Policy Title: Asia OneHealthcare Group Whistleblowing Policy and Procedures **Policy Owner:** Group Legal & Compliance Group Human Resource		
Policy Number: CP/Eth/06	**Date Approved:** September 2026	*This document is uncontrolled when printed. The electronic version is the approved and most current version.*
Version: *Refer to software version history*	**Next Review:** August 2029	

1. Purpose

The Board of Directors of Asia OneHealthcare Sdn Bhd and its subsidiaries (collectively, "**the Group**") are committed to maintain the highest standards of integrity and accountability.

In line with good corporate governance practices, the Group is committed to foster an environment where reportable concerns regarding Improper Conduct can be raised in good faith and without fear of retaliation.

This Policy provides a confidential channel for reporting Improper Conduct and ensures that such reports are assessed, investigated and addressed in an independent and timely manner.

2. Scope

2.1 This Policy applies to:
(a) All directors, officers, employees and healthcare professionals of the Group; and
(b) External stakeholders, including patients, contractors, vendors and members of the public.

2.2 This Policy does **not** apply to:
(a) Employee and industrial relations matters which should be addressed through existing human resource or grievance procedures, or
(b) General queries, customer service or billing matters which should be directed to the relevant customer service for the hospital or corporate office.

2.3 This Policy should be read together with the Group's Code of Conduct and Business Ethics, Anti-Bribery & Corruption Policy and other applicable group policies and procedures.

2.4 For Malaysia, this Policy should also be read in the context of the Whistleblower Protection Act 2010 [Act 711], as amended from time to time, including by the Whistleblower Protection (Amendment) Act 2025 [Act A1777]. Nothing in this Policy limits any right a person may have to make a disclosure or seek protection or remedies under applicable

law. Any statutory protection is subject to the requirements of the applicable law and is separate from the protection provided by the Group under this Policy.

3. Concerns which constitutes Improper Conduct

3.1 "Improper Conduct" refers to the following instances:

(a) Abuse of influence or misuse of position for personal gain which affects the Group;
(b) Bribery or corruption;
(c) Fraud or financial misconduct (any action deliberately designed to cause loss to the Group or to obtain any unauthorized benefit, whether directly or indirectly)
(d) Breach of the Group's policies or procedures;
(e) Bullying or harassment;
(f) Conflict of interest;
(g) Discrimination;
(h) Threat to health, safety or environmental concerns;
(i) Theft;
(j) Other behaviour or misconduct which constitutes a breach or violation of laws or regulations.

4. Reporting Channel

4.1 Reports must be submitted in writing via:

(a) Email: A1HWhistleblow@asia1health.com

Emails to this channel will be directed to:
i. Chairperson of the Audit Committee and
ii. Head of Group Internal Audit.

4.2 Whistleblowers are encouraged to use the Whistleblower Form which is attached as Appendix 1 and provide sufficient details and supporting evidence to facilitate assessment and investigation. The Whistleblower Form is also available from our website.

4.3 Anonymous reports are permitted however whistleblowers are encouraged to disclose their identity and provide contact details to facilitate further investigation and communication. Where a report is submitted anonymously, the Group's ability to investigate the matter or obtain additional information can be limited.

5. Protection and Disclosure Made In Good Faith

5.1 The Group will keep the identity of the whistleblower confidential, as far as reasonably practicable. Disclosure of identity however may be required to facilitate investigations, to comply with legal requirements or for purposes of proceedings by or against the Group. In such cases, the whistleblower will be informed before disclosure.

5.2 The Group will not tolerate harassment or retaliation against any whistleblower who lodges a report in good faith. Any proven retaliation will be treated as serious misconduct.

5.3 All information relating to whistleblowing reports including investigation findings shall be treated with care and may be disclosed strictly on a need-to-know basis only.

5.4 Reports must be made in good faith.

5.5 Any person who knowingly makes false, frivolous, vexatious or malicious allegations may be subject to disciplinary or other appropriate action. Where a whistleblower is implicated in the matter reported, this does not exempt the whistleblower from investigation, disciplinary action and civil or criminal action (where appropriate).

6. Assessment and Investigation

6.1 Initial Assessment

6.1.1 Head of Group Internal Audit together with such personnel from Group Internal Audit as may be assigned will assess all reports to determine whether:

i. The report falls within the scope of this Policy; and
ii. Sufficient information has been provided to proceed.

6.2 Insufficient Information

6.2.1 Where information provided is insufficient:

i. Group Internal Audit may contact the whistleblower within 14 days to request further details **a**nd conduct preliminary interviews to assess whether the claim has merit, can be substantiated and whether an investigation is warranted.;
ii. The whistleblower is expected to respond within 14 days; and
iii. If no response is received, the case may be closed due to insufficient information.

6.3 Investigation

6.3.1 Group Internal Audit is responsible for investigating whistleblowing reports.

6.4 Outcome and Action

6.4.1 Upon completion of the investigation, Group Internal Audit will report the findings and recommend corrective or remedial actions to the Audit Committee.

6.4.2 Following review by the Audit Committee, the relevant head of department, head of facility or head of function shall implement the corrective, disciplinary, legal or remedial actions approved or recommended, as applicable. Where necessary, Group Internal Audit may coordinate with Senior Management and relevant functions, including Group Legal & Compliance, Group Human Resources or other

relevant departments, to facilitate implementation, including reporting to authorities where required. For purpose of this Policy, Senior Management may include the Group Chief Executive Officer, Group Chief Financial Officer, relevant Regional Chief Executive Officer or Regional Chief Operating Officer and Group General Counsel, where relevant.

6.4.3 On a quarterly basis, the Head of Group Internal Audit shall prepare a summary report of whistleblowing cases received, investigated and closed during the reporting period and present the same to the Audit Committee for review and oversight.

7. Governance and Responsibilities

7.1 The Audit Committee has overall oversight of the whistleblowing framework to ensure that the Group maintains an effective and independent mechanism for reporting and addressing Improper Conduct.

7.2 In line with this oversight role, Group Internal Audit, which reports functionally to the Audit Committee, is responsible for the administration of this Policy. This includes managing the whistleblowing channel, receiving and assessing reports, conducting investigations, maintaining records and reporting findings to the Audit Committee.

7.3 Heads of departments and persons with supervisory responsibilities are responsible for fostering an environment that supports this Policy and encourages concerns to be raised in good faith.

7.4 Employees and stakeholders are encouraged to report concerns which they reasonably believe indicate Improper Conduct under this Policy.

8. Communication and Awareness

8.1 This Policy will be communicated to employees and stakeholders and made available on the Group's website.

8.2 Group Human Resources shall coordinate periodic awareness and training initiatives relating to this Policy, with input from Group Internal Audit and, where relevant, Group Legal & Compliance.

9. Record Keeping

9.1 Group Internal Audit shall maintain appropriate records relating to whistleblowing reports, investigations, findings and actions taken in a secure and confidential manner. All reports, investigations, and actions taken will be documented and securely stored for a minimum

of 7 years, or a duration deemed necessary. Access to these records will be restricted to authorized personnel only.

10. Review

10.1 This Policy will be reviewed at least once every three (3) years by Group Internal Audit to ensure continued effectiveness and alignment with regulatory requirements.

10.2 Any amendments to this Policy shall be subject to review and approval by the Audit Committee.

Whistleblower Form *(Appendix I)*

**Please fill in to complete this Form*

Information of the alleged person due to improper conduct		
1.	Name	
2.	Company	
3.	Department	
4.	Designation	
5.	Relationship with whistleblower (colleague, superior, etc.)	
Information of improper conduct		
6.	Date of Incident	
7.	Time of Incident	
8.	Location of Incident	
9.	Have you informed your superior on the incident? If yes, who did you inform? If not applicable, state so.	
10.	Details of Incident:	
11	Please attach supporting documents on the incident:	

Declaration
I declare that to the best of my knowledge and belief, all information given herein is reasonable true and correct. Signature: Date:

Name	
Department	
Company	
Contact No.	
Email	

Summary of Changes			
No.	**Effective Date**	**Rev. No.**	**Brief Description of Changes**
1	September 2026	1	1. New policy