART FOR THE COMMUNITY

SACH (Bedok) was officially dedicated and opened on 20 November 2025, marking a significant milestone in expanding community-based care in the East. The opening ceremony was graced by Minister for Health and Coordinating Minister for Social Policies, Mr Ong Ye Kung.

SACH (Bedok) was developed in partnership with the Ministry of Health (MOH), and will strengthen Singapore's continuum of care by expanding inpatient rehabilitative and transitional care beyond the acute hospital setting. The new hospital comprises a total of 240 beds, including 100 community hospital beds and 140 transitional care facility beds, supporting patients in their recovery journey and enabling smoother transitions back to the community.



SACH (Bedok) was officially launched.



During the opening, staff shared about ROOTS, SACH's person- and community-centered approach that supports seniors to live well and age with dignity within their own neighbourhoods.

HOLISTIC CARE IN A HOSPITAL ENVIRONMENT

SACH (Bedok) was purposefully designed to promote recovery, safety and wellbeing. Additional design inputs were provided by HammondCare (Australia), a recognised leader in dementia-inclusive environments. Features such as "activated" ward spaces, including pantries and purposeful activity areas, encourage social interaction and engagement. Carpeted flooring helps reduce noise, while landscaped green spaces create a calm and restorative environment for patients and families.

By mid-2026, all beds and patient toilets will be equipped with an AI-driven Falls Prediction and Prevention System, further enhancing patient safety. The hospital is also enabled for telemedicine services, improving access to care and reducing waiting times.

A distinctive feature of SACH (Bedok) is its suite of innovative rehabilitative environments. SACH is the first hospital in Singapore to incorporate a mobility park featuring a decommissioned MRT train carriage, together with a public bus and taxi repurposed for rehabilitation training. Therapists use these spaces to replicate real-life scenarios, allowing patients and caregivers to practice navigating and boarding public transport safely and confidently. This functional training supports independence and facilitates a smoother return to daily routines.



The mobility park, Tanjong Pagar Hub, is named after the second site where SAMH was located from 1949 to 1982, reflecting the organisation's long-standing legacy of care.

REVIEW OF SERVICES

HEALING THROUGH NATURE AND SUSTAINABILITY

SACH (Bedok) integrates therapeutic horticulture into patient care through partnerships with horticultural volunteers. Using hydroponics, patients engage in activities that encourage movement, stimulate cognitive function, and foster a sense of achievement and purpose. These sessions complement rehabilitation while enhancing overall wellbeing.



Our horticultural volunteers introduced hydroponics therapy.

In support of environmental sustainability, SACH (Bedok) is committed to reducing its carbon footprint. As part of this effort, the hospital will be installing solar panels in 2026, contributing to cleaner energy use and long-term environmental stewardship.



One of the hospital's key green spaces, Erskine Garden, is dedicated to patients and visitors. Named after the location of SAMH's first hospital, the garden provides a tranquil setting where patients can spend meaningful time with loved ones during visiting hours.

PALLIATIVE CARE AS A COMMUNITY EFFORT

SACH continues to play an active role in raising public awareness and acceptance of palliative care. In October 2025, the SACH Palliative Care Team supported the *Live Well. Leave Well. Festival* organised by the Singapore Hospice Council (SHC), contributing to national conversations on dignity, comfort, and meaning at the end of life.

As part of the festival programme, SACH also contributed to a public webinar exploring how hospice and care teams support patients, caregivers, and families through end-of-life journeys.



The SACH booth shared how food can bridge connections among our patients. Visitors penned down what they wanted their last meal to be, and tried foods of varying consistency, increasing their awareness of the importance of eating well.



This year's Live Well. Leave Well. Festival also marked the launch of Compassionate Communities Singapore (CoCoSG) on 12 October 2025, a national movement lead by the SHC. SACH, St. Andrew's Senior Care and St. Andrew's Nursing Home are committed partners in this movement, contributing to collective efforts that promote community awareness, shared responsibility, and compassionate support for persons with life-limiting illnesses and their families.

REVIEW OF SERVICES

ST. ANDREW'S MIGRANT WORKER MEDICAL CENTRE

St. Andrew's Mission Hospital was reappointed by the Ministry of Manpower (MOM) to serve as an Anchor Operator for migrant worker healthcare for a further three years, from 1 April 2025 to 31 March 2028, affirming confidence in its stewardship and service delivery.

Alongside the Primary Care Programme that was set up by MOM, St. Andrew's Migrant Worker Medical Centre (SAMWMC) provides Care Gap Services, supported through funding from MigrantWell Singapore Limited. These services complement primary care by addressing needs beyond its scope and comprise three key components: psychological care and case management, dental services, and physiotherapy services.

From 1 July 2025, the mental health component within the Care Gap Services was refined into a structured psychological care and case management programme, strengthening support for migrant workers experiencing psychological distress and improving care coordination across clinical, social, and work-related domains.

During the year, SAMWMC also engaged public sector leaders and community stakeholders, reflecting ongoing collaboration to advance migrant worker health and wellbeing.



SAMWMC hosted Mr Dinesh Vasu Dash, Minister of State for Manpower, and Mr Shawn Huang, Senior Parliamentary Secretary, Ministry of Manpower on 4 August 2025, as well as Ms Cassandra Lee, Member of Parliament for West Coast Group Representation Constituency on 30 August 2025.

The late Mdm Mary Ho enjoying chilli crab, one of her favourite dishes, at a family gathering organised by the St. Andrew's Community Hospital's palliative care team.



Scan to read about Mdm Ho's story in "A tasteful farewell" (Source: The Straits Times © SPH Media Limited, Permission required for reproduction, 10 August 2025).



REVIEW OF SERVICES

Senior Services

St. Andrew's Senior Care (SASC)

- St. Andrew's Active Ageing Centre (SAAAC) (Bedok South)
- SAAAC (Bedok North)
- SAAAC (Dover)
- SASC (Bedok South)
- SASC (Bedok North)
- SASC (Dover)
- SASC (Henderson)
- SASC (JOY Connect)
- SASC (Queenstown)
- SASC (Tampines Central)
- SASC (Tampines North)

St. Andrew's Nursing Home (SANH)

- SANH (Aljunied)
- SANH (Buangkok)
- SANH (Henderson)
- SANH (Queenstown)
- SANH (Tampines North)
- St. John's - St. Margaret's Nursing Home



OFFICIAL OPENING OF NEW ACTIVE AGEING AND SENIOR CARE CENTRES

St. Andrew's Active Ageing Centre (SAAAC) (Bedok South) and SASC (Bedok South) were dedicated and officially opened on 14 January 2025. The opening was graced by Dr Maliki Osman, Minister, Prime Minister's Office, Second Minister for Education and Foreign Affairs and MP for East Coast GRC. We are immensely grateful to our community partners, including our very young children from PCF Sparkletots Preschool @ Bedok Blk 152B, student volunteers from Temasek Junior College and our seniors for their support. We also took the opportunity to celebrate 10 years of centre-based care.



SASJS students celebrated the nation's 60th birthday with seniors from SASC (Tampines Central).



SAMH and SACS staff posing for a photo at the North East Cancer Warrior Support Scheme launch with Minister Masagos Zulkifli (second from left) and Mayor Baey Yam Keng (fifth from left).

COMMUNITY ENGAGEMENT

On 7 August 2025, more than 200 students from St. Andrew's Junior School held a collective celebration with 600 seniors across the nine St. Andrew's Senior Care Centres and three St. Andrew's Active Ageing Centres to mark the nation's 60th birthday. The seniors were treated to SG60-themed games, handcrafted gifts, ukulele performances and goodie bags thoughtfully curated and prepared by the students under the guidance of their teachers. The students' creativity and enthusiasm brought energy to the festivities, deepening connections across the two generations and strengthening the longstanding partnership between the school and the organisation.

SASC (Tampines Central) participated in the North East Community Development Council's Cancer Warrior Support Scheme Colorectal Cancer Launch at Our Tampines Hub, contributing to community-wide efforts to raise awareness of colorectal cancer.

REVIEW OF SERVICES



Staff uses a gait belt to assist the senior in walking.



Staff utilise the transfer hoist to provide seniors with secure, controlled lifting during transfers.

LEARNING AND INNOVATION

SASC continues to leverage practical innovation to improve care quality and create a safer environment for ageing in place. Our Senior Care Centres introduced the use of patient transfer hoists and gait belts for our seniors. The patient transfer hoist not only provides safer and more effective support for seniors during transfers, but also alleviates the physical strain on our staff. Similarly, the gait belts provide caregivers with a better grip when assisting seniors to walk.

SASC (Queenstown) embarked on a Quality Improvement (QI) project with support from the SACH Health Performance and Innovation Office. Within four months, the centre repurposed spaces for rehabilitation and activity use, reorganised materials and improved operational efficiency. As a result, the centre now benefits from more usable space to accommodate additional clients, enhanced staff productivity, and better resource management.

REVIEW OF SERVICES



The Golden Gliders performing at the SAMH and SACS Charity Gala Dinner 2025.

EMPOWERING SENIORS TO SERVE OTHERS

Our seniors at St. Andrew's Active Ageing Centres had various opportunities to volunteer as a way of giving back to society with their skills and talent.

At SAAAC (Dover), senior volunteers led quarterly cooking sessions for seniors at the co-located Senior Care, whipping up local delicacies such as dumplings amid chit-chat and laughter. Seniors attending daycare at SASC (Bedok North) were entertained by ballads by seniors from SAAAC (Bedok South) during their combined monthly karaoke sessions.

The senior dance group, the Golden Gliders, also showcased their talents at the SAMH and SACS Charity Gala Dinner 2025 as well as the official opening of SACH (Bedok), grooving to the tune of ABBA's "Dancing Queen" and earning a standing ovation from guests.

St. Andrew's Active Ageing Centres hope to continue creating such opportunities in a sustainable and meaningful way to empower seniors to stay actively engaged.

VISIT BY AUSTRALIAN SENATORS



Australian Senators visit to SAAAC (Bedok South) and SASC (Bedok South).

On 8 December 2025, SAAAC (Bedok South) and SASC (Bedok South) hosted a delegation of Australian Senators for a learning visit on Singapore's community-based eldercare model. Our team shared insights on senior housing developments such as the Community Care Apartment model that supports seniors to age safely and independently within the community and how the Active Ageing Centre serves as a vital anchor—promoting social connection, preventive health, and early intervention—ensuring that seniors remain active, engaged, and well-supported as they age in place. The delegation observed key technologies used to enhance senior well-being, including HUR strength-training machines with RFID-enabled smart cards that helps to automate and track workouts. The Senators were shown digital innovations adopted across our Senior Care centres, such as vital sign machines that sync directly with the Centre Management System to streamline data and enable timely health monitoring. The visit concluded with a guided tour of both centres, where the delegation interacted with seniors.

REVIEW OF SERVICES

With more than 2,000 nursing home beds under SAMH and its sister organisation, the Singapore Anglican Community Services (SACS), St. Andrew's Nursing Home (SANH) cluster had an eventful year of building capabilities with the healthcare and community sectors.

ST. ANDREW'S NURSING HOMES - EXPANSION OF SERVICES

On 29 July 2025, St. Andrew's Nursing Home (Aljunied) was officially dedicated by The Most Reverend Dr Titus Chung, Bishop of Singapore and President of SAMH and SACS, and opened by Dr Koh Poh Koon, Senior Minister of State, Ministry of Health & Ministry of Manpower. We are proud to introduce this new "home away from home", thoughtfully designed with comfort, care, and community at its heart.



Dr Koh engaging with a resident during SANH (Aljunied)'s official opening.

The Violet Programme @ Nursing Homes (ViP@NH), an initiative by SANH and St. Andrew's Community Hospital (SACH) since 2021, has meaningfully supported the residents at SANH, enabling them to live out their days at the nursing home, according to their wishes. Between January and September 2025, our ViP@NH had seen 162 new enrolments and 879 visits made by our ViP medical doctors and 1,496 visits by ViP nurses.

We are encouraged by the strong support for the programme with staff reporting a sense of empowerment and accomplishment in fulfilling residents' wishes to pass on in the nursing homes and with positive feedback from bereaved family members.

REVIEW OF SERVICES

PARTNERSHIPS FOR IMPACT

On 14 May 2025, SAMH, SACS and the National University Health System (NUHS) signed a Memorandum of Understanding (MoU), marking the beginning of a strategic partnership aimed at strengthening care capabilities across our nursing homes in the western region. Through this collaboration, both organisations will work jointly to enhance service quality, streamline clinical practices and elevate the overall quality of life for residents.

In a complementary effort to drive quality advancement, SANH also entered into a MoU with the Agency for Integrated Care (AIC) to embark on the Quality Improvement Programme at SANH (Aljunied) and SANH (Queenstown). This programme aims to improve quality domains like safety, client-centeredness and process efficiency.

Together, these partnerships signify a deliberate and coordinated commitment to strengthening community care, fostering innovation and ensuring that residents across SANH continue to benefit from compassionate and high-quality services.

As part of AIC's Quality Assurance Programme for the eldercare sector, SANH (Henderson) was appointed by AIC as one of the first adopters of the standards by the Australian Council on Healthcare Standards International. This is part of SANH cluster's broader efforts in strive for quality improvement to elevate care. A baseline assessment in 2024 set the tone for implementing improvements and shared learning from other Community Care Organisations in 2025.

SANH was proud to be part of the "Our Community: SG60 and Beyond", a collaboration between the CDCs and the National Arts Council, in celebration of community spirit through the arts for SG60. 62 residents from all seven SANHs expressed their hopes for the nation in a "Canvas of Dreams" which was displayed at the National Gallery Singapore.



Our management and nursing staff with our resident artists and their masterpiece "Canvas of Dreams".



LEARNING BEST PRACTICES

SANH and SACH visited St Luke's Hospice in Sheffield, United Kingdom and St. Columba's Hospice in Edinburgh, Scotland to benchmark the latest standards in nursing home care, focusing on end-of-life and quality-of-life outcomes through holistic care practices, aimed at enhancing collaborative efforts and improving the quality of palliative and end-of-life care. Through this visit, SANH and SACH hoped to strengthen our vision for a unified, patient-centred palliative framework integrating medical, social, and spiritual dimensions.

The SANH team visited a dementia-friendly care facility in the Netherlands to explore how residents with dementia enjoy their golden years in dignity, within residential living. This visit was made possible as part of a Community Silver Trust Grant from AIC. This dementia-only village highlighted how its household living supported normalised day-to-day life, marking a paradigm shift from a traditional medical model to one that emphasised relationships, identity and everyday choice. The visit reinforced the importance of balancing safety with quality of life and SANH hopes to adapt these principles through strengthened programmes, staff training and more person-centred environments that support the gradual deinstitutionalisation of dementia care locally.



Mdm Chen Thiam Keow (first row, first from left) performing with other residents and the Silver String band at St. Andrew's Nursing Home (Aljunied)'s official opening. "I like to try the new things that they teach us. There is a lot to learn and do here," Mdm Chen says of the various activities and outings that she enjoys.

REVIEW OF SERVICES

Autism Services

St. Andrew's Autism Centre

- St. Andrew's Autism School
- Day Activity Centre (Sengkang)
- Day Activity Centre (Siglap)
- St. Andrew's Adult Home (Sengkang)

St. Andrew's Mission School

ST. ANDREW'S AUTISM CENTRE

This year marked the 20th anniversary of SAAC, which began with a small group of Day Activity Centre (DAC) clients at an interim space at St. Andrew's Community Hospital and has since grown to now serve about 500 beneficiaries through a special education school, two DACs and a residential facility for adults with autism, as well as other programmes like Dignity of Work and GoodSpace.

EQUIPPING ADULTS WITH AUTISM WITH WORK SKILLS

The Dignity of Work Programme offers urban farming and baking as key vocational pathways to equip adults aged 18 and above with moderate autism with meaningful, skill-based work experiences. Through structured training, clear work systems, and job-coach support, the programme provides a safe, consistent, and purposeful environment where trainees can learn, practise, and apply vocational skills aligned with real industry standards. Across both tracks, 20 trainees were supported in developing functional work habits, improving independence, working towards readiness for supported or open employment.

SPED PHYSICAL EDUCATION PEDAGOGY

St. Andrew's Autism School (SAAS) collaborated with the Physical Education (PE) Team at the Special Education Branch to develop two Micro-Learning Units (MLUs) on PE pedagogy for SPED educators. This collaboration created a meaningful platform for SAAS to share effective teaching practices, and provided an opportunity for the school to contribute to professional learning across the SPED sector. The MLUs will be used as professional learning resources and will be made available on MOE's digital learning and professional development platform for teacher training.



UPGRADE OF ST. ANDREW'S AUTISM HOME

As part of SAAC's ongoing commitment to creating safe spaces for emotional regulation, St. Andrew's Autism Home (SAAH) has built two new calm rooms for its residents. Completed in October 2025, this upgrade now allows another level within the home to be used for residential purposes, increasing the home's capacity from 42 to 63 residents.

ADVOCACY AND PARTNERSHIPS

In 2025, the Centre for Advocacy & Public Education (CAPE) strengthened the bridge between the autism community and the wider public by engaging nine organisations, eight of them new partners, across sectors that shape everyday life in Singapore. These included public transport services, private-hire drivers, grassroots leaders from Community Clubs, Gardens by the Bay, university students, and essential responders from the Singapore Civil Defence Force.

Through these collaborations, CAPE equipped 295 individuals with practical, person-centred ways to understand autism and support persons with autism they may encounter in their services and communities. Partners also adopted more autism-friendly practices, sensory-considerate adaptations, and inclusive communication approaches, with many expressing a desire to create environments and activities that warmly welcome persons with autism and their families into their midst.

REVIEW OF SERVICES

This year's edition of SAAC's annual advocacy event, *Walk of a Lifetime*, was extra special, as the walk was brought to one of Singapore's most iconic spaces - Gardens by the Bay. Graced by Minister of State for Culture, Community and Youth, and Manpower, Mr Dinesh Vasu Dash, the event saw over 1,200 people made up of our students, clients, residents, families, staff, partners, advocates, donors, volunteers, and members of the public - all of whom walked together in an inclusive setting. The event featured an original, advocacy-forward narrative that represented the full spectrum of autism, using creative storytelling, lived-experience insights, and thoughtfully designed stations to engage participants in an authentic, unscripted way. In addition to the walk, a Memorandum of Understanding (MoU) was signed between SAAC and Gardens by the Bay - as a symbol of mutual support and cooperation in the name of inclusion.

Separately, Gardens by the Bay received the Ministry of National Development Minister's Award 2025. It highlighted SAAC's partnership in the development of the Quiet Morning programme as an inclusive initiative.



SAAC CEO Mr Bernard Chew and Gardens by the Bay Chief Operating Officer Mr Kian Ann Ong mark the start of a meaningful partnership through the signing of an MoU, witnessed by Minister of State Mr Dinesh Vasu Dash.

CELEBRATION AND THANKSGIVING

The 20th Anniversary Concert was a celebration of SAAC's 20 years of love, service and gratitude.

In May 2025, SAAC welcomed over 400 guests to the concert held at the St. Andrew's Cathedral New Sanctuary. Among them were students & clients together with their caregivers, along with some SAAC partners, donors and volunteers as well as both past and present staff who have journeyed with us through the years.

Attendees were blessed by The Christian Orchestra, who led a heartfelt repertoire of songs that invited reflection and thanksgiving as well as a moving handbell performance by our students and clients.



RAISING FUNDS FOR ADULT SERVICES

The ACE Team Foundation Gala Dinner, Haus of ACE, gathered 200 leaders from Asia's business, technology, arts and philanthropic communities for an evening of generosity and impact. Funds raised support SAAC's adult services, ensuring dignified, meaningful daily living for individuals with autism. A total of \$2.5 million was raised from this gala dinner.

The generosity of the ACE Team Foundation and its philanthropic partners help SAAC continue the mission of creating homes, services and programmes that help adults with autism lead dignified, meaningful, and connected lives, while giving families and caregivers the peace of mind that their loved ones will always have a place where they are understood and cared for.



SAAC CEO Mr Bernard Chew presenting a token of appreciation to the ACE Team Foundation, led by Mr Anthony and Mrs Chloe Tan, in appreciation of their generous contributions.

REVIEW OF SERVICES

ST. ANDREW'S MISSION SCHOOL - PIONEER BATCH GRADUATION

SAMS is pleased to report that 100% of our pioneer batch of Primary 6 students passed their Primary School Leaving Examination. The school looks forward to welcoming its first batch of Secondary 1 students in January 2026.

DEEPENING PARTNERSHIPS, PROMOTING INCLUSION

SAMS maintains strong relationships and collaborations with our various school and community partners.

We partnered with Gardens by the Bay, to develop an inclusive public space for persons with diverse needs under the "Building an Inclusive Garden" initiative. Quiet Morning at Gardens By The Bay is a programme where the domes at the gardens are opened one hour earlier and the environment adjusted to provide a calm sensory-friendly experience for persons with autism. Through the 'Quiet Morning' sessions, our students and their families are able to enjoy the gardens in an autism-friendly setting. For their work in sustainability and inclusivity initiatives, Gardens by the Bay and the partner organisations were awarded the Ministry of National Development Minister's Award 2025. SAMS is incredibly grateful for this meaningful partnership, and look forward to more programmes that help foster a more inclusive society.

At the St. Andrew's Autism Centre (SAAC)'s "Walk of a Lifetime" on 1 November 2025, stories of persons with autism were shared as part of a public education exhibit. The story of one of our students, Louis, was featured. Such social stories help the general public understand persons with autism.

SAMS also continues to partner with schools to promote inclusion and understanding. The school participated in Play Inclusive for the first time in 2025. Together with students from our official MOE partner school, Keming Primary School, our students participated under the badminton sports category. By playing together, they learnt to work together to achieve one goal. It was a great opportunity for athletes from both schools to build friendships and camaraderie as a team.



SAMS and Keming Primary participating in Play Inclusive 2025 together

SAMS formed a joint contingent with our other official MOE partner school, Nan Hua High School (NHHS) and SAAC for The Purple Parade in 2025. They also jointly ran a games booth, manned by students and teachers.



Photo credit: The Purple Parade

NHHS student leaders ran their annual Values-In-Action project at SAMS on 11 July 2025, planning and conducting activities and performances for students.

We held an engagement session for NHHS students on 22 October 2025. NHHS students learnt more about autism from our school teachers, and how to interact with persons with autism. They also got the chance to get to know our students better through conversations. Ms Adeline Yeong, Head of Allied Professionals and Senior Psychologist, and Ms Michelle Choo, Senior Psychologist also visited NHHS in November 2025 to share with their staff about how to support individuals with autism.

REVIEW OF SERVICES

Students from CHIJ St. Theresa's Convent shared cyber wellness tips and information. Through interesting activities such as 'Fishing for Phishing' and 'Shopping for Scams', they learnt how to identify threats and protect themselves when using the internet.

SAMS continues to run the annual Saints' Learning Fest, where students from St. Margaret's Secondary School introduce students to common activities in the different careers. These school programmes and engagements expose students to people outside their circle and promote learning between both SAMS and the partner schools.



VISIT BY MINISTER OF STATE RAHAYU MAHZAM

Ms Rahayu Mahzam, Minister of State for the Ministry of Digital Development and Information and Ministry of Health and MP for Jurong East-Bukit Batok GRC, visited the school on 4 September 2025. During her address to the school, she affirmed the work that our educators do. Ms Rahayu also took the opportunity to engage teachers, staff and parents at the Teachers' Appreciation Breakfast, organised by the Parent Support Group.



PUBLIC PERFORMANCES BY SAMS CHOIR



Photo credit: Extraordinary People

Our choir performed publicly for the first time in 2025, at "An Extraordinary Celebration 2025" and the SAMH and SACS Charity Gala Dinner 2025.

An Extraordinary Celebration is a unique platform where participants with special needs interact, rehearse, and perform alongside their mainstream counterparts. By highlighting the abilities and talents of all participants, it aims to break barriers and create a sense of unity among diverse communities.

The SAMS choir was among a lineup of performances involving 9 mainstream schools, 11 special education schools, 5 overseas groups, and the participation of local community organisations. Alongside Grace Orchard School, Raffles Girls' School and St. Andrew's Autism School, our Saints performed *I Will Sing You the Stars* and *This Little Light of Mine*.

Together with SAAC Percussion Group, the SAMS choir also performed at the annual SAMH and SACS Charity Gala Dinner at Fullerton Hotel on 17 October 2025. They performed *I Will Sing You The Stars* and *This Little Light Of Mine*. The event was graced by Mr Desmond Lee, Minister for Education and Minister-in-charge-of Social Services Integration.





Calder Kam, 21, enjoys working at the farm at St. Andrew's Autism Centre as part of the Dignity of Work programme.



Scan to watch Calder's journey toward independent living.

LEADERSHIP

St. Andrew's Mission Hospital (SAMH) is governed by a Board of Management (SAMH Board), which is the governing body responsible for overseeing and managing SAMH.

Reporting to the SAMH Board are committees appointed by the Board of Management for the Service Units as well as the Audit, Chaplaincy, Finance, Fundraising, Human Resource and Nomination Committees.

The Board's role is to provide strategic direction and oversight of the programmes and objectives of SAMH and to steer SAMH towards fulfilling its vision and mission through good governance. As stipulated in the Ordinance, the SAMH Board is made up of nominees and elective members, headed by the President, who is by appointment, the Bishop of Singapore.

The roles and responsibilities of the Board include:

- Review the Vision and Mission of SAMH periodically to ensure their relevance, and ensure that there are adequate resources to sustain SAMH's operations and that these resources are effectively and efficiently managed
- Develop and approve a strategic plan to direct SAMH towards achieving its mission and fulfilling its vision
- Appoint Committees to assist or advise in its work with documented Terms of Reference
- Maintain a sound financial and accounting system to ensure effective management of resources
- Oversee the processes of evaluating internal controls and financial reporting
- Ensure satisfactory compliance to rules and regulations, both legislated and codified, that govern charities and Institutions of a Public Character (IPCs)
- As part of ongoing succession planning for the Board, to review the composition of the Board regularly to ensure an appropriate balance of expertise, skills, attributes and ability among the Board members

No Board members are remunerated for their Board services.

No staff sits on the Board.

The Group Chief Executive Officer is appointed as the Corporation Secretary but does not vote at Board Meetings.

SAMH conducts regular self-evaluation to assess the work of and oversight at SAMH. Based on the evaluation, the Board may consider seeking training to plug competency gaps, adopt best practices or where appropriate, appoint new Board members with the relevant expertise.

Yearly, the Board uses the Governance Evaluation Checklist from the Charity Council to review the extent SAMH has complied with guidelines in the Code of Governance for Charities and Institutions of a Public Character (IPCs). In addition, a self-evaluation is also conducted yearly by the Board members on their effectiveness.

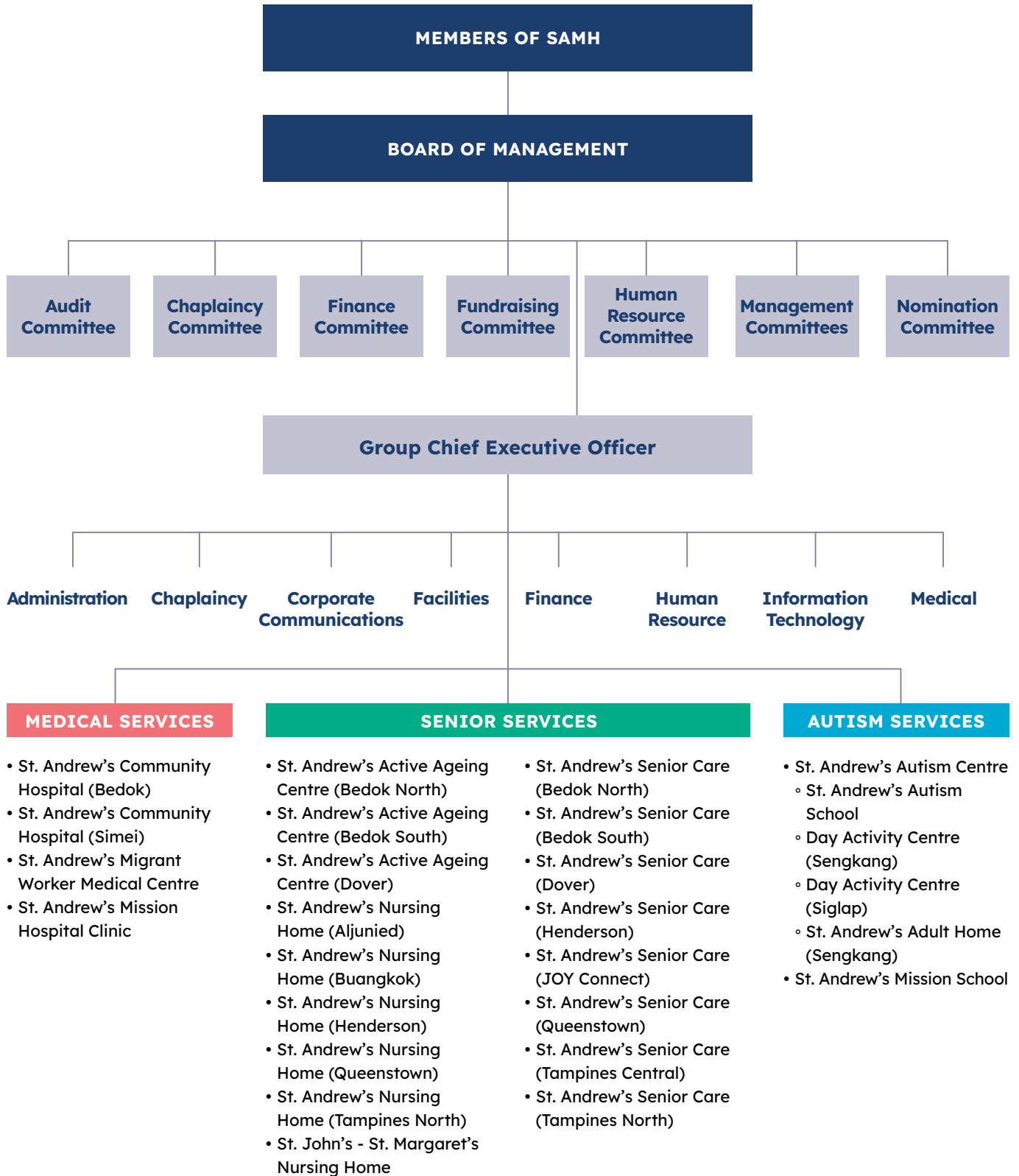
Relevant training when available is disseminated to the Board members for their signing up.

As part of ongoing succession planning for the Board, the Nomination Committee reviews the composition and tenure of the members of Board and Committees to ensure an appropriate balance of expertise, skills, attributes and ability among the Board members. The Committee also identifies potential candidates and explores their interest and availability. Where possible and appropriate, these candidates will be invited to serve in the Committees to gain experience with SAMH.

All newly appointed and reappointed members are required to accept the appointment(s) from the Nomination Committees. The appointments of elected members are approved at the Annual General Meeting and the appointment of office bearers and members of the Committees are approved by the Board.

LEADERSHIP

Organisation Structure



BOARD OF MANAGEMENT

The Board and Committees were appointed on a one-year term on 29 April 2025, except for the Management Committees of St. Andrew's Autism School and St. Andrew's Mission School which are appointed on a two-year term.

One of the 17 members have served on the Board for more than 10 consecutive years. The Treasurer has a term limit of four years. Succession planning had always been in place to guarantee the ongoing renewal of leadership.

The Nomination Committee recommended to retain Mr Lee Chew Chiat beyond the term limit. Mr Lee is the Chairperson for the Management Committees of St. Andrew's Autism Centre, St. Andrew's Autism School and St. Andrew's Mission School. Mr Lee's experience in the work of autism service in SAMH was required to ramp up the work of St. Andrew's Mission School, especially the commencement of the secondary school in 2026 and the development of the new Clementi campus.

The meeting attendance reported is for the period from 29 April 2025 till 19 March 2026. Attendance includes both in-person and virtual participation.



PRESIDENT
The Most Reverend
Dr Titus Chung Khiam Boon
 Bishop of Singapore
 Archbishop of the Province of the Anglican
 Church in South East Asia
 Diocese of Singapore
 PhD (Philosophy)
 (Appointed as President
 and Board member since 2020)
 Meeting Attendance: 1/4



VICE PRESIDENT
Mr Choy Siew Kai
 Non-Executive Director
 Factset Inc
 BSc, Stanford University DCI Fellow
 (Appointed as Board member since 2020;
 Alternate Vice President from 2021-2023;
 Vice President since 2024)
 Meeting Attendance: 3/4



TREASURER
Mr Lim Yuan En
 Chief Executive Officer
 Skyform Pte Ltd
 MBA, BA (Hons)
 (Appointed as Board
 member and Treasurer since 2024)
 Meeting Attendance: 4/4



NOMINATED MEMBER
Methodist Church
Dr Linus Chua Kee Loon
 Consultant Family Physician, National
 University Polyclinics,
 NUHS Regional Health System
 MBBS, MMED (FM), FCPP (Singapore)
 (Appointed since 2023)
 Meeting Attendance: 3/4



NOMINATED MEMBER
Presbyterian Church
Reverend David Lim Chee Kwang
 Active Retired Minister
 The Presbyterian Church
 in Singapore
 Masters
 (Appointed since 2021)
 Meeting Attendance: 2/4



NOMINATED MEMBER
St. Andrew's Cathedral
Parochial Church Council
Dr Benjamin Tai Chih Urn
 Research Scientist
 Genome Institute of Singapore
 PhD
 (Appointed since 2018)
 Meeting Attendance: 4/4



NOMINATED MEMBER
St. Andrew's Cathedral
Parochial Church Council
Mr Adrias Tan Hock Soon
 Senior Legal Counsel
 Samwoh Corporation Pte Ltd
 MSc (Hons) [KCL], LLB
 (Hons) [UK], BSc (Hons) [UK]
 (Appointed since 2024)
 Meeting Attendance: 4/4



PROFESSIONAL REPRESENTATIVE
Dr Cheng Yew Kuang
 Allergist and Rheumatologist
 Allergy, Arthritis & Rheumatism Clinic
 MBBS (S'pore), MRCP (UK),
 FAMS (Rheumatology),
 FACR (USA), FAAAAI (USA)
 (Appointed since 2021)
 Meeting Attendance: 4/4



PROFESSIONAL REPRESENTATIVE
Prof Pang Weng Sun
 Senior Consultant
 Khoo Teck Puat Hospital,
 National Healthcare Group
 MBBS, MMed, FAMS,
 FRCP (Edin)
 (Appointed since 2025)
 Meeting Attendance: 2/4



ELECTED MEMBER
Mr Larry Choi Shing Kwok
 Director and CEO
 ISEAS-Yusof Ishak Institute
 MPA, MA (Eng), BA (Hons) (Eng)
 (Appointed since 2020)
 Meeting Attendance: 3/4



ELECTED MEMBER
Reverend Canon Huang Ao You
 Clergyman
 Diocese of Singapore
 MTh, MDiv, BBA
 (Appointed since 2017)
 Meeting Attendance: 3/4



ELECTED MEMBER
Ms Theodora Kee
 Lawyer
 Legal Clinic LLC
 Bachelor of Laws
 (Appointed since 2025)
 Meeting Attendance: 4/4



ELECTED MEMBER
Ds Bessie Lee Geok Kim
 Deaconess
 Diocese of Singapore
 DipEd, DipMin
 (Appointed since 2021)
 Meeting Attendance: 3/4



ELECTED MEMBER
Mr Lee Cheow Seng
 Retired
 BAcc
 (Appointed since 2019)
 Meeting Attendance: 4/4



ELECTED MEMBER
Mr Lee Chew Chiat
 Executive Director (Consultant)
 Deloitte Consultant Singapore
 BEng (Hons)
 (Appointed as Board member since 2015;
 Honorary Treasurer from 2016 to 2020)
 Meeting Attendance: 3/4



ELECTED MEMBER
Mr Joseph Liew Yoke Pheng
 Independent Non-Executive Director
 FCCA, FSCA, CISA, CFE, BCom (Acc)
 (Appointed as Board member since 2019,
 Honorary Treasurer 2020- 2023)
 Meeting Attendance: 4/4



ELECTED MEMBER
Adj A/Prof Wong Kong Min Reuben
 Medical Doctor (Gastroenterology)
 Gutcare Holding Pte Ltd
 MBBS, AGAF, FRCP, FAMS, RFF
 (Appointed since 2025)
 Meeting Attendance: 3/4



CORPORATION SECRETARY
Dr (Adj A/Prof) Arthur Chern Su Chung
 Group Chief Executive Officer,
 St. Andrew's Mission Hospital
 (Non-Board Member, Salaried Officer)
 MBBS (S'pore), BTh (Hons) (Greenwich),
 MPH (Yale), MPA (Harvard), FAMS
 (Appointed since 2012)
 Meeting Attendance: 4/4

MANAGEMENT COMMITTEES

ROLES OF THE MANAGEMENT COMMITTEES

- Oversee the operations of the respective Service Units to achieve the Service Units' objectives
- Provide direction and guidance on the strategic plans for the respective Service Units as per SAMH's Vision and Mission
- Promote awareness and increase public awareness and community engagement, appreciation and understanding of the objectives and work of the Service Units

ST. ANDREW'S AUTISM CENTRE

Chairman

Mr Lee Chew Chiat

Executive Director (Consultant)
Deloitte Consultant Singapore
BEng (Hons)

Treasurer

Mr Lim Yuan En

Chief Executive Officer
Skyform Pte Ltd
MBA, BA (Hons)

Members

Mr Chan Wing Hong

Senior Director (IT)
Palo Alt Networks
BSc (Econ)

Mr Benjamin Tan Keng Sing

CEO-Designate
SAFRA
MBA, BBA

Mdm Tay Li Ling

Director
Lewin Education Centre
BA (Hons), PGCE

Dr Wei Ker Chiah

Senior Consultant Psychiatrist
Institute of Mental Health
MBBS, MMed (Psych)

Reverend Canon Terry Wong

Clergyman
Diocese of Singapore
Masters of Divinity

ST. ANDREW'S AUTISM SCHOOL

Chairman

Mr Lee Chew Chiat

Executive Director (Consultant)
Deloitte Consultant Singapore
BEng (Hons)

Treasurer

Mr Lim Yuan En

Chief Executive Officer
Skyform Pte Ltd
MBA, BA (Hons)

Secretary

Mr Tan Siew Tiong (ex-officio)

Principal
St Andrew's Autism School
Bachelor of Applied Science
(Education) - Class 1

Members

Mr Bernard Chew (ex-officio)

Chief Executive Officer
St. Andrew's Autism Centre
M.Ed., PGDE and B.A.Hons(1st)

Ms Fan Yuen Chi Edwina

Lawyer / Director
CIVIC Legal LLC
LLB (Hons)

Mdm Law Li Mei

Principal
Ministry of Education
LLB (Hons), PGDE, MA (Eng Studies)

Dr Vinitha Anie Kuruvilla

Doctor
Raffles Medical Group
Postgraduate in Family Medicine
(GDFM)

Mrs Nancy Phua

Senior Inspector
Ministry of Education
Master of Arts (Educational
Management)

ST. ANDREW'S MISSION SCHOOL

Chairman/ Supervisor

Mr Lee Chew Chiat

Executive Director (Consultant)
Deloitte Consultant Singapore
BEng (Hons)

Treasurer

Mr Joseph Liew Yoke Pheng

Independent Non-Executive Director
FCCA, FSCA, CISA, CFE, BCom (Acc)
(Appointed till 30 November 2025)

Mr Lim Yuan En

Chief Executive Officer
Skyform Pte Ltd
MBA, BA (Hons)
(Appointed since 1 December 2025)

Secretary

Ms Veronica Ho (ex-officio)

Principal
St. Andrew's Mission School
Masters in Education

Members

Dr (Adj A/Prof)

Arthur Chern Su Chung (ex-officio)

Group Chief Executive Officer,
St. Andrew's Mission Hospital
MBBS (S'pore), BTh (Hons)
(Greenwich),
MPH (Yale), MPA (Harvard), FAMS

MANAGEMENT COMMITTEES

Dr Lim Lai Cheng

Self-employed (Consultant)
PhD

Ms Linda Lim

Principal
Ministry of Education (Leadership)
(Appointed till 30 November 2025)

Mr Lee Han Hwa

Principal
Ministry of Education
MEd (Mathematics Education)
(Appointed since 1 December 2025)

Dr Kao Pao-Tang

Paediatrician
International Baby Child Adolescent
Clinic
MBBS (Monash), M.Med (Singapore),
RCPCH, FAMS
(Appointed till 30 November 2025)

Mr Tan Kee Hong

Engineer
MINDEF (Singapore)
Degree
(Appointed from 1 December 2025)

Ms Terry Theseira

MOE Senior Inspector
Ministry of Education
BA
(Appointed till 30 November 2025)

Mr Subash Lazar

MOE Senior Inspector
Ministry of Education
Master Degree (Curriculum &
Teaching)
(Appointed from 1 January 2026)

Rev Kelvin Koo Chee Yong

Clergyman
Diocese of Singapore
Masters
(Appointed from 1 March 2025)

Venerable Wong Tak Meng

Clergyman
Diocese of Singapore
MDiv
(Appointed till 1 March 2025)

ST. ANDREW'S COMMUNITY HOSPITAL

Chairman

Prof Pang Weng Sun
Senior Consultant
Khoo Teck Puat Hospital, National
Healthcare Group
MBBS, MMed, FAMS, FRCP (Edin)

Members

Dr Cheng Yew Kuang
Allergist and Rheumatologist
Allergy, Arthritis & Rheumatism
Clinic
MBBS (S'pore), MRCP (UK),
FAMS (Rheumatology),
FACR (USA), FAAAAI (USA)

Ms Theodora Kee

Lawyer
Legal Clinic LLC
Bachelor of Laws

Prof Leo Yee-Sin

Executive Director
National Centre for Infectious
Diseases
MBBS, M Med (Int Med), MPH,
MRCP (UK), FRCP, FAMS

Dr Christopher Lien Tsung Chien

Senior Consultant Geriatrician
Changi General Hospital
MBBS (S'pore), MRCP (UK), FAMS,
MPA (Harvard), FRCP (Edin)

Clinical A/Prof Ng Kee Chong

Chief Executive Officer
Changi General Hospital
MBBS, M Med (Paed), FAMS

Dr Sin Gwen Li

Psychiatrist
Pearl Clinic for Memory & Mental Health
MBBS (S'pore), MMed (Psych)

Clinical Assistant Professor

Tay San San
Senior Consultant
Changi General Hospital
MMed (Internal Med, NUS), MRCP (UK)

Dr Noel Yeo

Chief Executive Officer
Bali International Hospital
GDOM, MBBS, EMBA

ST. ANDREW'S NURSING HOME

Chairman

Mr Choy Siew Kai
Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow

Members

Dr Cheng Yew Kuang
Allergist and Rheumatologist
Allergy, Arthritis & Rheumatism Clinic
MBBS (S'pore), MRCP (UK), FAMS
(Rheumatology), FACR (USA),
FAAAAAI (USA)

Dr Chua Chi Siong

Medical Director, Regional Health
System Office
National University Health System
MBBS, MMed (FM), FCFP

Dr Chua Hong Choon

Chief Executive Officer
Khoo Teck Puat Hospital & Yishun
Community Hospital
MBBS, MMed (Psych), MSc (Health
Care Mgmt)

Reverend Canon Huang Ao You

Clergyman
Diocese of Singapore
M.Th., MDiv, BBA

Dr Benjamin Koh Khay Wee

Deputy Secretary
Ministry of Sustainability and the
Environment
MBBS (Singapore), MPH (Harvard)

Ms Mary Law Moi Chan

Retired
BSc (Nursing Mgmt)

MANAGEMENT COMMITTEES

Mr Lee Cheow Seng

Retired
BAcc

Assoc Prof Steven Lim Hoon Chin

Senior Consultant (Medical)
Changi General Hospital
MBBS, MRCS (A&E) (Edin), FAMS,
FCDMS

Adj A/Prof Png Gek Kheng

Chief Nurse
SingHealth Shared Services –
Nursing Practice Development
Changi General Hospital
Master of Nursing Advanced
Practice Nurse

Reverend Jeremy Ponniah

Clergyman
Diocese of Singapore
MBA

Dr Tan Chi Chiu

Medical Doctor (Gastroenterologist)
Gastroenterology & Medicine
International PL
MBBS, MMed (Int Med), FRCP, FAMS

Adjunct Associate Professor Reuben Wong

Medical Doctor (Gastroenterologist)
Gutcare Holding Pte Ltd
MBBS, AGAF, FRCP, FAMS, RFF

Dr Noel Yeo Sheng Ming

Chief Executive Officer
Bali International Hospital
MBBS, GDip(Occ Med), EMBA

ST. JOHN'S - ST. MARGARET'S NURSING HOME

Chairman

Prof John Lim Chien Wei

Executive Director
Duke-NUS Centre of Regulatory
Excellence
Senior Advisor, Ministry of Health
MBBS (S'pore), MSc (PH), FAMS,
MPM (Harvard)

Co-Chairman

Mr Larry Choi Shing Kwok

Director and CEO
ISEAS-Yusof Ishak Institute
MPA, MA (Eng), BA (Hons) (Eng)

Members

Reverend Chan Chee Keng

Clergyman
Diocese of Singapore
MDiv, Adv Dip Eng
(Appointed since 1 July 2025)

Reverend Dino V Thangamany

Clergyman
Diocese of Singapore
MDiv, Adv Dip Eng
(Appointed till 1 July 2025)

Dr Benjamin Koh Khay Wee

Deputy Secretary
Ministry of Sustainability and the
Environment
MBBS (Singapore), MPH (Harvard)

Mr Lee Cheow Seng

Retired
BAcc

Prof Lee Chien Earn

Deputy Group Chief Executive
Officer (Regional Health System)
SingHealth
MBBS, M.Med (Public Health), MA
(Biblical and Theological Studies)

Dr Lee Hoon Hwee

Dental Surgeon
HH Lee Dental
BDS (Spore) MSc (London)

Dr Wendy Ngiam

Senior Resident Physician
Alexandra Health Pte Ltd
MBBS

Mr Tan Shen Kiat

Lawyer
Kith & Kin Law Corporation
BBA, LLB, TEP

Mr Wong Kin Nyen

Director/Academic Services
Singapore Institute of Management
Global Education
BEng Civil (Hons)

OTHER COMMITTEES

AUDIT COMMITTEE

ROLES OF THE AUDIT COMMITTEE

- Review, evaluate and make recommendations on all relevant matters of audit significance
- Review the annual financial statements
- Review the scope and results of audits including the appointment of auditors and their fees
- Review the effectiveness of SAMH material internal controls as and when necessary
- Plan for an internal audit or other reviews as and when necessary

CHAIRMAN

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow

MEMBERS

Mr Chan Wing Hong

Senior Director
Palo Alt Networks
BSc (Econ)

Mr Lee Chew Chiat

Executive Director (Consulting)
Deloitte Consultant Singapore
BEng (Hons)

Ms Wong Ai Chiat

Head of Governance and Client
Relations
Director of the Corporate
Administration & Infrastructure
Department
Government of Singapore
Investment Corporation
B.A. (Banking and Finance)

Mr Joseph Liew Yoke Pheng

Independent Non-Executive
Director
FCCA, FSCA, CISA, CFE, BCom (Acc)
(Appointed from 18 November 2025)

Mr Tan Kian Woo

Senior Vice President and Chief
Financial Officer
National University of Singapore
BAcc (Hons), FCA (Singapore)

Ms Phyllis Law Auket

Regional Finance Manager
St. Francis Methodist School Ltd
MBA

CYBERSECURITY SUBCOMMITTEE

ROLES OF THE CYBERSECURITY SUBCOMMITTEE

- A subcommittee of the Audit Committee
- Provide oversight and advisory guidance on the Group's cybersecurity strategy, risk management, and regulatory compliance
- Oversee cybersecurity governance frameworks, policies, and practices to ensure compliance with applicable requirements
- Advise on the identification and management of cybersecurity risks
- Provide guidance on the Cybersecurity Incident Response Plan and review significant cybersecurity incidents where necessary to assess response effectiveness and recommend improvements
- Review and advise on the security roadmap, cybersecurity investment priorities and budgets, and the adoption of emerging cybersecurity technologies to strengthen the organisation's cybersecurity posture

CHAIRMAN

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow
PhD (Philosophy)

MEMBERS

Mr Ngiam Shih Chun

Deputy Secretary (Policy)
Ministry of Home Affairs
MSc (Mgt Sc), MSc (Fin Eng), BSc
(Mech Eng)

Mr Lee Chew Chiat

Executive Director (Consultant)
Deloitte Consultant Singapore
BEng (Hons)

Mr Chan Wing Hong

Senior Director
Palo Alt Networks
BSc (Econ)

OTHER COMMITTEES

JOINT SAMH-SACS CHAPLAINCY COMMITTEE

Roles of the Chaplaincy Committee

- Review the structure, operations, resources and effectiveness of the various Chaplaincies in centres
- Review the framework of partnership with churches
- Develop policies and best practices and ensure compliance with regulatory requirements
- Develop cluster-specific ministry models in tandem with the professional models, and initiatives to contribute to the mission of the work

CHAIRMAN

Venerable Wong Tak Meng

Clergyman
Diocese of Singapore
MDiv

MEMBERS

Reverend Adrian Chong Kum Cheong

Clergyman
Diocese of Singapore
BDiv
(Appointed till 19 February 2025)

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow

Assoc Prof Steven Lim Hoon Chin

Senior Consultant (Medical)
Changi General Hospital
MBBS, MRCS (A&E) (Edin), FAMS,
FCDMS

The Right Reverend Low Jee King

Clergyman
Diocese of Singapore
BTh
(Appointed till 23 January 2026)

Reverend Daniel Teo

Clergyman
Diocese of Singapore
MDiv
(Appointed since 19 February 2025)

Reverend Alvin Toh Cheuin

Clergyman
Diocese of Singapore
MDiv
(Appointed since 23 January 2026)

FINANCE COMMITTEE

Roles of the Finance Committee

- Review, evaluate and make recommendations on all relevant matters of financial significance
- Review and recommend revisions to the financial policies when necessary
- Act as a resource for the Management to consult with respect to any matters of a financial nature
- Evaluate and recommend investments and borrowings, major capital acquisitions proposals and related financing
- Evaluate the monthly financial reports, annual budgets and forecasts, and annual audited accounts in accordance to the plans and programmes of SAMH

CHAIRMAN

Mr Lim Yuan En

Chief Executive Officer
Skyform Pte Ltd
MBA, BA (Hons)

MEMBERS

Mr Charlie Chan Wai Kheong

Chief Executive Officer
Charlie Chan Capital Partners
MBA

Mr Lau Wan Keong

Managing Director
Elchdan Holdings (Asia) Pte Ltd
BA (Hons)

Mr Daniel Chan Choong Seng

Managing Director
DCG Capital Pte Ltd
BBA

Mr Lee Cheow Seng

Retired
BAcc

Mr Hamish Alexander Christie

Chartered Accountant in Practice
H A Christie & Co
Chartered Accountant (S'pore),
FCA (England and Wales)

Mr Joseph Liew Yoke Pheng

Independent Non-Executive
Director
FCCA, FSCA, CISA, CFE, BCom (Acc)
(Appointed till 18 November 2025)

The late Mr Hamish Alexandre Christie served on the Board of SAMH from 1986 to 2021 and on the Finance Committee until his passing on 30 January 2026. We remember him for his many contributions to SAMH, including his service as Board Treasurer and his involvement in various committees. His dedication and professional insight have left a lasting impact on the communities we serve.

OTHER COMMITTEES

JOINT SAMH – SACS FUNDRAISING COMMITTEE

Roles of the Fundraising Committee

- Review the fundraising targets and plans to help meet the needs of SAMH
- Protect the interest and integrity of SAMH for all fundraising activities, which includes ensuring proper accounting and usage of donations
- Ensure maximum visibility of SAMH at all fundraising events and build long lasting relationship with individual and corporate donors

CO-CHAIRMEN

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow

Assoc Prof Steven Lim Hoon Chin

Senior Consultant (Medical)
Changi General Hospital
MBBS, MRCS (A&E) (Edin),
FAMS, FCDMS

MEMBERS

Mr Charlie Chan Wai Kheong

Chief Executive Officer
Charlie Chan Capital Partners
MBA

Mr Keith Chua Tiang Choon

Businessman
ABR Holdings
BBA

Mr Lim Yuan En

Chief Executive Officer
Skyform Pte Ltd
MBA, BA (Hons)

Ms Wong Kok Yee

Chartered Accountant
Wong Kok Yee Tax Services Pte Ltd
FCA (England and Wales)

JOINT SAMH – SACS HUMAN RESOURCE COMMITTEE

Roles of the Human Resource Committee

- Review, evaluate and make recommendations on all relevant matters of human resources and report to the Board as necessary
- Review the human resource policies and make recommendations to the Board, and guide the Management to operationalise the human resource policies where necessary

CO-CHAIRMEN

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow
(Appointed from 18 November 2025)

Assoc Prof Steven Lim Hoon Chin

Senior Consultant (Medical)
Changi General Hospital
MBBS, MRCS (A&E) (Edin),
FAMS, FCDMS
(Appointed from 18 November 2025)

MEMBERS

Dr Cheng Yew Kuang

Allergist and Rheumatologist
Allergy, Arthritis & Rheumatism Clinic
MBBS (S'pore), MRCP (UK),
FAMS (Rheumatology),
FACR (USA), FAAAAI (USA)
(Appointed as Chairman of SAMH HR
Committee till 18 November 2025)

Ms Cheong Lai Yee Evelyn

Bachelor of Science (Honors) in
management
(Appointed since 18 November 2025)

Mr Raymond Choo Choon Sheng

Director, Legal & IP
Advantest Singapore
LLB, MA TMM, AKC

Mr Edward D'Silva (JP, PBM, BBM, PJG)

Senior Advisor (Architect)
SAA Architects Singapore Pte Ltd
BArch BARCH (NUS)
(Appointed as Chairman of SACS
HR Committee till 18 November
2025)

Mr Lau Wan Keong

Managing Director
Elchdan Holdings (Asia) Pte Ltd
BA (Hons)

Ms Quah Say Chin Elizabeth Anne

Group Director
Singapore Health Services
BSc (Econs), MPM

Ms Quek Lee Choo

Retired
MBA

Dr Benjamin Tai Chih Urn

Research Scientist
Genome Institute of Singapore
PhD

Ms Tan Guan Hiang Cynthia

Independent Director
Doctorate in Business
(Appointed since 18 November 2025)

Mrs Audrey Teo- Cheang Lai Han

MSocSc (Professional Counselling)

Mr Tony Soh Cheow Yeow

Chief Executive Officer
National Volunteer & Philanthropy
Centre
BBA (Distinction)

OTHER COMMITTEES

JOINT SAMH – SACS NOMINATION COMMITTEE

Roles of the Nomination Committee

- Review and nominate members for appointments to the SAMH Board and Committees, ensuring an appropriate balance of expertise, skills, attributes and ability among the members

CHAIRMAN

The Most Reverend Dr Titus Chung Khiam Boon

Bishop of Singapore
Archbishop of the Province of the Anglican Church in South East Asia
Diocese of Singapore
PhD (Philosophy)

MEMBERS

Mr Choy Siew Kai

Non-Executive Director
Factset Inc
BSc, Stanford University DCI Fellow

Assoc Prof Steven Lim Hoon Chin

Senior Consultant (Medical)
Changi General Hospital
MBBS, MRCS (A&E) (Edin),
FAMS, FCDMS

LEGAL PANEL

Roles of the Legal Panel

- Establish legal and ethical frameworks and organisational processes to ensure compliance with applicable laws and regulations.
- Identify, assess, and advise on legal risks and gaps across the organisation, and recommend appropriate mitigation measures.
- Provide legal advice on operational matters and review key contracts and legal documents as required.
- Enhance organisational legal awareness through advice on training and knowledge-building initiatives for management, staff, and the Board.

Mr Raymond Choo Choon Sheng

Director, Legal & IP
Advantest Singapore
LLB, MA TMM, AKC

Ms Theodora Kee

Lawyer
Legal Clinic LLC
Bachelor of Laws

Mr Adrias Tan Hock Soon

Senior Legal Counsel
Samwoh Corporation Pte Ltd
MSc (Hons) [KCL], LLB (Hons) [UK],
BSc (Hons) [UK]

HONORARY CONSULTANTS

Dr Cheng Yew Kuang

Allergist and Rheumatologist
Allergy, Arthritis & Rheumatism
Clinic
MBBS (S'pore), MRCP (UK),
FAMS (Rheumatology),
FACR (USA), FAAAAI (USA)

Dr Pang Weng Sun

Senior Consultant
Khoo Teck Puat Hospital, National
Healthcare Group
MBBS, MMed, FAMS, FRCP (Edin)

Assoc Prof Dr Joseph Thambiah

Doctor, Senior Consultant
National University Hospital
MBBS (S'pore), MMed (Surgery),
FRCS (Edin), FAMS (Orth)

MANAGEMENT EXECUTIVES

ST. ANDREW'S MISSION HOSPITAL

Group Chief Executive Officer
Appointed on 1 May 2012
Dr (Adj A/Prof) Arthur Chern

Chief Operating Officer
Appointed on 1 January 2008
Dr Loh Yik Hin

Director, Group Information Technology
Appointed on 1 January 2025
Ms Cassandra Tan

Group Medical Director
Appointed on 1 January 2023
Dr Angel Lee

Director, Group Human Resource
Appointed on 1 January 2016
Mrs Yuen-Chiew Yew Mee

Deputy Director, Group Finance
Appointed on 1 July 2023
Ms Angie Tang

Deputy Director, Group Administration
Appointed on 1 July 2023
Miss Foo Li Boey

Head, Group Facilities
Appointed on 1 July 2024
Mr Adrian Tan

Head, Group Corporate Communications
Appointed on 19 May 2021
Mr Er Ker Jia

Senior Chaplain
Appointed on 1 August 2010
Venerable Wong Tak Meng

MEDICAL SERVICES

Chief Executive Officer
St. Andrew's Community Hospital
Appointed on 1 January 2008
Dr Loh Yik Hin

Chief Operating Officer
St. Andrew's Community Hospital
Appointed on 1 July 2021
Ms Tan Lay Kheng

Medical Director
St. Andrew's Community Hospital
Appointed on 1 January 2018
Dr Angel Lee

Chief Nurse
St. Andrew's Community Hospital
Appointed on 1 January 2025
Dr Elaine Ng

Head, Community Medical Services
St. Andrew's Mission Hospital Clinic
Appointed on 1 August 2023
Dr Ng Liling

Head
St. Andrew's Migrant Worker Medical Centre
Appointed on 4 October 2023
Till 14 July 2025
Dr Matthias Wee
Appointed on 15 July 2025
Dr Pang Ningyi

SENIOR SERVICES

Chief Executive Officer
St. Andrew's Nursing Home
Director (Medical Projects), SAMH
Appointed on 17 July 2024
Dr Daniel Lee

Executive Director
St. Andrew's Nursing Home (Aljunied)
Appointed on 2 January 2024
Till 30 September 2025
Mr Low Chung Guan
Assistant Executive Director
Appointed on 3 November 2025
Mr Norman Tan

Executive Director
St. Andrew's Nursing Home (Buangkok)
Appointed on 1 August 2023
Mr Kelvin Ng

Executive Director
St. Andrew's Nursing Home (Henderson)
Appointed on 2 January 2024
Mr Kenneth Jude Tan

Executive Director
St. Andrew's Nursing Home (Queenstown)
Appointed on 1 January 2025
Mr Ken Lo William

Executive Director
St. Andrew's Nursing Home (Tampines North)
Appointed on 1 August 2023
Mr Edwin Yim

Executive Director
St. John's - St. Margaret's Nursing Home
Appointed on 23 May 2022
Mr Lim Kien Boon

Director
St. Andrew's Senior Care
Appointed on 1 July 2021
Mrs Mina Lim

AUTISM SERVICES

Chief Executive Officer
St. Andrew's Autism Centre
Appointed on 1 April 2020
Mr Bernard Chew

Principal
St. Andrew's Autism School
Appointed on 15 December 2024
Mr Tan Siew Tiong

Principal
St. Andrew's Mission School
Appointed on 15 December 2024
Ms Veronica Ho

CORPORATE GOVERNANCE

St. Andrew's Mission Hospital (SAMH) is committed to good governance and management by ensuring our practices are in compliance with all applicable laws, regulations and internal policies.

CODE OF GOVERNANCE

The Charity Council in Singapore published a revised "Code of Governance for Charities and Institutions of a Public Character (IPCs) 2023", which introduces governance best practices that charities and IPCs are encouraged to adopt. The Code operates on the principle of 'comply or explain'. Below is SAMH's compliance status against the Governance Evaluation Checklist for Tier 2, for All IPCs and Large Non-IPC Charities with gross annual receipts or total expenditure of \$10 million or more.

We have revised the term limit for the Board to align it closer to the 10-year term limit stipulated by the new Code of Governance and we aim to comply with the 10-year term limit ultimately. Approval has been sought at the Annual General Meeting for the appointment of board members beyond 10 consecutive years, with their stated reasons.

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
Principle 1: The charity serves its mission and achieves its objectives.			
1	Clearly state the charitable purposes (For example, vision and mission, objectives, use of resources, activities, and so on) and include the objectives in the charity's governing instrument. Publish the stated charitable purposes on platforms (For example, Charity Portal, website, social media channels, and so on) that can be easily accessed by the public.	1.1	Yes
2	Develop and implement strategic plans to achieve the stated charitable purposes.	1.2	Yes
3	Have the Board review the charity's strategic plans regularly to ensure that the charity is achieving its charitable purposes, and monitor, evaluate and report the outcome and impact of its activities.	1.3	Yes
4	Document the plan for building the capacity and capability of the charity and ensure that the Board monitors the progress of this plan.	1.4	Yes
	"Capacity" refers to a charity's infrastructure and operational resources while "capability" refers to its expertise, skills and knowledge.		
Principle 2: The charity has an effective Board and Management.			
5	The Board and Management are collectively responsible for achieving the charity's charitable purposes. The roles and responsibilities of the Board and Management should be clear and distinct.	2.1	Yes
6	The Board and Management should be inducted and undergo training, where necessary, and their performance reviewed regularly to ensure their effectiveness.	2.2	Yes

CORPORATE GOVERNANCE

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
7	<p>Document the terms of reference for the Board and each of its committees. The Board should have committees (or designated Board member(s)) to oversee the following areas*, where relevant to the charity:</p> <p>a. Audit b. Finance</p> <p>* Other areas include Programmes and Services, Fund-raising, Appointment/ Nomination, Human Resource, and Investment.</p>	2.3	Yes
8	Ensure the Board is diverse and of an appropriate size, and has a good mix of skills, knowledge, and experience. All Board members should exercise independent judgement and act in the best interest of the charity.	2.4	Yes
9	Develop proper processes for leadership renewal. This includes establishing a term limit for each Board member. All Board members must submit themselves for re-nomination and reappointment, at least once every three years.	2.5	Yes
10	<p>Develop proper processes for leadership renewal. This includes establishing a term limit for the Treasurer (or equivalent position).</p> <p>For Treasurer (or equivalent position) only:</p> <p>a. The maximum term limit for the Treasurer (or equivalent position like a Finance Committee Chairman, or key person on the Board responsible for overseeing the finances of the charity) should be four consecutive years. If there is no Board member who oversee the finances, the Chairman will take on the role.</p> <p>i. After meeting the maximum term limit for the Treasurer, a Board member's reappointment to the position of Treasurer (or an equivalent position) may be considered after at least a two-year break.</p> <p>ii. Should the Treasurer leave the position for less than two years, and when he/she is being re-appointed, the Treasurer's years of service would continue from the time he/she stepped down as Treasurer.</p>	2.6	Yes
11	<p>Ensure the Board has suitable qualifications and experience, understands its duties clearly, and performs well.</p> <p>a. No staff should chair the Board and staff should not comprise more than one-third of the Board.</p>	2.7	Yes
12	<p>Ensure the Management has suitable qualifications and experience, understands its duties clearly, and performs well.</p> <p>a. Staff must provide the Board with complete and timely information and should not vote or participate in the Board's decision-making.</p>	2.8	Yes

CORPORATE GOVERNANCE

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
13	<p>The term limit for all Board members should be set at 10 consecutive years or less. Re-appointment to the Board can be considered after at least a two-year break.</p> <p>For all Board members:</p> <p>a. Should the Board member leave the Board for less than two years, and when he/she is being re-appointed, the Board member's years of service would continue from the time he/she left the Board.</p> <p>b. Should the charity consider it necessary to retain a particular Board member (with or without office bearers' positions) beyond the maximum term limit of 10 consecutive years, the extension should be deliberated and approved at the general meeting where the Board member is being re-appointed or re-elected to serve for the charity's term of service. (For example, a charity with a two-year term of service would conduct its election once every two years at its general meeting).</p> <p>c. The charity should disclose the reasons for retaining any Board member who has served on the Board for more than 10 consecutive years, as well as its succession plan, in its annual report.</p>	2.9a 2.9b 2.9c	Partial Compliance
14	<p>For Treasurer (or equivalent position) only:</p> <p>d. A Board member holding the Treasurer position (or equivalent position like a Finance Committee Chairman or key person on the Board responsible for overseeing the finances of the charity) must step down from the Treasurer or equivalent position after a maximum of four consecutive years.</p> <p>i. The Board member may continue to serve in other positions on the Board (except the Assistant Treasurer position or equivalent), not beyond the overall term limit of 10 consecutive years, unless the extension was deliberated and approved at the general meeting - refer to 2.9.b.</p>	2.9d	Yes
Principle 3: The charity acts responsibly, fairly and with integrity.			
15	Conduct appropriate background checks on the members of the Board and Management to ensure they are suited to work at the charity.	3.1	Yes
16	Document the processes for the Board and Management to declare actual or potential conflicts of interest, and the measures to deal with these conflicts of interest when they arise.	3.2	Yes
	a. A Board member with a conflict of interest in the matter(s) discussed should recuse himself/herself from the meeting and should not vote or take part in the decision-making during the meeting.		

CORPORATE GOVERNANCE

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
17	Ensure that no Board member is involved in setting his/her own remuneration directly or indirectly.	3.3	Yes
18	Ensure that no staff is involved in setting his/her own remuneration directly or indirectly.	3.3	Yes
19	Establish a Code of Conduct that reflects the charity's values and ethics and ensure that the Code of Conduct is applied appropriately.	3.4	Yes
20	Take into consideration the ESG factors when conducting the charity's activities.	3.5	Yes
Principle 4: The charity is well-managed and plans for the future.			
21	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives.	4.1a	Yes
	<ul style="list-style-type: none"> a. Ensure the Board approves the annual budget for the charity's plans and regularly reviews and monitors its income and expenditures (For example, financial assistance, matching grants, donations by board members to the charity, funding, staff costs and so on). 		
22	Implement and regularly review key policies and procedures to ensure that they continue to support the charity's objectives.	4.1b	Yes
	<ul style="list-style-type: none"> b. Implement appropriate internal controls to manage and monitor the charity's funds and resources. This includes key processes such as: <ul style="list-style-type: none"> i. Revenue and receipting policies and procedures; ii. Procurement and payment policies and procedures; and iii. System for the delegation of authority and limits of approval. 		
23	Seek the Board's approval for any loans, donations, grants, or financial assistance provided by the charity which are not part of the core charitable programmes listed in its policy. (For example, loans to employees/subsidiaries, grants or financial assistance to business entities).	4.2	Yes
24	Regularly identify and review the key risks that the charity is exposed to and refer to the charity's processes to manage these risks.	4.3	Yes

CORPORATE GOVERNANCE

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
25	Set internal policies for the charity on the following areas and regularly review them: <ul style="list-style-type: none"> a. Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT); b. Board strategies, functions, and responsibilities; c. Employment practices; d. Volunteer management; e. Finances; f. Information Technology (IT) including data privacy management and cyber-security; g. Investment (obtain advice from qualified professional advisors if this is deemed necessary by the Board); h. Service or quality standards; and i. Other key areas such as fund-raising and data protection. 	4.4	Yes
26	The charity's audit committee or equivalent should be confident that the charity's operational policies and procedures (including IT processes) are effective in managing the key risks of the charity.	4.5	Yes
27	The charity should also measure the impact of its activities, review external risk factors and their likelihood of occurrence, and respond to key risks for the sustainability of the charity.	4.6	Yes
Principle 5: The charity is accountable and transparent.			
28	Disclose or submit the necessary documents (such as Annual Report, Financial Statements, GEC, and so on) in accordance with the requirements of the Charities Act, its Regulations, and other frameworks (For example, Charity Transparency Framework and so on).	5.1	Yes
29	Generally, Board members should not receive remuneration for their services to the Board. Where the charity's governing instrument expressly permits remuneration or benefits to the Board members for their services, the charity should provide reasons for allowing remuneration or benefits and disclose in its annual report the exact remuneration and benefits received by each Board member.	5.2	Yes
30	The charity should disclose the following in its annual report: <ul style="list-style-type: none"> a. Number of Board meetings in the year; and b. Each Board member's attendance. 	5.3	Yes
31	The charity should disclose in its annual report the total annual remuneration (including any remuneration received in the charity's subsidiaries) for each of its three highest-paid staff, who each receives remuneration exceeding \$100,000, in incremental bands of \$100,000. Should any of the three highest-paid staff serve on the Board of the charity, this should also be disclosed. If none of its staff receives more than \$100,000 in annual remuneration each, the charity should disclose this fact.	5.4	Yes

CORPORATE GOVERNANCE

SN	Call for Action	Code ID	Did the charity put this principle into action? (Yes, Partial Compliance, No)
32	The charity should disclose in its annual report the number of paid staff who are close members of the family of the Executive Head or Board members, and whose remuneration exceeds \$50,000 during the year. The annual remuneration of such staff should be listed in incremental bands of \$100,000. If none of its staff is a close member of the family of the Executive Head or Board members and receives more than \$50,000 in annual remuneration, the charity should disclose this fact.	5.5	Yes
33	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. Record relevant discussions, dissenting views and decisions in the minutes of general and Board meetings. Circulate the minutes of these meetings to the Board as soon as practicable.	5.6a	Yes
34	Implement clear reporting structures so that the Board, Management, and staff can access all relevant information, advice, and resources to conduct their roles effectively. a. The Board meetings should have an appropriate quorum of at least half of the Board, if a quorum is not stated in the charity's governing instrument.	5.6b	Yes
35	Implement a whistle-blowing policy for any person to raise concerns about possible wrongdoings within the charity and ensure such concerns are independently investigated and follow-up action taken as appropriate.	5.7	Yes
Principle 6: The charity communicates actively to instil public confidence.			
36	Develop and implement strategies for regular communication with the charity's stakeholders and the public (For example, focus on the charity's branding and overall message, raise awareness of its cause to maintain or increase public support, show appreciation to supporters, and so on).	6.1	Yes
37	Listen to the views of the charity's stakeholders and the public and respond constructively.	6.2	Yes
38	Implement a media communication policy to help the Board and Management build positive relationships with the media and the public.	6.3	Yes

CORPORATE GOVERNANCE

CONFLICT OF INTEREST POLICY

SAMH has a Conflict of Interest Policy. Annual conflict of interest disclosure is undertaken by all members of the Board and Committees, and the key management staff. The policy is also issued to all employees on a yearly basis.

SAMH has also put in place documented procedures for Board members and staff to declare actual or potential conflicts of interests, and to abstain and not participate in decision-making on matters where they have a conflict of interest.

WHISTLE-BLOWING POLICY

SAMH has a Whistle Blowing Policy that aims to provide an avenue for employees and external parties to raise concerns to the Audit Committee and is offered reassurance that they will be protected from reprisal or victimisation for whistleblowing in good faith. The policy is also issued to all employees on a yearly basis and published on SAMH website.

RESERVES POLICY

SAMH has a Reserves Policy set to achieve the general reserve of the operating expenditure to meet its operational needs.

The reserve level is regularly reviewed by the Board to ensure that the reserves are adequate to fulfil the SAMH's continuing obligations.

The reserves ratio was 7.53 months in 2025. For 2026, the projected reserves ratio is 6.9 months.

EMPLOYEE COMPENSATION POLICY

SAMH takes reference from the employee compensation guidelines of government ministries (such as Ministry of Education, Ministry of Health or Ministry of Social and Family Development), Agency of Integrated Care, National Council of Social Service and other similar Service Providers from the Sector. The overall remunerations and benefits for employees are reviewed regularly with adjustments as necessary to reflect general wage movement and to ensure we pay our employees fairly in line with their qualifications, skills and work experience.

FUNDRAISING POLICY

SAMH has a Fundraising Policy for management of fundraising and donations. The policy takes reference from the prevailing versions of the Acts and guidelines under government ministries and/or statutory boards. SAMH keeps its audited fund-raising expenses ratio below 30%.

DISCLOSURE OF REMUNERATION

Disclosure of remuneration of the three highest paid staff who each receives more than \$100,000, in bands of \$100,000.

Total annual remuneration (including any remuneration received in its subsidiaries) of our three highest paid employees, who each receives remuneration exceeding \$100,000.

None of the three highest paid staff serves as a governing board member of the charity.

Remuneration (in incremental bands of \$100,000)	No. of Employees
\$500,001-\$600,000	2
\$400,001-\$500,000	1

Disclosure of the number of paid staff who are close members of the family of the Executive Head or Board members, who each receives remuneration exceeding \$50,000 during the year, in bands of \$100,000:

Remuneration (in incremental bands of \$100,000)	No. of Employees	Name of related Head or Board
-	-	-

* Close members of the family of a person refer to family members who may be expected to influence, or be influenced by, that person in their dealings with the charity. In most cases, they would include:

- That person's children and spouse;
- Children of that person's spouse; and
- Dependents of that person or that person's spouse.

ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

(Zann) Soh Eng Eng
61st Coy Boys' Brigade
(Queensway Sec Sch)

A

A.C.T. Holdings Pte Ltd
Abbott Laboratories Singapore PVT
Ltd
Abeam Analytics Pte Ltd
Abeam Consulting Singapore Pte Ltd
Abhishek Rathi
ACES Care Ltd
Adam Flinter
Adams Street Partners, LLC
Adeline Chua Geok Chin
Adena Friedman
Aditi
Adrian Lim
Aerro Enterprise Pte Ltd
Affluence Resource Pte Ltd
Aftab Ali
Ageless Bridge (ukelele group)
Agnes Hui Yi Han
Agnes Loi Tang Chyi
AKIN
Albert Lim Beng Guan
Alex Lai
Alex Ng
Alfred Quah Buck Song
Alice Tang
Alicia Teh
All Saints' Church
All Saints Church
English Congregation
Alvina Tan
Alyssa Chew
Ambience Shades
American Girl Scouts
Amy Ser Eng Bee
Amy Tai
Ananya Suresh
Anastasia Amanda Beh Gaik Sim
Andrew Kan
Ang Aik Hin
Ang Chin Moh Foundation
Ang Hooi Fung
Ang Suat Kuan
Anglican High School
Anglo-Chinese School (Barker Road)
Anglo-Chinese School (Independent)

Ann Chng
Anna Tham
Annie Ong
Annie Wan Meiqi
Annie Yoon
Anthony Lai Hessed
Anuja Sharma
Anupam Pramanik
Arul David Scott
Associates Consulting Pte Ltd
Astro Electrical Pte Ltd
Audrey Chen
Audrey Tan
Aurora Meeta
Au-Yeung Lok Yin
Avril Chan
AX Excellence Pte Ltd
Axiom Asia Private Capital Pte Ltd
Aw Cheong Keow
Azel & Jane Salon
Azizah Mohamed Taha

B

Balloon Sculptors Team led by
Lee Hong Yew
Bak Fook Wai
Bank J. Safra Sarasin Ltd,
Singapore Branch
Bank of America
Banu Muthuveloo
Benjamin Loh Wai Yong
Bennett Lee
Berlinda Lim Kwee Hong
Bernard Chew
Bernard Ong
Bernice Lee Suan Imm
Bethany Church (Singapore)
Betty Lee
Betty Tan
Betty Wong Teck Ang
Bharat Rao
Bhasin Sandeep
Bloomberg
Boey Chuen Yee Lawrence
Brahma Vandana
Bratati
Bryan Tan
Buangkok-Fernvale South
Constituency Office

Bukkapatnam Roopa Iyengar
Butterfield Trust (Asia) Limited

C

Calvary Assembly of God Church
Candy Yeow
Cantonese Gospel Singing Group
Cao Zhuohua
Cathedral K9s (dog therapy)
Catherine Chong
Caroline Heng Eng Mui
Cedric Chua Kee Young
Celine Lee
Celine Yee Lye Wah
Central Singapore Community
Development Council
Cerigo Investments Pte Ltd
Chai Ping
Chan Ah Khim
Chan Theng Yoke
Chan Wah Tiong
Chan Wai Fen
Chan Wai Sun
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ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

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ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

Joanne Eng
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ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

Lim Hoon Chin Steven

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ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

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ACKNOWLEDGEMENT OF DONATIONS, GIFTS AND SERVICES RENDERED

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 The Achievers

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The Community Foundation of
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FINANCIAL STATEMENTS
YEAR ENDED 31 DECEMBER 2025

Unique Entity Number: T08CC3017C

Address: 8 Simei Street 3
Singapore 529895

Bankers: Bank of China Limited Singapore Branch
BNP Paribas Singapore Branch
DBS Bank Limited
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The Hongkong and Shanghai Banking Corporation Limited
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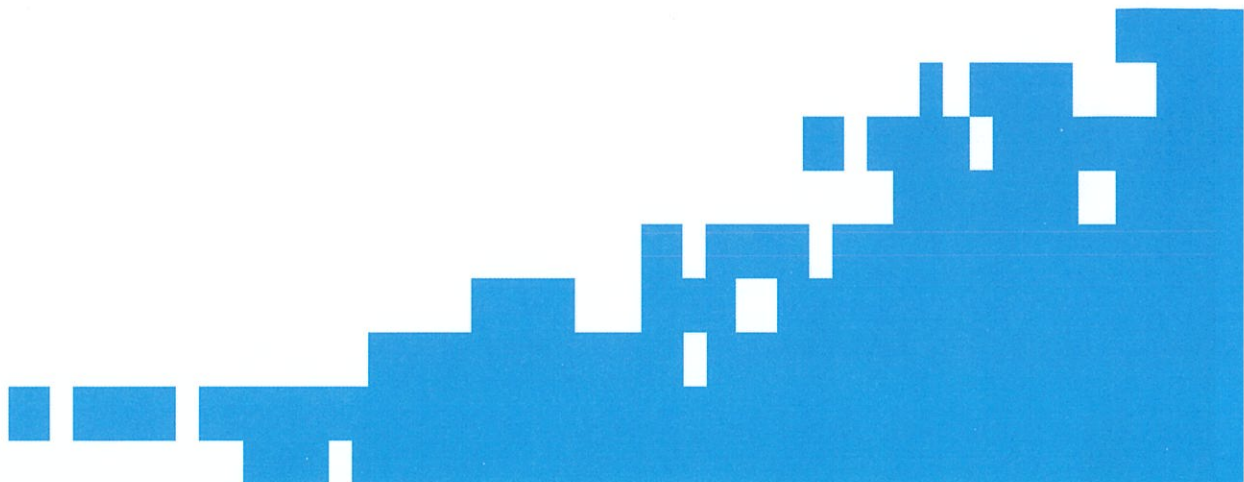
For the full copy of the SAMH 2025 Audit Report, please visit our website
<https://www.samh.org.sg/annual-report/> or email samh@samh.org.sg.

ST ANDREW'S MISSION HOSPITAL

(Established under the St. Andrew's Mission Hospital Ordinance 1934)
(Registration No: T08CC3017C)
(Registered under the Charities Act 1994)

Statement by the Board of Management and Financial
Statements

Year Ended 31 December 2025



ST ANDREW'S MISSION HOSPITAL

Statement by the Board of Management and Financial Statements

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ST ANDREW'S MISSION HOSPITAL

Statement by the Board of Management

The Board of Management (the "Board") of St Andrew's Mission Hospital (the "Hospital") are pleased to present the financial statements of the company for the reporting year ended 31 December 2025.

In the opinion of the Board,

- a) the accompanying financial statements are drawn up so as to give a true and fair view of the financial position and performance of the Hospital for the reporting year covered by the financial statements;
- b) the Hospital has complied with the requirements of Regulations 11 and 15 of the Charities (Institutions of a Public Character) Regulations 2012 relating to the use of donation monies and the fund-raising expenses respectively; and
- c) at the date of the statement, there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they fall due.

The Board has, on the date of this statement, authorised these financial statements for issue.

Independent auditor

RSM SG Assurance LLP has expressed willingness to accept re-appointment.

On Behalf of the Board



.....
Lim Yuan En
Hon. Treasurer



.....
Dr Arthur Chern
Secretary

2 April 2026

**Independent Auditor's Report to the Members of
ST ANDREW'S MISSION HOSPITAL****Report on the audit of the financial statements****Opinion**

We have audited the accompanying financial statements of St. Andrew's Mission Hospital ("the Hospital"), which comprise the statement of financial position as at 31 December 2025, and the statement of financial activities, statement of changes in funds and statement of cash flows for the reporting year then ended, and notes to the financial statements, including the material accounting policies.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Charities Act 1994 and other relevant regulations (the "Charities Act and Regulations") and Financial Reporting Standards ("FRSs") so as to give a true and fair view of the state of affairs of the Hospital as at 31 December 2025 and of the financial performance, changes in equity and cash flows of the Hospital for the year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities ("ACRA Code"), as applicable to audits of financial statements of public interest entities, together with the ethical requirements that are relevant to our audit of the financial statements of public interest entities in Singapore. We have also fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information. The other information comprises the statement by directors but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**Independent Auditor's Report to the Members of
ST ANDREW'S MISSION HOSPITAL**

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Responsibilities of management and the Board of Management for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Charities Act and Regulations and FRSs, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

The Board of Management is responsible for overseeing the Hospital's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- a) Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- b) Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- c) Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- d) Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.

**Independent Auditor's Report to the Members of
ST ANDREW'S MISSION HOSPITAL**

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Auditor's responsibilities for the audit of the financial statements

- e) Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board of Management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Board of Management with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Charities Act and Regulations to be kept by the Hospital have been properly kept in accordance with the provisions of the Charities Act and Regulations.

During the course of our audit, nothing has come to our attention that caused us to believe that during the reporting year:

- (a) the Hospital has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Hospital has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

The engagement partner on the audit resulting in this independent auditor's report is Uthaya Chandrikaa D/O Ponnusamy.



RSM SG Assurance LLP
Public Accountants and
Chartered Accountants
Singapore

2 April 2026

ST ANDREW'S MISSION HOSPITAL

**Statement of Financial Activities
Year Ended 31 December 2025**

	<u>Notes</u>	<u>2025</u>			<u>2024</u>		
		General Fund	Restricted Funds	Total	General Fund	Restricted Funds	Total
		\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Income							
Government grants	4	156,788	40,390	197,178	116,854	34,021	150,875
Ward and outpatient clinic fees	5	49,262	11,028	60,290	41,892	10,467	52,359
Amortisation of deferred government grants/donations	20	5,485	1,993	7,478	4,494	2,049	6,543
Utilisation of deferred government grants/donations	20	5,046	2,062	7,108	12,921	2,407	15,328
Income from Day Activity Centre & School		-	2,984	2,984	-	3,128	3,128
Donation income	6	4,862	4,839	9,701	9,610	4,560	14,170
Interest income	7	2,165	841	3,006	2,637	1,089	3,726
Reversal of impairment loss on trade receivables	15	-	-	-	29	-	29
Rental income and service charge income	13	1,310	-	1,310	1,412	-	1,412
Other income	8	4,591	393	4,984	4,178	245	4,423
Total incoming resources		229,509	64,530	294,039	194,027	57,966	251,993

The accompanying notes form an integral part of these financial statements.

ST ANDREW'S MISSION HOSPITAL

**Statement of Financial Activities
Year Ended 31 December 2025**

	<u>Notes</u>	<u>2025</u>			<u>2024</u>		
		General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Expenditure							
Administration expenses		(12,385)	(1,764)	(14,149)	(8,707)	(1,320)	(10,027)
Building services, maintenance and building management		(558)	–	(558)	(494)	–	(494)
Depreciation of investment property	13	(266)	–	(266)	(264)	–	(264)
Depreciation of property, plant and equipment	11	(6,970)	(2,715)	(9,685)	(5,626)	(2,595)	(8,221)
Depreciation of right-of-use assets	12	(10,341)	(2,015)	(12,356)	(8,017)	(62)	(8,079)
Interest expense on lease liabilities		(1,141)	(7)	(1,148)	(996)	(5)	(1,001)
Employee benefits expense	9	(140,550)	(44,640)	(185,190)	(117,976)	(39,041)	(157,017)
Fund-raising expenses		(165)	(534)	(699)	(145)	(181)	(326)
Medical supplies and services		(19,309)	(613)	(19,922)	(15,255)	(534)	(15,789)
Training supplies and services		–	(2,569)	(2,569)	–	(2,177)	(2,177)
Other operating expenses		(19,844)	(3,640)	(23,484)	(15,754)	(5,443)	(21,197)
Total resources expended		(211,529)	(58,497)	(270,026)	(173,234)	(51,358)	(224,592)
Surplus for the year		17,980	6,033	24,013	20,793	6,608	27,401

The accompanying notes form an integral part of these financial statements

ST ANDREW'S MISSION HOSPITAL

**Statement of Financial Activities (cont'd)
Year Ended 31 December 2025**

	<u>2025</u>			<u>2024</u>		
	General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Surplus/(deficit) from:						
- St. Andrew's Mission Hospital (Headquarter and St. Andrew's Centre)	600	57	657	1,065	80	1,145
- St. Andrew's Community Hospital	331	1,931	2,262	6,286	2,228	8,514
- St. Andrew's Autism Centre	30	2,141	2,171	-	3,058	3,058
- St. Andrew's Mission School	1	1,899	1,900	-	1,321	1,321
- St. John's - St. Margaret's Nursing Home	1,832	-	1,832	1,931	(73)	1,858
- St. Andrew's Nursing Home (Aljunied)	3,650	-	3,650	1,877	-	1,877
- St. Andrew's Nursing Home (Buangkok)	2,138	-	2,138	2,171	(6)	2,165
- St. Andrew's Nursing Home (Henderson)	2,110	-	2,110	2,791	-	2,791
- St. Andrew's Nursing Home (Queenstown)	3,103	5	3,108	2,971	-	2,971
- St. Andrew's Nursing Home (Tampines North)	4,185	-	4,185	1,701	-	1,701
	<u>17,980</u>	<u>6,033</u>	<u>24,013</u>	<u>20,793</u>	<u>6,608</u>	<u>27,401</u>

The accompanying notes form an integral part of these financial statements.

ST ANDREW'S MISSION HOSPITAL

Statement of Financial Position
As at 31 December 2025

	<u>Notes</u>	<u>2025</u> \$'000	<u>2024</u> \$'000
ASSETS			
<u>Non-current assets</u>			
Property, plant and equipment	11	74,159	73,132
Right-of-use assets	12	54,538	44,879
Investment property	13	6,143	6,409
Total non-current assets		<u>134,840</u>	<u>124,420</u>
<u>Current assets</u>			
Inventories	14	664	457
Trade and other receivables	15	63,495	56,019
Other assets	16	1,054	567
Other financial assets	17	37,524	35,040
Cash and cash equivalents	18	139,763	117,027
Total current assets		<u>242,500</u>	<u>209,110</u>
Total assets		<u><u>377,340</u></u>	<u><u>333,530</u></u>
FUNDS AND LIABILITIES			
<u>Funds</u>			
General fund		143,470	125,490
Restricted funds	19	44,634	38,601
Total funds		<u>188,104</u>	<u>164,091</u>
<u>Non-current liabilities</u>			
Deferred government grants/donations	20	65,546	65,377
Lease liabilities	21	44,241	36,187
Total non-current liabilities		<u>109,787</u>	<u>101,564</u>
<u>Current liabilities</u>			
Deferred government grants/donations	20	6,165	9,081
Trade and other payables	22	49,925	42,335
Lease liabilities	21	13,862	10,790
Other liabilities	23	9,497	5,669
Total current liabilities		<u>79,449</u>	<u>67,875</u>
Total liabilities		<u>189,236</u>	<u>169,439</u>
Total funds and liabilities		<u><u>377,340</u></u>	<u><u>333,530</u></u>

The accompanying notes form an integral part of these financial statements.

ST ANDREW'S MISSION HOSPITAL

Statement of Changes in Funds
Year ended 31 December 2025

	Restricted Funds																					
	SACH							SAAC					SAMS									
	General Fund \$'000	Capital Replacement Fund \$'000	Far East Organisation Fund \$'000	MigrantWell Welfare Fund (Med Svs) \$'000	MigrantWell Welfare Fund (Care Gap Svs) \$'000	ACI Fund \$'000	Other Funds \$'000	SAAAS \$'000	SAAS \$'000	Building Fund \$'000	Capital Fund \$'000	Other Funds \$'000	SAMS School Funds \$'000	SAMS Special Student Care Centre Funds \$'000	SAMS Building Fund \$'000	SANH(B) -Other Funds \$'000	SJSM Nursing Operating Fund \$'000	SANH(H) Other Funds \$'000	SANH(Q) Other Funds \$'000	Chaplaincy Fund \$'000	Total Restricted Funds \$'000	Total \$'000
Balance at 1 January 2025	125,490	4,086	11,455	3,604	(1,293)	158	53	(6,013)	16,454	62	471	1,347	2,680	169	113	32	4,601	33	-	589	38,601	164,091
Income	229,509	-	239	12,024	87	-	-	13,460	22,569	-	-	365	14,872	373	-	-	-	-	5	536	64,530	294,039
Expenditure	(211,529)	-	-	(9,786)	(626)	-	(7)	(11,962)	(21,425)	-	-	(866)	(13,007)	(339)	-	-	-	-	-	(479)	(58,497)	(270,026)
Surplus/ (deficit) for the year	17,980	-	239	2,238	(539)	-	(7)	1,498	1,144	-	-	(501)	1,865	34	-	-	-	-	5	57	6,033	24,013
Gross transfer between funds	-	-	-	-	-	-	-	-	(500)	-	-	-	500	-	-	-	-	-	-	-	-	-
Balance at 31 December 2025	143,470	4,086	11,694	5,842	(1,832)	158	46	(4,515)	17,098	62	471	846	5,045	203	113	32	4,601	33	5	646	44,634	188,104
Balance at 1 January 2024	104,640	4,086	11,110	1,233	(807)	158	55	(6,834)	16,417	62	471	324	459	69	113	38	4,731	33	-	509	32,227	136,867
Income	194,027	-	345	11,533	74	-	-	10,919	20,785	-	-	1,579	11,756	390	-	-	-	-	-	585	57,966	251,993
Expenditure	(173,234)	-	-	(9,162)	(560)	-	(2)	(10,098)	(19,748)	-	-	(379)	(10,535)	(290)	-	(6)	(73)	-	-	(505)	(51,358)	(224,592)
Surplus/ (deficit) for the year	20,793	-	345	2,371	(486)	-	(2)	821	1,037	-	-	1,200	1,221	100	-	(6)	(73)	-	-	80	6,608	27,401
Transferred to deferred government grants/ donations	-	-	-	-	-	-	-	-	-	-	-	(177)	-	-	-	-	-	-	-	-	(177)	(177)
Gross transfer between funds	57	-	-	-	-	-	-	-	(1,000)	-	-	-	1,000	-	-	-	(57)	-	-	-	(57)	-
Balance at 31 December 2024	125,490	4,086	11,455	3,604	(1,293)	158	53	(6,013)	16,454	62	471	1,347	2,680	169	113	32	4,601	33	-	589	38,601	164,091

ST ANDREW'S MISSION HOSPITAL

Statement of Cash Flows Year Ended 31 December 2025

	<u>2025</u> \$'000	<u>2024</u> \$'000
<u>Cash flows from operating activities</u>		
Surplus for the year	24,013	27,401
Adjustments for:		
Amortisation of deferred government grants/donations	(7,478)	(6,543)
Utilisation of deferred government grants/donations	(7,108)	(15,328)
Write-off of property, plant and equipment	89	73
Gain on termination of leases	–	(10)
Depreciation of investment property	266	264
Depreciation of property, plant and equipment	9,685	8,221
Depreciation of right-of-use assets	12,356	8,079
Interest income	(3,006)	(3,726)
Interest expense on lease liabilities	1,148	1,001
Allowance on trade receivables – loss/(reversal)	16	(29)
Operating cash flows before changes in working capital	29,981	19,403
Inventories	(207)	(9)
Trade and other receivables	(6,267)	6,851
Other assets	(487)	546
Changes in restricted cash	(9,588)	(3,218)
Trade and other payables	6,273	6,130
Other liabilities	3,828	(1,010)
Deferred government grants/donations	11,839	22,398
Net cash from operating activities	<u>35,372</u>	<u>51,091</u>
<u>Cash flows used in investing activities</u>		
Interest received	1,781	2,324
Additions of other financial assets	(37,524)	(41,911)
Proceeds from disposals/redemption of financial assets	35,040	37,615
Purchase of property, plant and equipment	(9,484)	(10,919)
Net cash used in investing activities	<u>(10,187)</u>	<u>(12,891)</u>
<u>Cash flows used in financing activities</u>		
Payment of lease liabilities	(12,037)	(7,544)
Net cash used in financing activities	<u>(12,037)</u>	<u>(7,544)</u>
Net increase in cash and cash equivalents	13,148	30,656
Cash and cash equivalents, statement of cash flows, beginning balance	75,826	45,170
Cash and cash equivalents, statement of cash flows, ending balance (Note 18)	<u>88,974</u>	<u>75,826</u>

The accompanying notes form an integral part of these financial statements.

ST ANDREW'S MISSION HOSPITAL

Notes to the Financial Statements 31 December 2025

1. General information

St Andrew's Mission Hospital (the "Hospital") is established under the Saint Andrew's Mission Hospital Ordinance 1934 and domiciled in Singapore. The address of its registered office is No. 8 Simei Street 3, Singapore 529895 with Unique Entity Number T08CC3017C.

The Hospital has been registered as a charity under the Charities Act 1994. The Hospital is approved as an Institutions of a Public Character ("IPC") under the Charities Act and renewed its IPC status from 1 July 2023 to 30 June 2026.

St. Andrew's Mission Hospital meets its objectives through the following services:

- St. Andrew's Community Hospital ("SACH")
- St. Andrew's Autism Centre ("SAAC")
- St. John's – St. Margaret's Nursing Home ("SJSN")
- St. Andrew's Nursing Home (Buangkok) ("SANH(B)")
- St. Andrew's Nursing Home (Henderson) ("SANH(H)")
- St. Andrew's Nursing Home (Queenstown) ("SANH(Q)")
- St. Andrew's Nursing Home (Tampines North) ("SANH(TN)")
- St. Andrew's Nursing Home (Aljunied) ("SANH(AJ)")
- St. Andrew's Mission School ("SAMS")

The principal activity of SACH at 8 Simei Street 3, Singapore 529895, is to provide inpatient rehabilitative care, sub-acute care and palliative care services. SACH also provides community care through its Day Rehabilitation Centre, Senior Care Centres, Home Care Services and primary care through its Hospital Clinic at 8 Simei Street 3, Singapore 529895. The clinic at Simei provides clinic services to patients-in-need in the community. SACH's Community Therapy Services provides physiotherapy and occupational therapy in St. Andrew's Nursing Homes and St. Andrew's Senior Care Centres. St. Andrew's Migrant Worker Medical Centre ("SAMWMC") at 27 Penjuru Walk, #01-24 Penjuru Recreation Centre, Singapore 608538 is the first of six medical centres for Migrant Workers that the Ministry of Manpower has planned, as part of an integrated primary medical care plan for all migrant workers in Singapore.

The principal activity of SAAC at 1 Elliot Road, Singapore 458686, is to provide education, training, care and support to children, youths and adults with autism and their families. SAAC currently operates a special school, two day activity centres and an adult disability home. (The adult disability home and one of the day activity centres are located at 147 Compassvale Bow Singapore 544691). Its range of programmes and services includes education with a customised curriculum, specialist therapies, training in personal care and independent living, vocational skills training, development of leisure interests, promotion of physical well-being, parent support and networking, as well as pastoral care and counselling.

ST ANDREW'S MISSION HOSPITAL

1. General information (cont'd)

The principal activity of SJSM at 28 Dover Avenue, Singapore 139791, is to provide nursing and rehabilitation care, senior care, and home care services. The nursing home will be integrated within a campus that includes a senior day care centre and a childcare centre. Collectively named SJSM Village, the campus will feature spaces and programmes that facilitate and nurture intergenerational connectivity and activities, with the aim of improving the quality of life for both seniors and pre-schoolers. SJSM at Dover Avenue began operations in 2021.

The principal activity of SANH(B) at 60 Buangkok View, Singapore 534012, is to provide nursing and rehabilitation care for residents with dementia and psychiatric conditions. The nursing home provides a safe and rehabilitative environment for residents to allow them to receive quality care and recover to their fullest potential.

The principal activity of SANH(H) at 303 Henderson Road, Singapore 108925, is to provide nursing and rehabilitation care, senior care, and home care services. The nursing home provides skilled nursing and rehabilitation for residents who require long term care, as well as to help them to transit and return back to the community to age-in-place where possible. The senior care centre is also co-located with the nursing home to serve the elderly residing in the vicinity.

The principal activity of SANH(Q) at 11 Jalan Penjara Road, Singapore 149380, is to provide nursing and rehabilitation care, senior care, and home care services. The nursing home provides skilled nursing and rehabilitation for residents who require long term care, as well as to help them to transit and return back to the community to age-in-place where possible. The senior care centre is also co-located with the nursing home to serve the elderly residing in the vicinity. The official admission of the first resident was on 17 April 2017.

The principal activity of St. Andrew's Nursing Home (Tampines North) ("SANH(TN)") at 10, Tampines Street 62, Singapore 528519, is to provide nursing, rehabilitation care, palliative care, senior care, and home care services. The nursing home aims to provide skilled nursing and rehabilitation for residents who require long term care, as well as to help them transit and return back to the community to age-in-place where possible. In addition, a palliative care team will monitor, manage, and provide supports to residents who have reached their end-of-life. The senior care centre is also co-located with the nursing home to serve the elderly residing in the vicinity. The Homecare Service leveraged on St. Andrew's Community Hospital to provide homecare services to the Tampines and Bedok areas.

The principal activity of SANH(AJ) at 5 Aljunied Walk, Singapore 389954, is to provide nursing and rehabilitation care, senior care, and home care services. The nursing home provides skilled nursing and rehabilitation for residents who require long term care, as well as to help them to transit and return back to the community to age-in-place where possible.

The principal activity of SAMS at 11 Bukit Batok Street 25, Yusof Ishak Secondary School, Singapore 658712, is the interim site to provide education, training, care and support to children with autism. SAMS currently operates as a special school. Its range of programmes and services includes education with national curriculum, specialist therapies, training in personal care and independent living, vocational skills training, development of leisure interests, promotion of physical well-being, parent support and networking, as well as pastoral care and counselling.

ST ANDREW'S MISSION HOSPITAL

1. General information (cont'd)

The St. Andrew's Mission Hospital Ordinance 1934 restricts the use of monies to the furtherance of the objects of the Hospital. They prohibit the payment of dividends to members.

The Board of Management approved and authorised these financial statements for issue. The directors have the power to amend and reissue the financial statements.

Statement of compliance with financial reporting standards

These financial statements have been prepared in accordance with the Financial Reporting Standards ("FRSs") and the related interpretations to FRS ("INT FRS") as issued by the Accounting Standards Committee ("ASC") under ACRA.

Basis of preparation of the financial statements

The financial statements are prepared on a going concern basis under the historical cost convention except where a financial reporting standard requires an alternative treatment (such as fair values) as disclosed where appropriate in these financial statements. The accounting policies in the financial reporting standards may not be applied when the effect of applying them is not material. The disclosures required by financial reporting standards may not be provided if the information resulting from that disclosure is not material.

2. Material accounting policy information and other explanatory information

2A. Material accounting policy information

Revenue recognition

The financial reporting standard on revenue from contracts with customers establishes a five-step model to account for revenue arising from contracts with customers. Revenue is recognised at an amount that reflects the consideration to which the entity expects to be entitled in exchange for transferring goods or services to a customer (which excludes estimates of variable consideration that are subject to constraints, such as right of return exists, trade discounts, volume rebates and changes to the transaction price arising from modifications), net of any related sales taxes and excluding any amounts collected on behalf of third parties. An asset (goods or services) is transferred when or as the customer obtains control of that asset. As a practical expedient, the effects of any significant financing component is not adjusted if the payment for the good or service will be within one year.

(a) Government grants

Grants from the government that are related to assets, are initially recognised as deferred income at their fair value where there is reasonable assurance that the grant will be received, and the Hospital will comply with conditions associated with the grant.

These grants are then recognised in income and expenditure as "amortisation of deferred grant" on a systematic basis over the useful life of the asset.

Operating subvention grants that compensate the Hospital for expenses incurred are recognised in income and expenditure as "utilisation of deferred grant" on a systematic basis in the periods in which the expenses are recognised, unless the conditions for receiving the grant are met after the related expenses have been recognised. In this case, the grant is recognised as "government grant" when it becomes receivable.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Revenue recognition

(b) Ward and outpatient clinic fees and income from day activity centre & school

The above fees are recognised when services are rendered. Revenue services in the ordinary course of business is recognised when the Hospital satisfies a performance obligation ("PO") by transferring control of a promised service to the customer. The amount of revenue recognised is the amount of the transaction price allocated to the satisfied PO.

The transaction price is allocated to each PO in the contract on the basis of the relative stand-alone selling prices of the promised services. The individual standalone selling price of a service that has not previously been sold on a stand-alone basis, or has a highly variable selling price, is determined based on the residual portion of the transaction price after allocating the transaction price to services with observable stand-alone selling prices. A discount or variable consideration is allocated to one or more, but not all, of the performance obligations if it relates specifically to those performance obligations.

Transaction price is the amount of consideration in the contract to which the Hospital expects to be entitled in exchange for transferring the promised services. The transaction price may be fixed or variable and is adjusted for time value of money if the contract includes a significant financing component. Consideration payable to a customer is deducted from the transaction price if the Hospital does not receive a separate identifiable benefit from the customer. When consideration is variable, the estimated amount is included in the transaction price to the extent that it is highly probable that a significant reversal of the cumulative revenue will not occur when the uncertainty associated with the variable consideration is resolved.

Revenue may be recognised at a point in time or over time following the timing of satisfaction of the PO. If a PO is satisfied over time, revenue is recognised based on the percentage of completion reflecting the progress towards complete satisfaction of that PO.

(c) Donation

Donations and revenue from fund-raising activities that are used for general purposes are recognised in the income and expenditure account in the financial year they are received.

Donations and revenue from fund-raising activities where usage is restricted by the donors are recognised in Restricted Funds in the financial year they are received.

Donations that are restricted for asset purchase are included in non-current liabilities as "deferred donation" and taken to the income and expenditure account on a straight-line basis over the expected useful lives of the related assets.

Donations that are used for restricted types of expenses are recognised in income and expenditure account over the period necessary to match them with the costs they are intended to compensate.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Revenue recognition

(d) Fund-raising events income

Income from special fund-raising events is recognised when the event takes place.

(e) Land rent subsidy

Land rent subsidy from government is recognised where there is a reasonable assurance that the grant will be received and the Hospital will comply with attached conditions.

(f) Interest income

Interest income is recognised on a time-proportion basis using the effective interest rate that takes into account the effective yield on the asset.

(g) Rental income

Rental income from investment property is recognised in profit or loss on a straight-line basis over the term of the relevant lease unless another systematic basis is representative of the time pattern of the user's benefit, even if the payments are not on that basis.

Donation in kind

Donation in kind is based on an estimate of the fair value at the date of the receipt of the gift of the non-monetary asset or the grant of a right to the monetary asset. The gift is recognised if the amount of the gift can be measured reliably and there is no uncertainty that it will be received.

Employee benefits

Contributions to a defined contribution retirement benefit plan are recorded as an expense as they fall due. The entity's legal or constructive obligation is limited to the amount that it is obligated to contribute to an independently administered fund (such as the Central Provident Fund in Singapore, a government managed defined contribution retirement benefit plan). For employee leave entitlement, the expected cost of short-term employee benefits in the form of compensated absences is recognised in the case of accumulating compensated absences, when the employees render service that increases their entitlement to future compensated absences; and in the case of non-accumulating compensated absences, when the absences occur. A liability for bonuses is recognised where the entity is contractually obliged or where there is constructive obligation based on past practice.

Income tax

As a charity, the Hospital is exempt from tax on income and gains falling within section 13(1)(zm) of the Income Tax Act 1947 to the extent that these are applied to its charitable objects. No tax charges have arisen for the Hospital during the reporting year.

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Foreign currency transactions

The functional currency is the Singapore dollar as it reflects the primary economic environment in which the entity operates. Transactions in foreign currencies are recorded in the functional currency at the rates ruling at the dates of the transactions and if applicable at the fair value measurement dates. At the end of each reporting year, non-functional monetary items are translated using rates ruling at the end of the reporting year; non-monetary items are translated using the exchange rate at the date of the transactions; and non-monetary items that are measured at fair value are translated using the exchange rates at the date when the fair value was measured. All realised and unrealised exchange adjustment gains and losses are dealt with in profit or loss except when a gain or loss on a non-monetary item is recognised in other comprehensive income, any exchange component of that gain or loss is recognised in other comprehensive income. The presentation is in the functional currency.

Fair value measurement

The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When measuring the fair value of an asset or a liability, market observable data to the extent possible is used. If the fair value of an asset or a liability is not directly observable, an estimate is made using valuation techniques that maximise the use of relevant observable inputs and minimise the use of unobservable inputs (e.g. by use of the market comparable approach that reflects recent transaction prices for similar items, discounted cash flow analysis, or option pricing models refined to reflect the issuer's specific circumstances). Inputs used are consistent with the characteristics of the asset / liability that market participants would take into account. The entity's intention to hold an asset or to settle or otherwise fulfil a liability is not taken into account as relevant when measuring fair value.

Fair values are categorised into different levels in a fair value hierarchy based on the degree to which the inputs to the measurement are observable and the significance of the inputs to the fair value measurement in its entirety: Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices). Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs). Transfers between levels of the fair value hierarchy are recognised at the end of the reporting period during which the change occurred.

The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments and the disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of the fair value. The fair values of non-current financial instruments may not be disclosed separately unless there are significant differences at the end of the reporting year and in the event the fair values are disclosed in the relevant notes to the financial statements. The recurring measurements are made at each reporting year end date.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Property, plant and equipment

Property, plant and equipment are carried at cost on initial recognition and after initial recognition at cost less any accumulated depreciation and any accumulated impairment losses.

Depreciation is provided on a straight-line basis to allocate the gross carrying amounts of the assets less their residual values over their estimated useful lives of each part of an item of these assets. The estimated useful lives are as follows:

Hospital and Nursing Home buildings	50 years
Asset-in-construction	Not depreciated until asset is ready for intended use
SAAC Building at Elliot Road	30 years
Medical, office and kitchen equipment	5 years
Computer systems	3 years
Training room equipment	5 years
Furniture and fittings	5 years
Medical tools, linen, curtains and kitchen cutlery	2 years
Renovations	5 years
Motor vehicles	5 years

An asset is depreciated when it is available for use until it is derecognised even if during that period the item is idle. Fully depreciated assets still in use are retained in the financial statements.

The gain or loss arising from the derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item and is recognised in profit or loss. The residual value and the useful life of an asset is reviewed at least at each end of the reporting year and, if expectations differ significantly from previous estimates, the changes are accounted for as a change in an accounting estimate, and the depreciation charge for the current and future periods are adjusted.

Cost also includes acquisition cost, borrowing cost capitalised and any cost directly attributable to bringing the asset or component to the location and condition necessary for it to be capable of operating in the manner intended by management. Subsequent cost are recognised as an asset only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit or loss when they are incurred.

Right-of-use assets

The right-of-use assets are accounted and presented as if they were owned such as property, plant and equipment. Right-of-use assets are depreciated between two years to six years (2024: two years to six years) based on the lease terms.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Investment property

Investment property is property (land or a building or part of a building or both) held (by the owner or by the lessee as a right-of-use asset under a finance lease) to earn rentals or for capital appreciation or both, rather than for: (a) use in the production or supply of goods or services or for administrative purposes; or (b) sale in the ordinary course of business. It includes an investment property in the course of construction. After initial recognition at cost including transaction costs, the cost model is used to measure the investment property using the treatment for property, plant and equipment, that is, at cost less any accumulated depreciation and any accumulated impairment losses. An investment property that meets the criteria to be classified as held for sale is carried at the lower of carrying amount and fair value. For disclosure purposes only, the fair values are measured periodically on a systematic basis at least once in three years by external independent professional valuers having an appropriate recognised professional qualification and recent experience in the location and category of the property being valued. The estimated useful life is 50 years.

Leases of lessee

A lease conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration. A right-of-use asset is capitalised in the statement of financial position, measured at the present value of the unavoidable future lease payments to be made over the lease term. A liability corresponding to the capitalised right-of-use asset is also recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. The right-of-use asset is depreciated over the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. An interest expense is recognised on the lease liability (included in finance costs). For short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office equipment) where an accounting policy choice exists under the lease standard, the lease payments are expensed to profit or loss as incurred on a straight line basis over the remaining lease term.

Inventories

Inventories are stated at the lower of cost and net realisable value. Cost is calculated using the weighted average method.

Carrying amounts of non-financial assets

Irrespective of whether there is any indication of impairment, an annual impairment test is performed at the same time every year on an intangible asset with an indefinite useful life or an intangible asset not yet available for use. The carrying amount of other non-financial assets is reviewed at each end of the reporting year for indications of impairment and where an asset is impaired, it is written down through profit or loss to its estimated recoverable amount. The impairment loss is the excess of the carrying amount over the recoverable amount and is recognised in profit or loss. The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs of disposal and its value in use. When the fair value less costs of disposal method is used, any available recent market transactions are taken into consideration. When the value in use method is adopted, in assessing the value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units).

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Carrying amounts of non-financial assets (cont'd)

At each end of the reporting year non-financial assets other than goodwill with impairment loss recognised in prior periods are assessed for possible reversal of the impairment. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been measured, net of depreciation or amortisation, if no impairment loss had been recognised.

Financial instruments

Recognition and derecognition of financial instruments:

A financial asset or a financial liability is recognised in the statement of financial position when, and only when, the entity becomes party to the contractual provisions of the instrument. All other financial instruments (including regular-way purchases and sales of financial assets) are recognised and derecognised, as applicable, using trade date accounting or settlement date accounting.

A financial asset or a financial liability is recognised when, and only when, the entity becomes party to the contractual provisions of the instrument. All other financial instruments (including regular-way purchases and sales of financial assets) are recognised and derecognised, as applicable, using trade date accounting or settlement date accounting. A financial asset is derecognised when the contractual rights to the cash flows from the financial asset expire or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the entity neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset. A financial liability is removed from the statement of financial position when, and only when, it is extinguished, that is, when the obligation specified in the contract is discharged or cancelled or expires. At initial recognition the financial asset or financial liability is measured at its fair value plus or minus, in the case of a financial asset or financial liability not at fair value through profit or loss, transaction costs that are directly attributable to the acquisition or issue of the financial asset or financial liability.

Classification of financial assets and financial liabilities and subsequent measurement:

The financial reporting standard on financial instruments requires certain classification of financial assets and financial liabilities. At the end of the reporting year, the reporting entity had the following classes:

1. Financial asset classified as measured at amortised cost: A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at fair value through profit or loss ("FVTPL"), that is (a) the asset is held within a business model whose objective is to hold assets to collect contractual cash flows; and (b) the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. Typically trade and other receivables, bank and cash balances are classified in this category.
2. Financial liabilities are classified as at FVTPL in either of the following circumstances: (1) the liabilities are managed, evaluated and reported internally on a fair value basis; or (2) the designation eliminates or significantly reduces an accounting mismatch that would otherwise arise. All other financial liabilities are carried at amortised cost using the effective interest method. Reclassification of any financial liability is not permitted.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2A. Material accounting policy information (cont'd)

Cash and cash equivalents

For the statement of cash flows, cash and cash equivalents includes cash and cash equivalents less cash subject to restriction that form an integral part of cash management. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Cash flows are reported using the indirect method, whereby profit or loss is adjusted for the effects of transactions of a non-cash nature, and items of income or expense associated with investing or financing cash flows.

Provisions

A liability or provision is recognised when there is a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. A provision is made using best estimates of the amount required in settlement and where the effect of the time value of money is material, the amount recognised is the present value of the expenditures expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to passage of time is recognised as interest expense. Changes in estimates are reflected in statement of financial activities in the reporting year they occur.

Funds

General fund is expendable at the discretion of the governing board members in furtherance of the Hospital's objectives. General fund can be used to supplement expenditure incurred in restricted funds.

Restricted funds are funds subject to specific restrictions imposed by donors or by the purpose of the appeal, but still within the wider objectives of the Hospital.

Transfers between the funds are made when it is considered appropriate and authorised by the governing board members, and restricted fund donors.

2B. Judgements and sources of estimation uncertainties

Disclosures on material information about the assumptions management made about the future, and other major sources of estimation uncertainty at the end of the reporting year, that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below or in the in the corresponding Notes to these financial statements. These estimates and assumptions are periodically monitored to ensure they incorporate all relevant information available at the date when financial statements are prepared. However, this does not prevent actual figures differing from estimates.

ST ANDREW'S MISSION HOSPITAL

2. Material accounting policy information and other explanatory information (cont'd)

2B. Judgements and sources of estimation uncertainties (cont'd)

Assessing allowances for doubtful receivables:

The assessment of the expected credit losses ("ECL") requires a degree of estimation and judgement. In measuring the expected credit losses, management considers all reasonable and supportable information such as the reporting entity's past experience at collecting receipts, any increase in the number of delayed receipts in the portfolio past the average credit period, and forward looking information such as forecasts of future economic conditions. The carrying amounts might change materially within the next reporting year but these changes may not arise from assumptions or other sources of estimation uncertainty at the end of the reporting year. The carrying amount is disclosed in Note 15 on trade and other receivables.

Assessing the lease terms for leases with extension or renewal options:

For leases with extension or renewal options, management applied judgement in determining whether such extension or renewal options should be reflected in measuring the lease liabilities. This requires the consideration of whether the facts and circumstances created an economic incentive for the exercise of the lease extension or renewal option. The amount of the lease liabilities at the end of the reporting year is disclosed in Note 21.

Assessing eligibility and accruals for receivables:

Government grants to meet operating expenses are recognised as income in the statement of financial activities in the reporting year these operating expenses were incurred and there is reasonable assurance that the Hospital will comply with the conditions attached to it. For certain grants, the government agencies reserve the right to withdraw, withhold or reduce the amount of any funds approved but not yet disbursed or to call for the refund of all funds which have been disbursed to the Hospital if the conditions are not met. Management reviews the conditions for all government grants received, if any, and makes accruals for any over/under funding at the end of the reporting period. The carrying amount of grants receivables is disclosed in Note 15.

3. Related party relationships and transactions

The financial reporting standard on related party disclosures requires the reporting entity to disclose: (a) transactions with its related parties; and (b) relationships between parents and subsidiaries irrespective of whether there have been transactions between those related parties. A party is related to a party if the party controls, or is controlled by, or can significantly influence or is significantly influenced by the other party.

A related party includes the members of the Board and key management of the Hospital. It also includes an entity or person that directly or indirectly controls, is controlled by, or is under common or joint control with these persons; members of the key management personnel or close members of the family of any individual referred to herein and others who have the ability to control, jointly control or significantly influence by or for which significant voting power in such entity resides with, directly or indirectly, any such individual.

Related parties in these financial statements mainly include the fellow entities which are under the common significant influence of The Diocese of Singapore.

All Board members, chairman of sub-committees and staff members of the Hospital are required to read and understand the conflict of interest policy in place and make full disclosure of interests, relationships and holding that could potentially result in conflict of interests. When a conflict of interest situation arises, the members or staff shall abstain from participating in the discussion, decision making and voting on the matter.

ST ANDREW'S MISSION HOSPITAL

3. Related party relationships and transactions (cont'd)

3A. Related party transactions:

There are transactions and arrangements between the reporting entity and related parties and the effects of these on the basis determined between the parties are reflected in these financial statements. The related party balances and transfer of resources, services or obligations, if any, are unsecured, without fixed repayment terms and interest or charge unless stated otherwise.

In addition to transactions and balances disclosed elsewhere in the notes to the financial statements, this item includes the following material related party transactions:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Manpower cost recharged to related parties	(2,026)	(1,812)
Manpower cost recharged from related parties	2,195	1,782
Administrative expenses recharged to related parties	(175)	(85)
Administrative expenses recharged from related parties	224	279
Rental income charged to related parties	(75)	(123)
Medical services charged to related parties	(27)	(53)
Medical services charged from related parties	<u>–</u>	<u>4</u>

3B. Key management compensation:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Salaries and other short-term employee benefits	<u>4,034</u>	<u>3,718</u>

Key management personnel of the Hospital are those persons having authority and responsibility for planning, directing and controlling the activities of the Hospital. The members of the Board of Management and management team of the Hospital are considered key management personnel of the Hospital.

No remuneration, reimbursement or allowance was given to the Board of Management for services provided to the Hospital during both financial years.

4. Government grants

	<u>2025</u> \$'000	<u>2024</u> \$'000
Government subsidies for general fund		
- Operating subvention grants (a)	164,798	123,814
- Personnel expenses related grants (b)	4,375	10,955
- Land rent subsidy (c)	13,756	10,371
- Senior mobility funds (d)	2,017	1,853
- Drug subvention grants (e)	807	–
- Pre-operating fund for SACH Bedok (f)	5,728	–
- Others (g)	5,697	3,882
	<u>197,178</u>	<u>150,875</u>

ST ANDREW'S MISSION HOSPITAL

4. Government grants (cont'd)

- (a) These relate to government subsidies in the form of operating subvention grants to the Hospital during the approved period for the patient and resident care, manpower development, education, social care services, seniors' mobility, and initiatives in support of integrated care.

The operating subvention grants provided to the Hospital goes towards subsidising student, patient and resident bills to ensure they have access to good and affordable healthcare and education that is appropriate to their needs. These residents are generally elderly who are unable to enjoy proper level of nursing care required in their own homes and require supervision or assistance with their daily activities as well as person who need further care and treatment after being discharged in acute condition from hospitals.

Operating subvention grants are recognised in the profit or loss when conditions attached to its recognition are met by the Hospital.

- (b) These relate to government subsidies in supporting the increase of employee's wages. \$4,013,000 (2024: \$10,134,000) relates to Community Care Salary Enhancement ("CCSE") Programme, which was introduced by Ministry of Health ("MOH") in supporting the increase of nursing and other healthcare professionals' salaries. The Hospital also received \$362,000 (2024: \$821,000) of miscellaneous personnel expenses related grants.
- (c) Land rent subsidy relates to income described in Note 2A.
- (d) Senior Mobility Fund provides holistic support for seniors to age in place within the community by extending subsidies to Singaporean seniors who requires mobility and assistive devices for daily independent living and to remain ambulant in the community.
- (e) This relate to funding received from the MOH to subsidise the cost of medications provided to patients.
- (f) This relate to MOH funding for the pre-operating costs of St. Andrew's Community Hospital (Bedok).
- (g) Other government grants mainly relate to \$ 1,586,000 (2024: \$1,256,000) of funding for senior care centres in Bedok South and Bedok North Active Aging programme. The Hospital also received \$1,042,000 (2024: \$917,000) for Community Case Management Service.

4A. Tax-exempt receipts

The company enjoys a concessionary tax treatment whereby qualifying donors are granted tax deduction for the donations made to the company. The quantum of the tax deduction for each calendar year may vary in accordance with the Singapore Budget.

	<u>2025</u> \$'000	<u>2024</u> \$'000
Tax-exempt receipts	<u>5,139</u>	<u>4,470</u>

ST ANDREW'S MISSION HOSPITAL

5. Ward and outpatient clinic fees

	<u>2025</u> \$'000	<u>2024</u> \$'000
Revenue from Hospital Services	26,760	25,063
Revenue from Senior Care Services	2,758	2,698
Revenue from Migrant Worker Medical Services	11,029	10,467
Revenue from Nursing Home Services	19,743	14,131
	<u>60,290</u>	<u>52,359</u>

6. Donation income

	<u>2025</u> \$'000	<u>2024</u> \$'000
Donations in cash (tax deductible) (Note 4A)	5,139	4,470
Donations in cash (non-tax deductible)	4,364	9,530
Donations in kind (non-tax deductible)	198	170
	<u>9,701</u>	<u>14,170</u>

The Hospital enjoys a concessionary tax treatment whereby qualifying donors are granted 2.5 times tax deduction for the donations made to the general funds of the Hospital. The Hospital's Institutions of a Public Character ("IPC") status for general donations is for the period from 1 July 2023 to 30 June 2026.

7. Interest income

	<u>2025</u> \$'000	<u>2024</u> \$'000
Interest income on short-term bank deposits	2,107	2,833
Interest income on other financial assets	899	893
	<u>3,006</u>	<u>3,726</u>

8. Other income

	<u>2025</u> \$'000	<u>2024</u> \$'000
Manpower recharge	2,299	1,930
Clinical Practice Education and Training Fee	230	358
Others (a)	2,455	2,135
	<u>4,984</u>	<u>4,423</u>

(a) This mainly comprises non-recurring government grants and subsidies to defray operating expenses.

ST ANDREW'S MISSION HOSPITAL

9. Employee benefits expense

	<u>2025</u> \$'000	<u>2024</u> \$'000
Salaries, bonuses and other costs	134,103	107,016
Contributions to defined contribution plans	13,557	12,042
Purchased manpower	13,269	11,962
Training fees	1,489	970
Foreign worker levy	8,931	8,147
Accommodation expenses	2,916	2,308
Other employee benefits	<u>10,925</u>	<u>14,572</u>
Total employee benefits expense	<u>185,190</u>	<u>157,017</u>

10. Items in profit or loss

In addition to the Statement of Financial activities line items disclosed elsewhere in the notes to the financial statements, this item includes the following expenses:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Audit fees for audit of the financial statements paid/ payable to the independent auditor of the Hospital	125	120
Audit fees for other assurance services paid/ payable to the independent auditor of the Hospital	<u>84</u>	<u>69</u>
	<u>209</u>	<u>189</u>

ST ANDREW'S MISSION HOSPITAL

11. Property, plant and equipment

	Hospital and Nursing Home buildings \$'000	Asset-in- construction \$'000	SAAC Building \$'000	Medical, office and kitchen equipment \$'000	Computer systems \$'000	Training room equipment \$'000	Furniture and fittings \$'000	Medical tools, linen, curtains, and kitchen cutlery \$'000	Renovations \$'000	Motor vehicles \$'000	Total \$'000
Cost											
At 1 January 2024	53,027	1,446	21,662	17,970	9,785	957	4,354	193	20,018	1,080	130,492
Additions	–	2,698	–	5,382	1,483	46	749	56	889	187	11,490
Transfers	–	(3,130)	–	365	273	–	2,492	–	–	–	–
Write-offs	–	–	–	(1,000)	(1,323)	(3)	(210)	–	(44)	(7)	(2,587)
At 31 December 2024	53,027	1,014	21,662	22,717	10,218	1,000	7,385	249	20,863	1,260	139,395
Additions	–	1,926	–	4,432	2,140	113	1,094	182	914	–	10,801
Transfers	–	(275)	–	29	243	–	–	–	3	–	–
Write-offs	–	–	–	(1,575)	(1,511)	(141)	(77)	(61)	(161)	–	(3,526)
At 31 December 2025	53,027	2,665	21,662	25,603	11,090	972	8,402	370	21,619	1,260	146,670
Accumulated depreciation											
At 1 January 2024	10,290	–	9,376	12,573	8,061	792	2,819	177	15,904	564	60,556
Depreciation	1,060	–	725	2,463	1,384	66	832	21	1,530	140	8,221
Write-offs	–	–	–	(938)	(1,316)	(3)	(206)	–	(44)	(7)	(2,514)
At 31 December 2024	11,350	–	10,101	14,098	8,129	855	3,445	198	17,390	697	66,263
Depreciation	1,062	–	725	3,090	1,621	56	1,306	86	1,571	168	9,685
Write-offs	–	–	–	(1,509)	(1,511)	(127)	(71)	(61)	(158)	–	(3,437)
At 31 December 2025	12,412	–	10,826	15,679	8,239	784	4,680	223	18,803	865	72,511
Carrying amounts											
At 1 January 2024	42,737	1,446	12,286	5,397	1,724	165	1,535	16	4,114	516	69,936
At 31 December 2024	41,677	1,014	11,561	8,619	2,089	145	3,940	51	3,473	563	73,132
At 31 December 2025	40,615	2,665	10,836	9,924	2,851	188	3,722	147	2,816	395	74,159

ST ANDREW'S MISSION HOSPITAL

12. Right-of-use assets

The Hospital leases land and building for its hospital and nursing homes from Singapore Land Authority which is partially subsidised by a land rent subsidy from the Ministry of Health. Some leases include an option to renew the lease for an additional period of the same duration after the end of the contract term.

The information about leases for which the Hospital is a lessee is presented below.

	<u>2025</u> \$'000	<u>2024</u> \$'000
Cost		
At beginning of the year	63,495	20,288
Additions	16,922	43,846
Remeasurement	5,093	–
Disposals	(8,199)	(639)
At end of the year	<u>77,311</u>	<u>63,495</u>
Accumulated depreciation		
At beginning of the year	18,616	10,751
Depreciation charge for the year	12,356	8,079
Disposals	(8,199)	(214)
At end of the year	<u>22,773</u>	<u>18,616</u>
Carrying amounts		
At end of the year	<u>54,538</u>	<u>44,879</u>
<u>For disclosure:</u>		
	<u>2025</u>	<u>2024</u>
Number of right-of-use assets	15	14
Remaining term - range	1.00 - 5.75 years	0.83 – 5.58 years
Remaining term - average	2.83 years	2.98 years
Number of leases with extension options	8	8
Weighted average incremental borrowing rate applied to lease liabilities	2.7%	3.0%
Number of leases with termination options	<u>3</u>	<u>3</u>

There are restrictions or covenants imposed by the leases to sublet the assets to another parties. Unless permitted by the owner, the lease prohibits the lessee from selling or pledging the underlying leased assets as security. The lease requires this property be maintained in a good state and be returned to the lessor in their original condition at the end of the lease. Insurance, and maintenance fees on right-of-use assets are usually required under the lease contracts.

ST ANDREW'S MISSION HOSPITAL

13. Investment property

	Freehold land \$'000	Building \$'000	Total \$'000
Cost			
At 1 January 2024, 31 December 2024 and 31 December 2025	67	13,208	13,275
Accumulated depreciation			
At 1 January 2024	–	(6,602)	(6,602)
Depreciation	–	(264)	(264)
At 31 December 2024	–	(6,866)	(6,866)
Depreciation	–	(266)	(266)
At 31 December 2025	–	(7,132)	(7,132)
Carrying amounts			
At 1 January 2024	67	6,606	6,673
At 31 December 2024	67	6,342	6,409
At 31 December 2025	67	6,076	6,143

The estimated useful life is 50 years.

	<u>2025</u> \$'000	<u>2024</u> \$'000
Rental income	1,310	1,412
Direct operating expenses (including repairs and maintenance) arising from investment property that generated rental income during the year	857	737
Fair value for disclosure purposes only: Fair value at end of the year	50,000	50,000

Investment property comprises freehold land and a building, St. Andrew's Centre, located at Tanjong Pagar Road.

Details of leasehold property:

<u>Description/Location</u>	<u>Tenure of Land/ (Gross floor area)</u>	<u>Last valuation date</u>
Singapore: 250 Tanjong Pagar Road Saint Andrew's Centre Singapore 088541	Property: 50 years from 2009 (374.4 square metres)	Commercial property. Valued in December 2023.

The investment property is leased out under operating leases. The operating lease income commitments are disclosed in Note 24. The management has not entered into contractual obligations for the maintenance or enhancement of the investment properties.

ST ANDREW'S MISSION HOSPITAL

13. Investment property (cont'd)

For purpose of disclosure, the fair value of investment property was measured based on the highest and best use method to reflect the actual market state and circumstances as of the end of the reporting year. The fair value was based on a valuation made by a firm of independent professional valuers, Jones Lang LaSalle Property Consultants Pte Ltd in 2023. The valuation is based on the average of the discounted cash flow and income capitalisation method and done on a systematic basis at least once in three years. In the intervening years, management updates the assessment based on recent market transactions in the area where the investment property is located. The firm holds a recognised and relevant professional qualification with sufficient recent experience in the location and category of the investment property being valued.

It is the current intention of the Board of Management to hold the investment property for the long term.

14. Inventories

	<u>2025</u> \$'000	<u>2024</u> \$'000
Medical supplies and general stores	664	457

The cost of inventories recognised as expenditure and included in "Medical supplies and services" amounted to \$19,922,000 for the year (2024: \$15,789,000).

15. Trade and other receivables

	<u>2025</u> \$'000	<u>2024</u> \$'000
<u>Trade receivables:</u>		
Outside parties		
- Billed	4,220	4,510
- Unbilled	3,908	3,077
Related parties (Note 3)	-	16
	<u>8,128</u>	<u>7,603</u>
Government grant receivables		
- Capital grant	3,442	3,757
- Personnel expenses related grants	7,298	2,503
- Subventions	40,377	37,581
Sub-total	<u>51,117</u>	<u>43,841</u>
<u>Other receivables:</u>		
Deposits	2,525	2,452
Interest receivable	1,225	1,402
Outside parties	545	750
Sub-total	<u>4,295</u>	<u>4,604</u>
Total trade and other receivables	63,540	56,048
Less: Allowance for impairment	<u>(45)</u>	<u>(29)</u>
Total trade and other receivables	<u>63,495</u>	<u>56,019</u>
Movements in above allowance:		
Balance at beginning of the year	29	59
Charged/(reversed) to profit or loss	16	(29)
Bad debts written off	-	(1)
Balance at end of the year	<u>45</u>	<u>29</u>

ST ANDREW'S MISSION HOSPITAL

15. Trade and other receivables (cont'd)

Simplified approach

The expected credit losses ("ECL") on the above trade receivables are based on the simplified approach to measuring ECL which uses a lifetime ECL allowance approach for all trade receivables recognised from initial recognition of these assets. These assets are grouped based on shared credit risk characteristics and the days past due for measuring the ECL including the impact of the current economic conditions.

General approach

The Hospital applies the general approach to provide for ECLs on all other financial instruments. Under the general approach, the loss allowance is measured at an amount equal to 12-month ECLs at initial recognition.

At each reporting date, the Hospital assesses whether the credit risk of a financial instrument has increased significantly since initial recognition. When credit risk has increased significantly since initial recognition, loss allowance is measured at an amount equal to lifetime ECLs.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Hospital's historical experience and informed credit assessment and includes forward-looking information.

If credit risk has not increased significantly since initial recognition or if the credit quality of the financial instruments improves such that there is no longer a significant increase in credit risk since initial recognition, loss allowance is measured at an amount equal to 12-month ECLs.

The government grant receivables are due from various government agencies. Management assesses credit risk of government grant receivables to be low at the point of recognition. At the end of the year, management reviews the government grants and funding received by the Hospital during the reporting year and accrues for any under/over funding of grants based on funding principles. Management computes and estimates these under/over funding amounts with reference to the funding agreements for the respective programmes and grants. The final underfunding receivable and/or overfunding payable will be finalised by the respective government agencies subsequent to the end of the reporting year.

The Hospital considers a financial asset to be in default when:

- the borrower is unlikely to pay its credit obligations to the Hospital in full, without recourse by the Hospital to actions such as realising security (if any is held); or
- the financial asset remains outstanding for more than the reasonable range of past due days, taking into consideration historical payment track record, patient's healthcare savings scheme and national health insurance schemes, current macroeconomics situation and general industry trend.

The maximum period considered when estimating ECLs is the maximum contractual period over which the Hospital is exposed to credit risk.

As part of the process of setting customer credit limits, different credit terms are used. The average credit period generally granted to trade receivable customers is about 30 days (2024: 30 days). However, some clients take a longer period to settle the amounts.

ST ANDREW'S MISSION HOSPITAL

15. Trade and other receivables (cont'd)

There is no concentration of credit risk with respect to trade receivables, as there are a large number of customers.

(a) Ageing analysis of the age of trade receivable amounts that are past due as at the end of reporting year but not impaired:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Trade receivables:		
Less than 60 days	1,629	1,669
Over 60 days	832	670
Total	<u>2,462</u>	<u>2,339</u>

(b) Ageing analysis as at the end of reporting year of trade receivable amounts that are impaired:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Trade receivables:		
Over 90 days	45	29
Total	<u>45</u>	<u>29</u>

The allowance on trade receivables is based on individual accounts totalling \$45,000 (2024: \$29,000) that are determined to be impaired at the end of reporting year. These are not secured.

The other receivables at amortised cost shown above are subject to the expected credit loss model under the financial reporting standard on financial instruments. The other receivables at amortised cost and which can be graded as low risk individually are considered to have low credit risk.

16. Other assets

	<u>2025</u> \$'000	<u>2024</u> \$'000
Prepayments	<u>1,054</u>	<u>567</u>

17. Other financial assets

Movements in balances

	<u>2025</u> \$'000	<u>2024</u> \$'000
Movements during the year:		
Fair value at beginning of the year	35,040	30,744
Additions	37,524	41,911
Redemption	<u>(35,040)</u>	<u>(37,615)</u>
Fair value at end of the year	<u>37,524</u>	<u>35,040</u>

The financial instruments at amortised cost relate to investments in Treasury bills and bear interest ranging from 0.71% to 3.02% (2024: 2.68% to 3.84%). The fair value of these investments are based on prices in an active market (Level 1) at the end of the reporting year.

The financial instruments will mature within one year from the end of the reporting year.

The credit rating of the issuer of the financial assets has been rated AAA or above by one or more rating agencies.

ST ANDREW'S MISSION HOSPITAL

18. Cash and cash equivalents

	<u>2025</u> \$'000	<u>2024</u> \$'000
Cash in hand	8	7
Cash at bank	55,276	23,053
Fixed deposits with financial institutions	84,479	93,967
Cash at end of the year	<u>139,763</u>	<u>117,027</u>

A summary of maturity dates of fixed deposits at the end of reporting year are as follows:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Within 3 months	53,103	41,480
Within 4 to 12 months	31,376	52,487
	<u>84,479</u>	<u>93,967</u>
Interest earning balance	<u>84,479</u>	<u>93,967</u>

Fixed deposits with financial institutions at the reporting date have an average maturity period of 4 months (2024: 5 months) from the end of the financial year. The weighted average effective interest rate of these deposits as at the reporting date is 1.87% (2024: 3.12%) per annum.

	<u>2025</u> \$'000	<u>2024</u> \$'000
Restricted funds:		
Cash held under restricted funds (Note 19)	44,634	38,601
Cash held on behalf in MediFund/FAS accounts (Note 23)	6,155	2,600
	<u>50,789</u>	<u>41,201</u>

The Medifund Account is a grant from the Medical Endowment Fund (the "MEF") which is set up by the Government under the Medical and Elderly Care Endowment Schemes Act 2000. The MEF is established to assist needy Singaporeans to pay for their medical care. The income generated by the MEF is disbursed as grants to Medifund Committees to defray in whole or in part the programme fees, outpatient healthcare, and other expenses incurred by residents/clients of approved institutions who are unable to pay such fees, charges and other expenses.

18A. Cash and cash equivalents in the statement of cash flows:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Amount as shown above	139,763	117,027
Cash restricted in use	(50,789)	(41,201)
Cash and cash equivalents for statement of cash flows purposes at end of the year	<u>88,974</u>	<u>75,826</u>

18B. Non-cash transactions:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Acquisitions of certain assets under property, plant and equipment recorded under unpaid trade and other payables	1,317	571

ST ANDREW'S MISSION HOSPITAL

19. Restricted funds

	<u>Note</u>	<u>2025</u> \$'000	<u>2024</u> \$'000
Capital Replacement Fund	(a)	4,086	4,086
SACH – Far East Organization Fund	(b)	11,694	11,455
SACH – ACI Fund	(c)	158	158
SACH – MigrantWell Welfare Fund (Medical Services)	(d)	5,842	3,604
SACH – MigrantWell Welfare Fund (Care Gap Services)	(e)	(1,832)	(1,293)
SACH – Other Funds	(f)	46	53
SAAC – SAAAS	(g)	(4,515)	(6,013)
SAAC – SAAS School Funds	(h)	17,098	16,454
SAAC – Building Fund	(i)	62	62
SAAC – Capital Fund	(j)	471	471
SAAC – Other Funds	(k)	846	1,347
SAMS – School Funds	(l)	5,045	2,680
SAMS – Special Student Care Centre	(m)	203	169
SAMS – Building Fund	(n)	113	113
SANH(B) – Other Funds	(o)	32	32
SJSM – Operating Fund	(p)	4,601	4,601
Chaplaincy Fund	(q)	646	589
SANH(H) – Other Funds	(r)	33	33
SANH(Q) – Other Funds	(s)	5	–
		<u>44,634</u>	<u>38,601</u>

The following Restricted Funds will be utilised in accordance with their specific purposes. The restricted funds are represented by cash held under restricted funds, included as part of Cash and Cash equivalents in the Statement of Financial Position (Note 18).

- (a) The Capital Replacement Fund is set up to provide future funds for the purpose of major repairs, maintenance and replacement of fixtures and fittings and equipment at St. Andrew's Centre.
- (b) The SACH – Far East Organization Fund, established through donations from Far East Organization, supports SACH's eldercare services by funding essential digitalisation, care quality and safety improvements, and infrastructure works, enabling both current operations and future capacity expansion at Bedok and Simei.
- (c) The SACH – Asia Competitiveness Institute ("ACI") Fund, established through donations from the Financial Markets Association (formerly ACI Singapore), supports sub-acute and rehabilitation care, home and palliative care, and active ageing programs through training, research, and capacity-building, enhancing the quality and accessibility of senior care.
- (d) The SACH – MigrantWell Welfare Fund (Medical Services) – MigrantWell is a collaboration project by Ministry of Manpower, Estate of Khoo Teck Puat and Estate of Ng Teng Fong, Singapore Business Federation Foundation and SAMH. This project comprises setting up of one medical centre ("SAMWMC") and relevant healthcare services for migrant workers. This medical centre provides medical care for migrant workers, mobile clinical teams for rapid response to public health threats, 24/7 telemedicine support services and relevant support services to migrant workers residing in Penjuru area.

ST ANDREW'S MISSION HOSPITAL

19. Restricted funds (cont'd)

- (e) The SACH – MigrantWell Welfare Fund (Care Gap Services) – MigrantWell is a collaboration project by Ministry of Manpower, Estate of Khoo Teck Puat and Estate of Ng Teng Fong, Singapore Business Federation Foundation and St. Andrew's Mission Hospital. This project comprises setting up of one medical centre ("SAMWMC") with the necessary equipment and infrastructure to provide care gap services that include dental, physiotherapy, psychological care and case management services.
- (f) The SACH – Other Funds comprise Medical Outreach Fund, Pandemic Support Fund, Patient Welfare Fund and Staff Welfare Fund.

Medical Outreach Fund is set up with donations to provide free medical consultation, basic treatment and medicines to needy groups in the community.

Pandemic Support Fund is set up with donations to support pandemic-related hospital services.

Patient Welfare Fund is set up with donations to provide financial assistance to needy patients of SACH.

Staff Welfare Fund is set up with donations to cater to the welfare needs of SACH staff.

- (g) The SAAC – SAAAS ring-fenced funds are restricted for the operation of the St Andrew's Day Activity Centres and the St. Andrew's Autism Home for the benefit of its intended clients and residents.
- (h) The SAAC – SAAS School ring-fenced funds are restricted for the operation of St. Andrew's Autism School only, for the benefit of its intended students.
- (i) The SAAC – Building Fund is set up for the construction of St. Andrew's Autism Centre at Elliot Road. Funds will be used when repair and renovation needs arise in SAAC buildings.
- (j) The SAAC – Capital Fund is set up to fund future capital expenditure of SAAC. Funds will be used when repair and renovation needs arise in SAAC buildings.
- (k) The SAAC – Other Funds comprise of co-curricular and vocational skills training programme, setting up of training facilities and purchasing of training equipment, supporting advocacy and public education to raise awareness on Autism, Mobile case management service project, the provision of financial assistance to needy clients, residents and students for School Fees and Transport. These funds are projected to be utilised on an ongoing basis.

The balance in the President's Challenge Fund of \$99,000 (2024: \$209,000) is included as part of the SAAC - Other Funds. They are used to provide financial assistance to our residents at the Adult Disability Home and to fund the Dignity of Work programme for our clients over a three year period.

- (l) The SAMS – School Funds ring-fenced funds are restricted for the operation of St. Andrew's Mission School only, for the benefit of its intended students.
- (m) The SAMS – Special Student Care Centre funds are restricted for the operation of St. Andrew's Mission School only, for the benefit of its intended students.
- (n) The SAMS – Building Fund funds is set up for the proposed new campus.

ST ANDREW'S MISSION HOSPITAL

19. Restricted funds (cont'd)

- (o) The SANH(B) – Patient Welfare Fund is used to pay for patient personal expenses like dental procedures, optical care, shoes and clothes, etc.

Peter Lim Seng Chiang Memorial Fund is set up to provide temporary relief to families in financial difficulties so that the outstanding bills can be settled without the Nursing Home having to write off debts. In addition to this usage, the memorial fund can also be used to purchase items which benefit the Nursing Home residents, such as mittens, clothing, food and footwear.
- (p) The SJSM Operating Fund is the current reserves available for operation needs of St. John's – St. Margaret's Nursing Home.
- (q) The Chaplaincy Fund is set up to fund pastoral care services provided to staff and clients. The Fund is expected to be utilised on an ongoing basis.
- (r) The SANH(H) – Other Funds comprise of Peter Lim Seng Chiang memorial fund, which is set up to provide temporary relief to families in financial difficulties so that the outstanding bills can be settled without the Nursing Home having to write off debts. Funds are one-off and will be used when there are patients in financial need.
- (s) The SANH(Q) – Other Fund is used for residents-elderly activities in SANH Cluster donated by Lew Foundation.

ST ANDREW'S MISSION HOSPITAL

20. Deferred government grants/donations

	Community Silver Trust \$'000	Deferred Operating Expenditure \$'000	Deferred Capital Expenditure – MigrantWell \$'000	Deferred Capital Expenditure \$'000	Total \$'000
	(a)	(b)	(c)	(c)	
As at 1 January 2024	9,607	6,114	3,125	54,908	73,754
Grant recognised/received during the year	6,206	8,886	–	7,605	22,697
Grant transfers	14	–	–	(14)	–
Grant transfer from restricted funds	–	–	–	177	177
Returned to government	(299)	–	–	–	(299)
Amortisation for depreciation of property, plant and equipment	(1,140)	–	(1,133)	(4,270)	(6,543)
Utilisation of deferred government grants/donations	(4,156)	(11,172)	–	–	(15,328)
As at 31 December 2024	10,232	3,828	1,992	58,406	74,458
Grant recognised/received during the year	4,736	753	–	6,350	11,839
Grant transfers	–	270	–	(270)	–
Amortisation for depreciation of property, plant and equipment	(1,163)	–	(1,059)	(5,256)	(7,478)
Utilisation of deferred government grants/donations	(4,159)	(2,949)	–	–	(7,108)
As at 31 December 2025	9,646	1,902	933	59,230	71,711

ST ANDREW'S MISSION HOSPITAL

20. Deferred government grants/donations (cont'd)

- (a) Included within the Community Silver Trust ("CST") deferred grant is an amount of \$4,263,000 (2024: \$5,111,000) available to offset operating expenses. The remaining \$5,383,000 (2024: \$5,121,000) is available for purchase of property, plant and equipment. CST is an initiative set up by the government to encourage more donations and provide additional resources for the service providers in the intermediate and long-term care ("ILTC") sector.
- (b) In 2024, deferred operating grant of \$6,103,000 was fully utilised for the operations of SANH(TN). In 2025, a total of \$2,165,000 in deferred operating grants received for SANH (AJ) and SANH (TN) was fully utilised.

Deferred government grants/donations are presented in the statement of financial position as follows:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Deferred government grants/donations, Current	6,165	9,081
Deferred government grants/donations, Non-current	65,546	65,377
	<u>71,711</u>	<u>74,458</u>

21. Lease liabilities

Lease liabilities are presented in the statement of financial position as follows:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Lease liabilities, Current	13,862	10,790
Lease liabilities, Non-current	44,241	36,187
	<u>58,103</u>	<u>46,977</u>

Movements of lease liabilities for the reporting year are as follows:

	<u>2025</u> \$'000	<u>78,300</u> \$'000
Total lease liabilities at the beginning of the reporting year	46,977	10,109
Additions	16,922	43,846
Disposals	—	(435)
Remeasurement of lease liabilities	5,093	—
Accretion of interest	1,148	1,001
Lease payments	(12,037)	(7,544)
Total lease liabilities at the end of the reporting year	<u>58,103</u>	<u>46,977</u>

The lease liability above does not include the short-term leases of less than 12 months and leases of low-value underlying assets. The right-of-use assets are disclosed in Note 12.

ST ANDREW'S MISSION HOSPITAL

21. Lease liabilities (cont'd)

The incremental borrowing rate applied to lease liabilities recognised ranged from 1.47% to 3.72% (2024: 1.30% to 3.72%).

A summary of the maturity analysis of lease liabilities that shows the remaining contractual maturities is as follows:

	<u>Minimum Payments</u> \$'000	<u>Finance Charges</u> \$'000	<u>Present Value</u> \$'000
<u>2025:</u>			
Minimum lease payments payable:			
Not later than one year	15,272	(1,410)	13,862
Between 1 to 2 years	13,435	(1,052)	12,383
Between 2 to 3 years	12,977	(711)	12,266
Between 3 to 4 years	11,934	(374)	11,560
More than 5 years	8,208	(176)	8,032
Total	<u>61,826</u>	<u>(3,723)</u>	<u>58,103</u>
<u>2024:</u>			
Minimum lease payments payable:			
Not later than one year	12,047	(1,257)	10,790
Between 1 to 2 years	20,731	(1,567)	19,164
Between 2 to 3 years	16,440	(542)	15,898
Between 3 to 4 years	1,133	(8)	1,125
Total	<u>50,351</u>	<u>(3,374)</u>	<u>46,977</u>

Total cash outflow for leases for the reporting year are shown in the statement of cash flows.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is re-measured to reflect any reassessment or modification, or if there are changes to in-substance fixed payments. When the lease liability is re-measured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

22. Trade and other payables

	<u>2025</u> \$'000	<u>2024</u> \$'000
Outside parties	9,453	7,528
Related parties (Note 3)	458	301
Other creditors	7,969	6,424
Accrued staff costs	24,485	21,440
Other accrued expenses	6,376	5,420
Goods and Services Tax payable	1,184	1,222
Total trade and other payables	<u>49,925</u>	<u>42,335</u>

ST ANDREW'S MISSION HOSPITAL

23. Other liabilities

	<u>2025</u> \$'000	<u>2024</u> \$'000
Monies held on behalf in MediFund & FAS Account (Note 18)	6,155	2,600
Tenants' deposits received	404	312
Other deposits received	<u>2,938</u>	<u>2,757</u>
	<u>9,497</u>	<u>5,669</u>

24. Operating lease income commitments – as lessor

At the end of the reporting year, the total of undiscounted lease amounts to be received on an annual basis for a minimum of each of the first five years on the operating leases let out are not material

	<u>2025</u> \$'000	<u>2024</u> \$'000
Rental income for the year	<u>1,310</u>	<u>1,412</u>

A maturity analysis of the undiscounted lease amounts to be received on an annual basis for a minimum of each of the first five years and a total of the amounts for the remaining years is as follows:

	<u>2025</u> \$'000	<u>2024</u> \$'000
Not later than one year	1,168	1,202
Between 1 and 2 years	891	781
Between 2 and 3 years	301	204
Between 3 and 4 years	–	204
Between 4 and 5 years	–	204
Total	<u>2,360</u>	<u>2,595</u>

ST ANDREW'S MISSION HOSPITAL

25. Financial instruments: information on material policy information and financial risks

25A. Categories of financial assets and financial liabilities

The financial reporting standard on financial instruments requires the categorisation of financial instruments.

The following table categorises the carrying amount of financial assets and liabilities recorded at the end of the reporting year:

	<u>2025</u> \$'000	<u>2024</u> \$'000
<u>Financial assets at amortised cost:</u>		
Trade and other receivables	63,495	56,019
Cash and cash equivalents	139,763	117,027
Other financial assets	37,524	35,040
At end of the year	<u>240,782</u>	<u>208,086</u>
<u>Financial liabilities at amortised cost:</u>		
Trade and other payables	49,925	42,335
Lease liabilities	58,103	46,977
At end of the year	<u>108,028</u>	<u>89,312</u>

Further quantitative disclosures are included throughout these financial statements.

25B. Financial risk management

The main purpose for holding or issuing financial instruments is to raise and manage the finances for the entity's operating, investing and financing activities. There are exposures to the financial risks on the financial instruments such as credit risk, liquidity risk and market risk comprising interest rate, currency risk and price risk exposures. Management has certain practices for the management of financial risks. However these are not documented in formal written documents. The following guidelines are followed: All financial risk management activities are carried out and monitored by senior management staff. All financial risk management activities are carried out following acceptable market practices.

There have been no changes to the exposures to risk; the objectives, policies and processes for managing the risk and the methods used to measure the risk.

25C. Fair values of financial instruments

The analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 are disclosed in the relevant notes to the financial statements. These include the material financial instruments stated at amortised cost and at fair value in the statement of financial position. The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments. The disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of the fair value.

ST ANDREW'S MISSION HOSPITAL

25. Financial instruments: information on material policy information and financial risks (cont'd)

25D. Credit risk on financial assets

Financial assets are potentially subject to concentrations of credit risk and failures by counterparties to discharge their obligations in full or in a timely manner. These arise principally from cash balances with banks, cash equivalents, receivables and other financial assets. The maximum exposure to credit risk is the total of the fair value of the financial assets at the end of the reporting year. Credit risk on cash balances with banks and any other financial instruments is limited because the counter-parties are entities with acceptable credit ratings.

For expected credit losses ("ECL") on financial assets, the general approach (three-stage approach) in the financial reporting standard on financial instruments is applied to measure the impairment allowance. Under this general approach, the financial assets move through the three stages as their credit quality changes. On initial recognition, a day-1 loss is recorded equal to the 12 month ECL unless the assets are considered credit impaired. However, the simplified approach (that is, to measure the loss allowance at an amount equal to lifetime ECL at initial recognition and throughout its life) permitted by the financial reporting standards on financial instruments is applied for financial assets that do not have a significant financing component, such as trade receivables and contract assets. For credit risk on trade receivables and other financial assets an ongoing credit evaluation is performed on the financial condition of the debtors and an impairment loss is recognised in profit or loss. Reviews and assessments of credit exposures in excess of designated limits are made. Renewals and reviews of credits limits are subject to the same review process.

Note 18 discloses the maturity of the cash and cash equivalents balances. Cash and cash equivalents are also subject to the impairment requirements of the standard on financial instruments. There was no identified impairment loss.

25E. Liquidity risk – financial liabilities maturity analysis

Liquidity risk refers to the difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset. It is expected that all the liabilities will be settled at their contractual maturity. The average credit period taken to settle trade payables is about 30 days (2024: 30 days). The other payables are with short-term durations. The classification of the financial assets is shown in the statement of financial position as they may be available to meet liquidity needs and no further analysis is deemed necessary.

The Hospital has sufficient cash balances to support cash commitments from their existing liabilities. Accordingly, the Hospital utilised minimum banking facilities.

<u>Group</u>	<u>Less than 1 year \$'000</u>	<u>1 – 2 years \$'000</u>	<u>2 – 3 years \$'000</u>	<u>3 – 4 years \$'000</u>	<u>Over 5 years \$'000</u>	<u>Total \$'000</u>
<u>2025</u>						
Gross lease liabilities	15,272	13,435	12,977	11,934	8,208	61,826
Trade and other payables	49,925	–	–	–	–	49,925
Total	<u>65,197</u>	<u>13,435</u>	<u>12,977</u>	<u>11,934</u>	<u>8,208</u>	<u>111,751</u>

ST ANDREW'S MISSION HOSPITAL

25. Financial instruments: information on material policy information and financial risks (cont'd)

25E. Liquidity risk – financial liabilities maturity analysis

<u>Group</u>	<u>Less than 1 year \$'000</u>	<u>1 – 2 years \$'000</u>	<u>2 – 3 years \$'000</u>	<u>3 – 4 years \$'000</u>	<u>Total \$'000</u>
<u>2024</u>					
Gross lease liabilities	12,047	20,731	16,440	1,133	50,351
Trade and other payables	42,335	–	–	–	42,335
Total	<u>54,382</u>	<u>20,731</u>	<u>16,440</u>	<u>1,133</u>	<u>92,686</u>

25F. Interest rate risk

The interest rate risk exposure is mainly from changes in fixed rate and floating interest rates. The interest from financial assets including cash balances is not significant. The following table analyses the breakdown of the material financial instruments (excluding derivatives) by type of interest rate:

	<u>2025 \$'000</u>	<u>2024 \$'000</u>
<u>Financial assets:</u>		
Fixed rates	122,003	129,007
Total at end of the year	<u>122,003</u>	<u>129,007</u>
<u>Financial liabilities:</u>		
Fixed rates	58,103	46,977
Total at end of the year	<u>58,103</u>	<u>46,977</u>

Sensitivity analysis: The effect on profit before tax is not material.

25G. Foreign currency risks

The Hospital has insignificant exposure to foreign currency risk.

26. Capital commitments

Estimated amounts committed at the end of the reporting year for future capital expenditure but not recognised in the financial statements are as follows:

	<u>2025 \$'000</u>	<u>2024 \$'000</u>
Commitments for construction of plant, fixtures and equipment	<u>3,674</u>	<u>1,067</u>

27. Changes and adoption of financial reporting standards

For the current reporting year, the ASC issued certain new or revised financial reporting standards. None had a material impact on the reporting entity.

28. New or amended standards in issue but not yet effective

The ASC issued certain new or revised financial reporting standards for the future reporting years. The transfer to the applicable new or revised standards from the effective dates is not expected to result in material modification of the measurement methods or the presentation in the financial statements for the following reporting year from the known or reasonably estimable information relevant to assessing the possible impact that application of the new or revised standards may have on the entity's financial statements in the period of initial application. Those applicable to the reporting entity for future reporting years are listed below.

<u>FRS No.</u>	<u>Title</u>	<u>Effective date for periods beginning on or after</u>
FRS 109 and 107	Classification and Measurement of Financial Instruments – Amendments	1 January 2026
FRS 118	Presentation and disclosures in financial statements	1 January 2027

FRS 118 Presentation and Disclosure in Financial Statements replaces FRS 1. The new version includes (a) revised presentation of specified categories and defined subtotals in the statement of profit or loss; (b) new disclosures on management-defined performance measures in the notes to the financial statements; and (c) improved disclosures of aggregation and disaggregation of balances. It also requires the disclosure, for the comparative period immediately preceding the period in which this standard is first applied, a reconciliation for each line item in the statement of profit or loss between (a) the restated amounts and (b) the amounts previously presented applying the replaced version.

SERVICES MAP

MEDICAL SERVICES

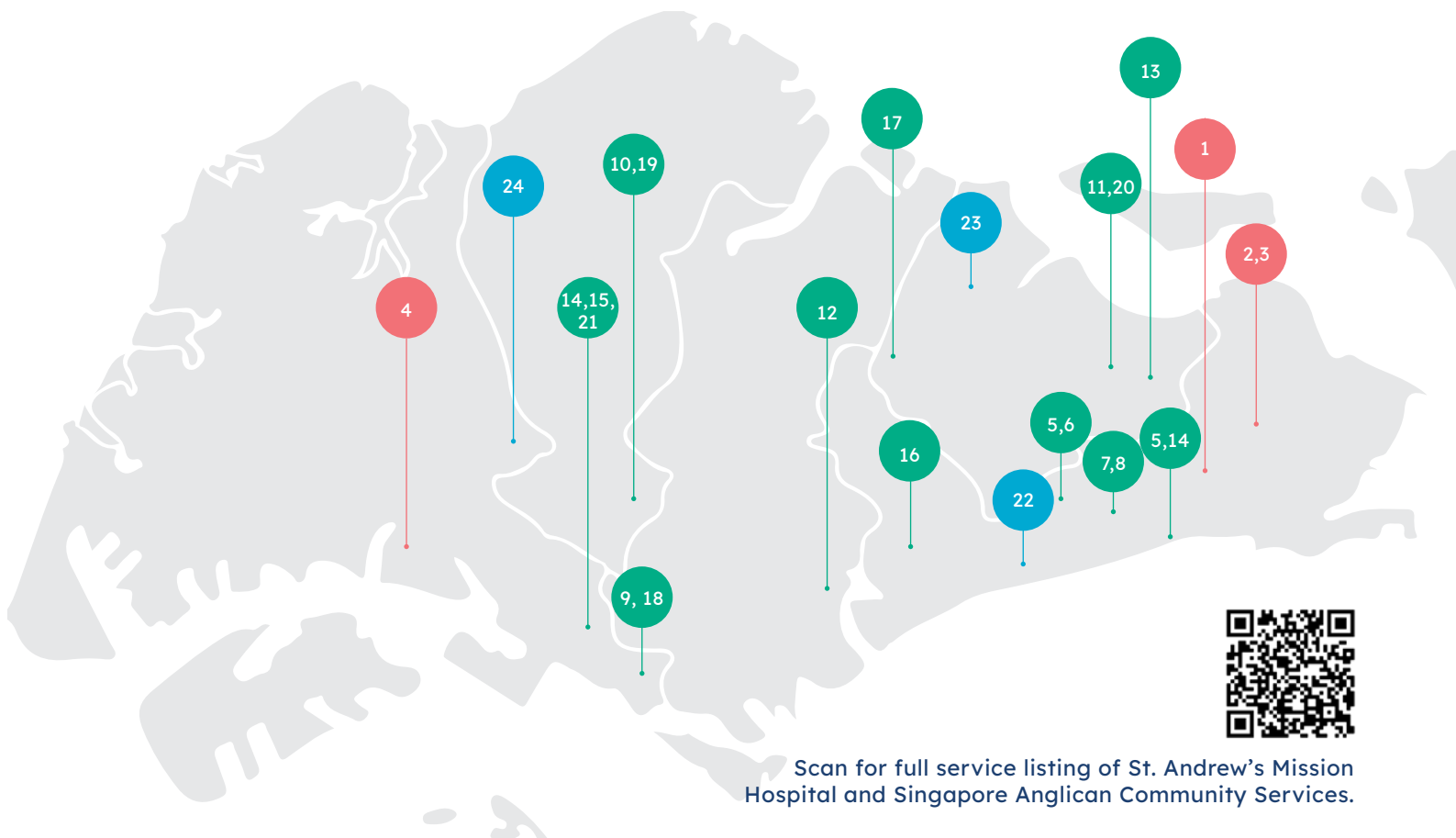
- | | | | |
|--|--|---|---|
| 1. St. Andrew's Community Hospital (Bedok) | 2. St. Andrew's Community Hospital (Simei) | 3. St. Andrew's Mission Hospital Clinic | 4. St. Andrew's Migrant Worker Medical Centre |
|--|--|---|---|

SENIOR SERVICES

- | | | | |
|--|---|---|--|
| 5. St. Andrew's Active Ageing Centre (Bedok North) | 9. St. Andrew's Senior Care (Henderson) | 14. St. Andrew's Active Ageing Centre (Dover) | 19. St. Andrew's Nursing Home (Queenstown) |
| 6. St. Andrew's Senior Care (Bedok North) | 10. St. Andrew's Senior Care (Queenstown) | 15. St. Andrew's Senior Care (Dover) | 20. St. Andrew's Nursing Home (Tampines North) |
| 7. St. Andrew's Active Ageing Centre (Bedok South) | 11. St. Andrew's Senior Care (Tampines North) | 16. St. Andrew's Nursing Home (Aljunied) | 21. St. John's - St. Margaret's Nursing Home |
| 8. St. Andrew's Senior Care (Bedok South) | 12. St. Andrew's Senior Care (Joy Connect) | 17. St. Andrew's Nursing Home (Buangkok) | |
| | 13. St. Andrew's Senior Care (Tampines Central) | 18. St. Andrew's Nursing Home (Henderson) | |


AUTISM SERVICES


- | | | |
|--------------------------------|--|---------------------------------|
| 22. St. Andrew's Autism Centre | 23. St. Andrew's Adult Home (Sengkang) | 24. St. Andrew's Mission School |
|--------------------------------|--|---------------------------------|




Scan for full service listing of St. Andrew's Mission Hospital and Singapore Anglican Community Services.



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Information accurate as at time of printing (April 2026).