PT Siloam International Hospitals Tbk
3Q2021 Corporate Presentation
www.siloamhospitals.com
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siloam Overview</td>
<td>3</td>
</tr>
<tr>
<td>Financial Update</td>
<td>8</td>
</tr>
<tr>
<td>Business Update</td>
<td>12</td>
</tr>
<tr>
<td>Response to Covid Pandemic</td>
<td>13</td>
</tr>
<tr>
<td>Digital Initiatives</td>
<td>16</td>
</tr>
<tr>
<td>Commercial Initiatives</td>
<td>21</td>
</tr>
<tr>
<td>Strategy and Initiatives</td>
<td>25</td>
</tr>
<tr>
<td>Corporate Governance Initiatives</td>
<td>31</td>
</tr>
<tr>
<td>CSR and Sustainability Initiatives</td>
<td>36</td>
</tr>
<tr>
<td>Siloam Transformation Team</td>
<td>39</td>
</tr>
<tr>
<td>Appendix</td>
<td>44</td>
</tr>
</tbody>
</table>
Siloam Overview
Key Investment Highlights

1. Largest private hospital networks in Indonesia spread across 29 cities throughout the entire archipelago
2. Acknowledged leader in key medical specialties leading to best-in-class revenue per bed
3. Strong improvement in all aspects of financial results since the consolidation strategy in 2019
4. Significant turnaround in ramping up hospital performance
5. Sustainable growth strategy and highly qualified management
6. Strong focus on corporate governance and sustainability initiatives
A Brief Introduction on Siloam Hospitals Group

Vision
- Godly Compassion
- Reach
- Scale
- International Quality

Mission
“The trusted destination of choice for holistic world class healthcare, health education, and research”

40 Hospitals across 28 cities in Indonesia

3Q21 Corporate Presentation
Siloam Hospitals - Largest Private Hospital Network in Indonesia Covering over 50% of Population

Data 31 of September 2021
*Operational and financial data for hospital units only

3,702 Operational Beds
3,445 GPs, Specialists and Dentists
7,807 Nurses and Medical Staff
30 Siloam Clinics:
(6 in Papua)
Acknowledged Leader in Medical Practices

Leader in the Following Specialities

- Urology
- Pulmonology (Respiratory)
- Oncology
- Neurology
- Cardiology

Best in Class Average Revenue Per Bed

<table>
<thead>
<tr>
<th></th>
<th>ARPOB FY2020 (IDR bn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILO</td>
<td>3.1</td>
</tr>
<tr>
<td>Hospital A</td>
<td>2.2</td>
</tr>
<tr>
<td>Hospital B</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Medical Accomplishments

1st hospital in Indonesia to be certified with Joint-Commission International (JCI)

Siloam ASRI – conducted the 100th successful kidney transplant surgery

Siloam Hospitals TB Simatupang – received Gold Status from World Stroke Organization (WSO) in handling stroke patients
Financial Update
9M21 Results at a Glance

**Revenue** increased 47% to IDR5.9tn in 9M21 Vs 9M20

Quarterly Revenue* increased 9% to IDR2.1tn

**EBITDA** grew 107% to IDR1.5tn in 9M21 vs 9M20

EBITDA Margin expanded to 26.2% from 18.5% in 9M21 vs 9M20

Quarterly EBITDA grew 21% to IDR579bn in 3Q21 vs 2Q21

Quarterly EBITDA Margin expanded to 27.9% from 25.2% in 3Q21 vs 2Q21

**Net Profit** booked at IDR553bn in 9M21

Quarterly Net Profit booked at IDR251bn growing 65% in 3Q21 vs 3Q21

Quarterly Net Profit Margin expanded to 12.1% in 3Q21 vs 2Q21

**Net Cash Position** increased by IDR65bn

Net Cash Position at IDR973bn as of 9M21

**Operating Cash Flow** booked at IDR652bn

**Free Cash Flow** booked at IDR312bn

*Revenue referred to 'Non-Specialist Revenue' in Statutory Report*
Revenue per Patient Days and Outpatient Visits

<table>
<thead>
<tr>
<th>Average Revenue per Inpatient Days (in IDR mn)</th>
<th>Average Revenue per Inpatient Days (in IDR mn)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Graph showing revenue increase from 9M20 to 9M21" /></td>
<td><img src="image2" alt="Graph showing revenue increase from 3Q20 to 3Q21" /></td>
</tr>
<tr>
<td><img src="image3" alt="Graph showing revenue increase from 3Q20 to 3Q21" /></td>
<td><img src="image4" alt="Graph showing revenue increase from 3Q20 to 3Q21" /></td>
</tr>
</tbody>
</table>

**Average Revenue per Inpatient Days (in IDR mn)**
- **9M20**: 4.17
- **9M21**: 5.88 (41% increase)
- **3Q20**: 4.96 (27% increase)
- **3Q21**: 6.28

**Average Revenue per Outpatient Visits (in IDR mn)**
- **9M20**: 1.05 (36% increase)
- **9M21**: 1.41
- **3Q20**: 1.28 (19% increase)
- **3Q21**: 1.52
Operational Results Summary

Operational Results Summary – Outpatient Visits and Surgeries (‘000)

Siloam performed around 5,800 surgeries in September 2021, only 9% below surgeries performed in pre-COVID September 2019.

Siloam received 215 thousand outpatients in September 2021, only 7% below pre-COVID September 2019. Siloam’s base case revenue and EBITDA was higher in September than in any other month throughout 2021.

Operational Results Summary – Inpatient Days (‘000) and Occupancy Rate (%)

Siloam recorded 126 thousand Inpatient Admissions as of 9 months 2021, lower by 9% compared to 138 thousand in 9 months 2020.

Siloam’s occupancy Rate increased slightly to 53% in 9 months 2021 compared to 52.7% in 9 months 2020.

Total Outpatient Visits were 1.7 million, an increase of 8% compared to 1.6 million in 9 months 2020.
Successful Renegotiation of Rental Agreement

Siloam has successfully renegotiated the rental agreement for 14 Siloam hospitals (11 with Lippo Karawaci, 3 with other third party) and secured rental of these hospitals for 15 years from 2021. This represents a key milestone to improve certainty on hospital rentals and allows Siloam to secure the rental of these strategic hospitals for another 15 years at a market competitive rate. The rental expense will be measured as a percentage of hospital revenue and adjusted annually as shown in the table below ranging from 6% of revenue in 2021 to 6.5% by 2027 and beyond.

From an independent market study, management concluded that the current rental rate for these properties are below market value. The re-negotiated rental structure, beyond providing certainty, is also economically beneficial to Siloam compared to the alternative of allowing these leases to expire naturally then re-based at the prevailing market rate of the time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rental as % of Each Hospital's Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>6.00%</td>
</tr>
<tr>
<td>2022</td>
<td>6.10%</td>
</tr>
<tr>
<td>2023</td>
<td>6.20%</td>
</tr>
<tr>
<td>2024</td>
<td>6.30%</td>
</tr>
<tr>
<td>2025</td>
<td>6.40%</td>
</tr>
<tr>
<td>2026</td>
<td>6.40%</td>
</tr>
<tr>
<td>2027-2035</td>
<td>6.50%</td>
</tr>
</tbody>
</table>
Business Update
Siloam’s Response to the COVID-19 Pandemic
COVID-19 Update in Indonesia

Indonesia has recorded a 99% drop of COVID-19 cases in Indonesia compared to peak with <1% positivity rate.

While we must remain vigilant and it is too early to celebrate, the COVID situation does appear to be evolving from pandemic to endemic. As cases decline the number of COVID patients that Siloam treat will also decline.

While the number of COVID patients will reduce, Siloam will still perform a high volume of testing, vaccinations and boosters throughout the community in the coming 1-2 years.
Continue to Perform COVID Testing for Indonesia

Antibody
- Rapid Antibody Test
- Immunology Test

Antigen
- Rapid Antigen Test

Molecular
- RT-PCR
- Molecular Isothermal (ID Now)

Serology
- Qualitative
- Quantitative

>3mn Rapid and Serology tests

>778,000 PCR and Isothermal tests

Siloam Cumulative Rapid and Serology Testing ('000)

Siloam Cumulative PCR and Isothermal Testing ('000)

*Data as of 31 Sept 2021
Siloam Hospitals are Well Equipped to Treat COVID-19 Patients

The decision to create a clean and safe hospital strategy whereby we allocate certain hospitals for COVID and leave other hospitals COVID free to focus on all general health needs was strategically important.

We believe that Siloam’s base case business will continue its strong rebound for the remainder of 2021 and throughout 2022.

>778,000
PCR Specimens Processed
as of 31 September 2021

40
Hospitals available to take PCR samples

16
Sites with PCR labs

*Data as of 31 Sept 2021*
Continued Investment to Increase COVID Treatment Capacity

Dedicated Units to Treat COVID Patients

SILOAM HOSPITALS KELAPA DUA
SILOAM HOSPITALS MAMPANG

31,028 COVID Patients Treated
Supporting Government’s Vaccination Target

Siloam is pleased to play a role in the national vaccination scheme. To date, Siloam has vaccinated more than 327 thousand Indonesians.

We will continue to provide Siloam hospitals as an avenue for vaccination and we gladly assist the Indonesian government in reaching their vaccination targets.
Siloam Hospitals Digital Initiatives
Siloam continues to develop its mobile application called **MySiloam**. This application improves the efficiency and helps patients to receive a seamless experience where the online function directly enhances Siloam’s offline services.

**MySiloam** enables our patients to make an appointment with our doctors, whether it is an offline or online consultation which can be accessed within the application. Regardless of the consultation method, patients and doctors can access central medical records.

Patients can use the MySiloam application as a virtual assistant when they are visiting our hospitals.

This feature streamlines the patients’ journey by enabling touchless check in and virtual queue lines, thus improving patient experience.
The increased popularity and added functionality of MySiloam has resulted in a significant increase in the number of downloads.

As of now, MySiloam has reached more than 500 thousand downloads and around 10% of Outpatient Visits are managed through the MySiloam application. We expect that in the foreseeable future the majority of visits will be handled through MySiloam.
A technology platform of which Siloam is a shareholder, is an Artificial Intelligence - assisted medical diagnostic technology company called Prixa.ai

This platform leverages telemedicine services by precisely processing data and narrowing down medical diagnostic options from a patient's symptoms until the patient's medical condition can be accurately diagnosed.

By using this AI technology, the patient can then be referred for the correct treatment procedures and appropriate specialist.
Prixa.ai is now directly linked and accessible by the Peduli Lindungi application, the national application used by the Indonesian government and Indonesians to record and provide evidence of vaccination, COVID testing and travel history.
Hospital Information System (HIS)

Siloam has integrated a Hospital Information System which enable us to leverage the advantage of having the largest private hospital network with some of the best expertise in Indonesia. This system manages some of the most crucial functions such as billing management, patient management, back office management and clinical system.

**Patients Management - HOPE System**

HOPE system manage patient information from all of our patient channels (My Siloam, Call Centre, Website) including administration, appointments and billing cycle. It allows for a single patient ID across the Group.

**Patient Management - Electronic Medical Record (EMR)**

With the implementation of EMR, Siloam can have better patient continuity of care by enabling our doctors and caregivers to access digital patient records.

**Back Office Management - Electronic Resources Planning (ERP) and Clinical System**

Through implementation of ERP, Siloam is able to take benefits of technology including operate as a group via the single platform, especially in group purchasing, standard system process and enable efficiency through process improvement and automation.

**Patients Channels**

- MySiloam App
- Siloam Website (www.siloamhospitals.com)
- Call Center – 1 500 911

**Patients Management**

- HOPE System

**Electronic Medical Record (EMR)**

- Doctors and Nurses

**Electronic Resources Planning (ERP)**

- Back Office Management
Siloam’s corporate and insurance business is doing extremely well and is well poised to be higher than ever before with base case growing month on trailing month.

We are also managing organizational wellness which leads to more medical checkups and resulting medical interventions and we grew our medical checkup business by 200% over the last 2 quarters.
We have transformed our call center from just being an appointment booking call center to a revenue enabling call center through comprehensive systems and elaborate training, hence completing our journey of a comprehensive 360-degree contact service center.
Siloam’s 3 Bali hospitals generated approximately 214 billion rupiah in EBITDA in 2019. This figure was reduced to 112 billion in 2020. Likewise, 2021 continues a depressed EBITDA of only 59 billion in 9 months 2021. We expect the EBITDA contribution from our Bali hospitals to be increase substantially in 2022 and closer towards pre-COVID levels.
Revenue Growth by Payer Group (IDR bn)

% Contribution to NGOR (9M20 vs 9M21)

Reimbursement for COVID treatment is labelled MoH*

Payee Group Contribution to NGOR (IDR bn)

Out of Pocket  Corporate + Insurance  BPJS  MoH*

+17%  -10%  +29%  +25%  -6%  +37%  +10%  -20%  -4%  +39%  -31%  +45%

% % growth
Siloam’s **Strategy and Initiatives**
Managements have a strong focus on maximizing the value of our existing assets. To ensure that we maximize the value of all our hospitals we must always prioritize the patient experience to ensure that our patients have a best-in-class service. We strive to recruit, develop and retain the best doctors in Indonesia to ensure that our patients are being taken care of by highly skilled medical professionals. We proactively look for partnerships that can add value to our existing business and create new opportunities. We regularly review each of our hospitals with an eye to optimize efficiency/profitability and productivity. In addition to medical staff Siloam has firm human capital policies and procedures to ensure that we recruit and retain high caliber talent to run our business.

Siloam invests heavily in clinical programs which we believe will create the most value for both patients and our stakeholders. We establish centers for excellence at our hospitals which are medical programs where we offer holistic and thorough medical expertise in a medical specialization. As our centres of excellence become recognized as experts in certain medical fields then the number of patients, we begin to receive patients coming from areas outside the hospital's traditional geographic catchment areas. Siloam leverages new and innovative technologies to improve access and affordability of quality care across its extensive network.

Expanding our hospital network isn't only done by opening new hospitals but also by seeking to meet patient demand in our existing hospitals. We seek to maximize the utilization of hospital floor area. This can be done by renovating existing hospital units or opening new wards. In addition to maximizing floor space used we seek to maximize the utilization of equipment to ensure that our technology being effectively utilized across our hospital network. Siloam will continue to selectively open new hospitals through strategic developments and acquisition opportunities.

Siloam collaborates with leading technology partners to build world-class ICT capabilities. We use digital health platforms to continue improving patient safety, patient satisfaction and operational excellence. To support our target to become the most technologically advanced hospital in Indonesia, we continue to invest in building our ICT Infrastructure that is resilient, robust, reliable, and secure. In addition, we are also investing on our people to build a world class IT organization following the standard and best practices of leading IT organizations.
Revenue Growth Initiatives

**Procedure Packaging**
We are focusing on procedure packaging, so designing packages with a set price. This provides a positive experience for the patient as it helps to avoid bill shock. From operations perspective we ensure that the packages are uniform across our whole network. So the pharmaceuticals and consumables are utilized for the package right across Siloam’s network. This uniformity ensures that costs can be effectively forecast and managed.

**Value Based Pricing**
Siloam has expanded our gross margins through strategic product design and price management. We reviewed the pricing across our hospital units and we found that despite offering premium services we were at times pricing at rates that were below market. Having reviewed pricing across our network we have been optimizing pricing for all our products and service.

**Operational Effectiveness & Sales Team Engagement**
Siloam has implemented more process automation of sales peoples KPI monitoring so that sales-people’s activity and performance is monitored in real time. We have also automated sales reporting to significantly reduce the time spent by sales-people on administration so that they have more time to perform their key role which is business development. While relatively simple initiatives which require relatively small CAPEX, these initiatives have quickly had a positive impact on sales peoples’ productivity. We have also refined and automated part of our referral process to reduce leakage due to system errors and to ensure uniformity across all our units with referrals.
Revenue Growth Initiatives (Cont’d)

BPJS Optimisation
We have focused on investing in providing BPJS services which are sustainable for our business. Dedicated task force has been established to optimise the efficiency of BPJS service delivery and improve margins.

Equipment Utilization
Siloam has invested heavily in our medical equipment so we have a program in place to ensure that our equipment can reach its maximum utilization and thus improved return on investment. We established a dedicated team focusing on the 4 main aspects for improving utilization:

i. Raise internal doctor awareness with active monitoring and focus on referral rates
ii. Focus on setting up referral network for physicians and small hospitals through better marketing
iii. Ensure equipment selection and target specialty mix are aligned
iv. Data driven pricing

Capacity Utilization
There is a focused approach to drive utilization across all hospital metrics governing occupancy, equipment utilization, diagnostic capacity, radio therapy and radiology.
Cost Management Initiatives

Material Cost Reduction
We have embarked upon a material cost reduction project. This is a long-term project established in 2019 and we are starting to harvest positive results. This project involved consolidating the number of pharmaceutical and consumer goods providers. We also reduced the number of pharmaceuticals and consumables are used at Siloam. At the same time we began centralizing procurement processes to head office. We also established a data-driven weekly monitoring process to ensure compliance across the network. By taking these steps we could commit to provide greater volumes to reduced number of suppliers to optimise buying price. We expect this project to contribute savings of between 25 to 50 billion in 2021. As the project becomes increasingly effective the annual savings are expected to increase.

Demand Planning & Inventory Management
We designed and implemented robust standardized demand planning and inventory management processes, systems and organization. We have set up a data driven tool to create more accurate and reliable demand forecasts based on actual consumption. We are driving change in behaviour of front and back-office staff (at pharmacy stores, lab, purchasing, etc.) via changes in KPIs and performance management. We are making significant improvements for our demand planning and inventory management processes. Our aim is to substantially lower our inventory days for improved capital management and a reduction in wasted consumables due to expiry.

OPEX Optimization
We are reviewing our staffing efficiency across our units to ensure that each hospital is using the optimal number of staff. We have reviewed our procurement processes for outsourced processes to reduce our costs. We have implemented a review and process change for utilities usage across all our hospitals with the aim of reducing their costs at each of our units.

CAPEX Management Improvement
Siloam has set up and formalized an investment committee which is in charge of reviewing and approving any CAPEX above 10 billion rupiah. The members of the investment committee conduct a stringent process to ensure that Siloam's investments are highly productive.
Improving Patient Experience

Siloam always strives to give consistent healthcare delivery through a patient centered approach that align with Siloam's values: Stewardship, Integrity, Compassion, Respect and Innovation.

Siloam has introduced program named 'Saya SIAP' (I’m Ready) which embraces a patient centered culture:

- **Agile (Sigap):** provide the best service for anyone, anytime and anywhere
- **Informative (Informatif):** provide accurate and reliable information
- **Appreciation (Appresiasi):** show respect to fellow colleagues and patients
- **Care(Peduli):** showing high level of care to realize a culture of togetherness

The culture based on our #sayaSIAP (I'm ready) program is the foundation of the expected service behaviour of Siloam Hospitals. We’ve also embedded the culture of GEMS (Going the Extra Mile Service) for all employees to be able to provide maximum level of service quality in their daily duties.
Corporate Governance Initiatives
Investment Committee: Robust Capital Allocation Controls

- All Investment Plan/Projects above IDR10,000,000,000 (ten billion Rupiah) and all new hospital openings (regardless of amount) must be presented to the Investment Committee for review and subsequent approval by the BOC.

- Each new hospital opening has to go through a five stage review processes as presented in the table on the right.

### Roadmap (Gates) For New Hospital Openings

<table>
<thead>
<tr>
<th>SITE SELECTION</th>
<th>PLANNING</th>
<th>CONSTRUCTION</th>
<th>MTC</th>
<th>OPERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site identification and prioritisation based on ext. research</td>
<td>Legal, permits and licenses (incl. BPJS)</td>
<td>Site design and planning</td>
<td>MTC &amp; Day 1 plan Development &amp; Execution</td>
<td>Measuring, Monitoring, Reporting &amp; Control (c.9-12 months)</td>
</tr>
<tr>
<td>Expanded feasibility study incl. local stakeholder analysis</td>
<td></td>
<td>Detailed budgeting (Capex &amp; Projections)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial projection development to inform decisions and design</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Local stakeholder engagement**

- **SITE SELECTION:**
  - Site identification and prioritisation based on ext. research

- **PLANNING:**
  - Legal, permits and licenses (incl. BPJS)
  - Expanded feasibility study incl. local stakeholder analysis
  - Initial projection development to inform decisions and design

- **CONSTRUCTION:**
  - Site design and planning
  - Detailed budgeting (Capex & Projections)

- **MTC:**
  - MTC & Day 1 plan Development & Execution

- **OPERATION:**
  - Measuring, Monitoring, Reporting & Control (c.9-12 months)

- **Post Implementation Review (PIR):**
  - Site construction
  - Site fit-out & preparation (incl. equipment, purchasing)
  - CEO recruitment* (starts c.6 months before opening)
  - Doctor recruitment (c.6 months pre-opening)
  - Other recruitment (starts c.6 months pre-opening)
  - Training (c.3 months pre-opening)
  - Marketing plan implementation (c.3 months pre-opening)
Investment Committee: Robust Skills and Highly Experienced Members

Members of Investment Committee

Tevilyan Yudianta Rusli - Chairman
Yudianta serves as the CFO of PT Lippo Karawaci Tbk and PT Lippo Cikarang Tbk. He has over 20 years of experience in Unilever, a Fortune 500 company, where he held the position of Chief Auditor and CFO.

Atiff Ibrahim Gill – Member
Atiff is a member of the Operations Team in CVC Asia. Prior to joining CVC, he was the CEO of Lacoste China. Prior to that, he has served in multiple companies in Asia in senior executive positions. He holds a BSc degree from London University and is a postgraduate from Oxford University.

Peter John Chambers – Member
Peter’s background includes over 25 years of experience in finance, telecommunication and investment oversight. He has occupied senior positions in various companies including Coopers and Lybrand, Axiata and Farallon Capital (as an advisor). His experience includes serving on a number of Boards which have included PT XL Axiata and Indomines Pty Ltd. He has also chaired their respective Audit, Remuneration and Risk Committees.

Dr. dr. Andry, MM, MHKes – Member
Dr. Andry serves as board member of the Indonesian Hospitals Association (PERSI), Indonesian Mediator Association (AMINDO); and as lecturer in Pelita Harapan University and Esa Unggul University. He was on the Management Team of Mitra Keluarga Hospital Bekasi and was the CEO of Siloam Hospitals Group. He is currently an advisor for Siloam Hospitals Group.
Siloam has revamped its audit committee. The current audit committee is chaired by Peter Chambers, with a strong reputation for administering good corporate governance. The audit committee has also invited Charles Rigoux from Gateway Partners, who brings with him an extensive international investment experience. In addition, the audit committee also invited Ir. Achmad Kurniadi who has served in Indonesia Investment Coordinating Board as Managing Director.
It is our belief that capital allocation decisions should be made in the best interests of all shareholders. Conflict of interest decisions that do not benefit all shareholders fairly, be it real or perceived, need to be avoided.

To achieve this, Siloam has substantially strengthened its related party policy.

All vendors go through a KYC process and related parties need to be registered before transactions with them can be carried out. Further internal processes are then applied depending on amount to ensure the transactions are arm’s length and goes through multiple level of approval and up to the BOC where appropriate.

All Related Party Transactions (RPT) are reported to Siloam’s Audit Committee and reviewed on a quarterly basis.
Siloam CSR and Sustainability Initiatives
Siloam continues to support communities which are in need of help through our CSR programs. Our 2 newly established clinics, one in Papua and one in Jakarta, continue to deliver healthcare to their surrounding communities.

As of now, with Siloam’s full financial and operational support, these clinics are serving around **1,700 disadvantaged patients every month** that would ordinarily be unable to receive suitable medical treatment.
Healthcare and education are vital tools to develop communities and decrease inequality. Siloam has made a CSR investment to a group of schools in Nusa Tenggara Timur. This investment will ensure that around 1,500 children in this community will receive a proper school education. We’ve committed to allocate at least 30 billion rupiah on Siloam’s CSR programs in 2021 alone.
Siloam Transformation Team
Board of Directors

Darjoto Setyawan - President Director
Darjoto brings with him more than 35 years of experience in senior level management. He was the Managing Director of Rajawali Group. Currently, he is the Independent Commissioner of PT Cita Mineral Indonesia Tbk and PT China Life Indonesia as well as an advisor of PT Lippo Karawaci Tbk

Caroline Riady - Vice President Director
Caroline started serving as Executive Director of Siloam Hospitals Kebon Jeruk where she was instrumental in growing the operational and financial performance. She is now currently the CEO of Siloam Hospitals Group

dr. Grace Frelita Indradjaja – Director
Dr. Grace was the Siloam Hospital Karawaci CEO and later appointed at Siloam Hospital Head Office as Chief Medical Officer. She serves as one of the board management in KADIN and PERSI

Caroline Riady - Vice President Director
Caroline started serving as Executive Director of Siloam Hospitals Kebon Jeruk where she was instrumental in growing the operational and financial performance. She is now currently the CEO of Siloam Hospitals Group

Monica Surjapranata – Director
Monica started her career at Panin Bank and was the CEO of Books & Beyond. She was the CEO of RSUS and now served as Regional Executive Director of Siloam

Mona Jonatan – Director
Mona is a certified facilitator title from DI – USA, Clariden, Sean Delany, Stephen Covey, and John Maxwell. She started her career as a Quality Assurance Manager in Far East Trading Company, USA, then became the Operation and HR Manager in various companies in Holland, Vietnam, China and Indonesia

Atiff Ibrahim Gill – Director
Atiff is a member of the Operations Team in CVC Asia. Prior joining CVC, he was the CEO of Lacoste China. He holds a BSc degree from London University and is a postgraduate from Oxford University

Monica Surjapranata – Director
Monica started her career at Panin Bank and was the CEO of Books & Beyond. She was the CEO of RSUS and now served as Regional Executive Director of Siloam

Dr. Grace Frelita Indradjaja – Director
Dr. Grace was the Siloam Hospital Karawaci CEO and later appointed at Siloam Hospital Head Office as Chief Medical Officer. She serves as one of the board management in KADIN and PERSI

Ryanto Martino Tedjomulja – Director
Ryanto started his career at Accenture with last position as Managing Director. Before joining with Siloam, he led companies in Indonesia, Singapore and Malaysia to transform businesses

Daniel Phua – Director
Daniel is a Certified Practicing Accountant (Australia) with over 23 years’ experience in corporate finance, business strategy, process improvement, and corporate governance with international experience in Australia, Singapore and Indonesia

Mona Jonatan – Director
Mona is a certified facilitator title from DI – USA, Clariden, Sean Delany, Stephen Covey, and John Maxwell. She started her career as a Quality Assurance Manager in Far East Trading Company, USA, then became the Operation and HR Manager in various companies in Holland, Vietnam, China and Indonesia

Atiff Ibrahim Gill – Director
Atiff is a member of the Operations Team in CVC Asia. Prior joining CVC, he was the CEO of Lacoste China. He holds a BSc degree from London University and is a postgraduate from Oxford University

Diverse and robust Board of Directors’, bringing an extensive international experience to Siloam
Key Management Staff to Support Transformation

Varun Khanna – Chief Commercial Officer
Varun is currently the Chief Commercial Officer of Siloam Hospitals, and has been leading the business for two years at Siloam. Prior to Siloam, he has been a senior healthcare professional in India. He was the Co-Chair FICCI Health services and Executive Vice President - Fortis Healthcare. Varun has previously served as the Managing Director/ CGM at BD (Becton Dickinson & Co) in India. He also served as the National Executive Board Member of AMCHAM, Chairman – AdvaMed India Working Group and Executive Committee, Co-Chair at FICCI Health Services Committee and Secretary and Treasurer of NATHEALTH. His remarkable feat in the health sector is captured by many notable accolades, including the award for the Best CEO in a Medtech Company 2015, ET Best Healthcare Brand and Aon Best Employers 2016 for BD - India, among others.

Julie McCaughan – Chief Nursing and Quality
Julie is the Chief Quality and Nursing Officer of Siloam Hospitals Group. Julie has over 30 years of healthcare leadership gained from her working experiences in Australia, China and Indonesia. Julie is instrumental in leading the quality and nursing transformation for the group. Julie has a masters in business and nursing and is an international hospital surveyor which enables her to implement global knowledge of hospital operations and standards throughout Siloam.

Gabrielle Tironi – Director of Corporate Strategy
Gabrielle is the Director of Corporate Strategy in Siloam. He is the Portfolio Management Senior Advisor in CVC Capital Partner Asia. He was the Advisor for M&A Strategy & Operations in PwC Italy and Singapore. He brings more than 10 years of international M&A Strategy & Operations Advisory in different cross-border transactions including Europe and Asia.

Giselle Ley – Supply Chain Management
Giselle is the Head Supply Chain and Program Manager for Demand Planning and Inventory Management improvement initiative in Siloam Hospitals. A year prior, she worked as Category Manager / Lead for Packaging and Indirect Materials & Services in manufacturing industry. She brings more than 15 years of experience in not only system work but includes business improvement initiatives in Supply Chain, specifically data and process improvement initiatives in contract maintenance, materials requirements planning, material and service catalogue, low-value procurement and invoice backlog clearing.
Audit Committee: Independent with High Credentials Members

Members of Audit Committee

**Peter John Chambers – Member**

Peter’s background includes over 25 years of experience in finance, telecommunication and investment oversight. He has occupied senior positions in various companies including Coopers and Lybrand, Axiata and Farallon Capital (as an advisor). His experience includes serving a number of Boards which have included PT XL Axiata and Indomines Pty Ltd. He has also chaired their respective Audit, Remuneration and Risk Committees.

**Charles Rigoux – Member**

Charles is an investment professional at Gateway Partners, an investment firm focused on growth capital and special situations across markets in Southeast Asia, South Asia, the Middle East and Africa. Prior to joining Gateway, he worked at Standard Chartered Bank in the Financial Sponsors Group in Singapore, involved in the origination and execution of M&A and Leveraged Finance transactions in Southeast Asia.

**Ir. Achmad Kurniadi, MBA – Member**

Ir. Achmad has served in Indonesia Investment Coordinating Board (BKPM) with the last position as Deputy Investment Cooperation. He was the Ambassador of the Republic of Indonesia in South Korea and was the Head of Investment in Trade Office and Indonesian Economy in Taiwan. He obtained a Bachelor’s degree in Agronomy from Padjadjaran University, Bandung in and Master of Business Administration from Yonsei University Graduate School of International Studies, South Korea.
Siloam Hospitals Board of Commissioners

**John Riady** - President Commissioner
John currently serves as Director of PT Lippo Karawaci Tbk and various senior executive positions at Lippo Group companies commissioner of PT Matahari Putra Prima Tbk and PT Matahari Department Store Tbk. He holds the position of Editor in Berita Satu Media Holdings and Jakarta Globe. He is also a member of Columbia University’s International Advisory Board.

**Andy N. Purwohardono** – Commissioner
Andy is a Senior Managing Director at CVC Capital Partners and heads their Indonesia office. Prior to joining CVC, he was the President Director and the Head of Investment Bank of PT Morgan Stanley Asia Indonesia for four years. Andy holds a BSc in Industrial Engineering from Oregon State University and an MBA from University of Texas, US.

**Dr. Liem Suet Wun** – Commissioner
Dr. Lim has more than 30 years of experience in healthcare management. His last position was as the CEO of National Healthcare Group and Tan Tock Seng Hospital (TTSH) in Singapore. Dr. Lim has substantively involved with the Nanyang Technological University and Imperial College in London and was awarded the Public Service star by the President of Singapore.

**Dr. Kartini Nurmal Panjaitan Syahrir** - Independent Commissioner
Dr. Kartini serves as a Senior Advisor for Climate Change Issues to the Republic of Indonesia under Coordinating Minister for Maritime Affairs and Investment. She is also the Indonesian representative to the Advisory Board of ASEAN and was the ambassador of Indonesia for Argentina, Uruguay and Paraguay when she was awarded the most prestigious title by the President of Argentina.

**Dr. Rosa C. Ginting** - Independent Commissioner
Dr. Rosa currently serves as President Commissioner and Independent Commissioner of Cigna Indonesia since 2015. She was the President Director of PT Asuransi Jiwa Inhealth Indonesia where she led the company to rapid growth. She bring more than 36 years of experience in the life insurance industry.

**Peter J. Chambers** - Independent Commissioner
Peter’s background includes over 25 years of experience in finance, telecommunication and investment oversight. He has occupied senior positions in various companies including Coopers and Lybrand, Axiata and Farallon Capital (as an advisor). His experience include serving a number of Boards which have included PT XL Axiata and Indomines Pty Ltd. He has also chaired their respective Audit, Remuneration and Risk Committees.

High Calibre Board Members with many years of professional experience in various industries
## Siloam Hospitals Segments

<table>
<thead>
<tr>
<th>Segment</th>
<th>No. of Hospitals</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flagship</td>
<td>3</td>
<td>Well established hospitals with high revenue and profitability</td>
</tr>
<tr>
<td>Mature</td>
<td>13</td>
<td>Profitable with high potential for further capacity growth</td>
</tr>
<tr>
<td>Distinct</td>
<td>4</td>
<td>Operates in distinct niche markets with high profitability profiles</td>
</tr>
<tr>
<td>BPJS</td>
<td>3</td>
<td>More than 60% of revenue is derived from BPJS patients</td>
</tr>
<tr>
<td>Ramping Up</td>
<td>17</td>
<td>Hospitals opened in the last several years</td>
</tr>
</tbody>
</table>

**Total Hospitals:** 40  
**Total Cities:** 29
Siloam’s Strategic Growth to Take Advantage of the Market Potential

Owned Hospitals
- SH Lippo Village
- SH Surabaya
- SH Lippo Cikarang
- SH Jambi
- SH Balikpapan
- BIMC Kuta
- SH Cherub
- SH Sentosa
- SH Jember
- SH Lubuk Linggau
- SH Hosana
- SH Mataram
- SH Bangka Belitung
- SH Cirebon
- SH Palangka Raya
- RSU Kelapa Dua
- SH Ambon
- RSU Syubbanul Wathon
- SH Mampang
- SH Banjarmasin

Leased Hospitals
- SH Lippo Village
- SH Surabaya
- SH MRCCC
- SH Palembang
- SH TB Simatupang
- SH Medan
- SH Buton
- SH Yogyakarta
- SH Semarang
- SH Paal Dua
- SH Lippo Village
- SH Cinere
- SH Bali
- SH Kupang
- SH Labuan Bajo
- SH Bekasi Timur
- SH Palangka Raya
- RSUS/SHLV
- SH Manado
- SH Makassar
- SH Kelapa Dua
- SH Purwakarta
- RSUS/SHLV

Timeline:
- 1996
- 2002
- 2011
- 2012
- 2013*
- 2014
- 2016*
- 2017*
- 2018
- 2019
- 2020
- 2021

* IPO
* Rights Issue
# Siloam Hospitals Operational Results by Segment

<table>
<thead>
<tr>
<th>Segment</th>
<th>Flagship</th>
<th>Mature</th>
<th>Distinct</th>
<th>BPJS</th>
<th>Ramping Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Well established hospitals with high revenue and profitability</td>
<td>Profitable with high potential for further capacity growth</td>
<td>Operates in distinct niche markets with high profitability profiles</td>
<td>More than 60% of revenue is derived from BPJS patients</td>
<td>Hospitals opened in the last 2-5 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Hospitals</th>
<th>3</th>
<th>13</th>
<th>4</th>
<th>3</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IPD Admissions ('000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>7 (+27%)</td>
<td>17 (+11%)</td>
<td>1 (+18%)</td>
<td>5 (-34%)</td>
<td>10 (+12%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>5</td>
<td>15</td>
<td>0.9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9M21</td>
<td>20 (-6%)</td>
<td>53 (-10%)</td>
<td>3 (-21%)</td>
<td>19 (-30%)</td>
<td>30 (+13%)</td>
</tr>
<tr>
<td>9M20</td>
<td>22</td>
<td>59</td>
<td>4</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td><strong>IPD Days ('000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>31 (+22%)</td>
<td>70 (+12%)</td>
<td>3 (36%)</td>
<td>24 (-17%)</td>
<td>49 (+31%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>26</td>
<td>62</td>
<td>2</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>9M21</td>
<td>91 (-1%)</td>
<td>218 (+0.02%)</td>
<td>9 (-13%)</td>
<td>79 (-16%)</td>
<td>145 (+49%)</td>
</tr>
<tr>
<td>9M20</td>
<td>92</td>
<td>218</td>
<td>10</td>
<td>94</td>
<td>97</td>
</tr>
<tr>
<td><strong>OPD Visits ('000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>108 (+1%)</td>
<td>271 (+29%)</td>
<td>17 (+21%)</td>
<td>84 (-17%)</td>
<td>90 (+24%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>107</td>
<td>209</td>
<td>14</td>
<td>101</td>
<td>72</td>
</tr>
<tr>
<td>9M21</td>
<td>334 (2%)</td>
<td>804 (15%)</td>
<td>53 (-8%)</td>
<td>261 (-6%)</td>
<td>254 (+22%)</td>
</tr>
<tr>
<td>9M20</td>
<td>327</td>
<td>697</td>
<td>57</td>
<td>278</td>
<td>208</td>
</tr>
</tbody>
</table>

Note: Hospital units only, excluding clinics and non-hospital units
### Siloam Hospitals Operational Results by Segment

<table>
<thead>
<tr>
<th>Segment</th>
<th>Flagship</th>
<th>Mature</th>
<th>Distinct</th>
<th>BPJS</th>
<th>Ramping Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Well established hospitals with high revenue and profitability</td>
<td>Profitable with high potential for further capacity growth</td>
<td>Operates in distinct niche markets with high profitability profiles</td>
<td>More than 60% of revenue is derived from BPJS patients</td>
<td>Hospitals opened in the last 2-5 years</td>
</tr>
<tr>
<td>No. of Hospitals</td>
<td>3</td>
<td>13</td>
<td>4</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td><strong>Net GOR (IDR bn)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>699 (+12%)</td>
<td>948 (+32%)</td>
<td>81 (+7%)</td>
<td>182 (+32%)</td>
<td>447 (+72%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>625</td>
<td>718</td>
<td>75</td>
<td>138</td>
<td>260</td>
</tr>
<tr>
<td>9M21</td>
<td>2,139 (+23%)</td>
<td>2,763 (+36%)</td>
<td>266 (+3%)</td>
<td>513 (+29%)</td>
<td>1,249 (+126%)</td>
</tr>
<tr>
<td>9M20</td>
<td>1,735</td>
<td>2,028</td>
<td>258</td>
<td>397</td>
<td>553</td>
</tr>
<tr>
<td><strong>NOR (IDR bn)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>520 (+7%)</td>
<td>759 (+23%)</td>
<td>60 (+5%)</td>
<td>152 (+42%)</td>
<td>381 (+76%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>486</td>
<td>619</td>
<td>57</td>
<td>107</td>
<td>217</td>
</tr>
<tr>
<td>9M21</td>
<td>1,620 (+22%)</td>
<td>2,221 (+37%)</td>
<td>200 (+3%)</td>
<td>421 (+40%)</td>
<td>1,069 (+142%)</td>
</tr>
<tr>
<td>9M20</td>
<td>1,330</td>
<td>1,627</td>
<td>194</td>
<td>302</td>
<td>442</td>
</tr>
<tr>
<td><strong>EBITDA (IDR bn)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>168 (+13%)</td>
<td>304 (+51%)</td>
<td>9(+736%)</td>
<td>49 (+153%)</td>
<td>163 (+112%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>148</td>
<td>201</td>
<td>1</td>
<td>20</td>
<td>77</td>
</tr>
<tr>
<td>9M21</td>
<td>505 (+30%)</td>
<td>787 (+82%)</td>
<td>37 (-18%)</td>
<td>97 (+257%)</td>
<td>383 (+615%)</td>
</tr>
<tr>
<td>9M20</td>
<td>388</td>
<td>431</td>
<td>45</td>
<td>27</td>
<td>54</td>
</tr>
</tbody>
</table>

Note:

*EBITDA calculated with the new accounting policy*
### Siloam Hospitals Operational Results per Region

<table>
<thead>
<tr>
<th>Segment</th>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area</strong></td>
<td>Jakarta &amp; Greater Jakarta</td>
<td>Java (excl. Jakarta)</td>
<td>Bali &amp; Nusa Tenggara</td>
<td>Sulawesi &amp; Kalimantan</td>
<td>Sumatera</td>
</tr>
<tr>
<td>No. of Hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IPD Admissions (’000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>11 (+5%)</td>
<td>9 (-9%)</td>
<td>7 (-1%)</td>
<td>8 (+13%)</td>
<td>5 (+22%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>10</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>9M21</td>
<td>35 (-6%)</td>
<td>29 (-14%)</td>
<td>22 (-10%)</td>
<td>24 (-7%)</td>
<td>16 (-8%)</td>
</tr>
<tr>
<td>9M20</td>
<td>37</td>
<td>34</td>
<td>24</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td><strong>IPD Days (’000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>57 (+20%)</td>
<td>37 (+7%)</td>
<td>28 (-5%)</td>
<td>31 (+9%)</td>
<td>24 (+45%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>47</td>
<td>35</td>
<td>30</td>
<td>29</td>
<td>17</td>
</tr>
<tr>
<td>9M21</td>
<td>174 (+17%)</td>
<td>119 (+3%)</td>
<td>86 (-7%)</td>
<td>95 (-1%)</td>
<td>69 (+16%)</td>
</tr>
<tr>
<td>9M20</td>
<td>150</td>
<td>115</td>
<td>93</td>
<td>96</td>
<td>59</td>
</tr>
<tr>
<td><strong>OPD Visits (’000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>168 (-0.3%)</td>
<td>133 (15%)</td>
<td>90 (-2%)</td>
<td>99 (+33%)</td>
<td>79 (+51%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>169</td>
<td>116</td>
<td>92</td>
<td>74</td>
<td>53</td>
</tr>
<tr>
<td>9M21</td>
<td>532 (+3%)</td>
<td>392 (+9%)</td>
<td>277 (-1%)</td>
<td>279 (+15%)</td>
<td>226 (33%)</td>
</tr>
<tr>
<td>9M20</td>
<td>517</td>
<td>358</td>
<td>279</td>
<td>243</td>
<td>170</td>
</tr>
</tbody>
</table>

**Note:** Hospital units only, excluding clinics and non-hospital units
<table>
<thead>
<tr>
<th>Segment</th>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>Jakarta &amp; Greater Jakarta</td>
<td>Java (excl. Jakarta)</td>
<td>Bali &amp; Nusa Tenggara</td>
<td>Sulawesi &amp; Kalimantan</td>
<td>Sumatera</td>
</tr>
<tr>
<td>No. of Hospitals</td>
<td>9</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Net GOR (IDR bn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>1,021 (+17%)</td>
<td>317 (+39%)</td>
<td>379 (+37%)</td>
<td>343 (+40%)</td>
<td>297 (+55%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>876</td>
<td>228</td>
<td>276</td>
<td>244</td>
<td>191</td>
</tr>
<tr>
<td>9M21</td>
<td>3,179 (+37%)</td>
<td>972 (+51%)</td>
<td>1,057 (+27%)</td>
<td>930 (+39%)</td>
<td>792 (+59%)</td>
</tr>
<tr>
<td>9M20</td>
<td>2,326</td>
<td>645</td>
<td>829</td>
<td>670</td>
<td>499</td>
</tr>
<tr>
<td>NOR (IDR bn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>788 (+14%)</td>
<td>261 (+14%)</td>
<td>311 (+43%)</td>
<td>278 (+41%)</td>
<td>234 (+55%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>692</td>
<td>228</td>
<td>218</td>
<td>198</td>
<td>151</td>
</tr>
<tr>
<td>9M21</td>
<td>2,488 (+39%)</td>
<td>804 (+46%)</td>
<td>854 (+33%)</td>
<td>762 (+45%)</td>
<td>622 (+62%)</td>
</tr>
<tr>
<td>9M20</td>
<td>1,793</td>
<td>551</td>
<td>641</td>
<td>526</td>
<td>384</td>
</tr>
<tr>
<td>EBITDA (IDR bn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3Q21</td>
<td>209 (-7%)</td>
<td>55 (-7%)</td>
<td>116 (+111%)</td>
<td>120 (+72%)</td>
<td>76 (+97%)</td>
</tr>
<tr>
<td>3Q20</td>
<td>225</td>
<td>58</td>
<td>55</td>
<td>70</td>
<td>38</td>
</tr>
<tr>
<td>9M21</td>
<td>738 (+48%)</td>
<td>164 (+216%)</td>
<td>264 (+49%)</td>
<td>287 (+104%)</td>
<td>174 (+127%)</td>
</tr>
<tr>
<td>9M20</td>
<td>499</td>
<td>52</td>
<td>177</td>
<td>140</td>
<td>77</td>
</tr>
</tbody>
</table>

Note: EBITDA calculated with the new accounting policy
Operational Results per Quarter

**Operational Results per Quarter – Inpatient Admissions**

<table>
<thead>
<tr>
<th></th>
<th>2Q20</th>
<th>3Q20</th>
<th>4Q20</th>
<th>1Q21</th>
<th>2Q21</th>
<th>3Q21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>33</td>
<td>38</td>
<td>41</td>
<td>41</td>
<td>46</td>
<td>39</td>
</tr>
<tr>
<td>Change</td>
<td>+16%</td>
<td>+7%</td>
<td>-0.6%</td>
<td>+13%</td>
<td>-14%</td>
<td></td>
</tr>
</tbody>
</table>

**Operational Results per Quarter – Inpatient Days**

<table>
<thead>
<tr>
<th></th>
<th>2Q20</th>
<th>3Q20</th>
<th>4Q20</th>
<th>1Q21</th>
<th>2Q21</th>
<th>3Q21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>127</td>
<td>157</td>
<td>169</td>
<td>180</td>
<td>186</td>
<td>177</td>
</tr>
<tr>
<td>Change</td>
<td>+24%</td>
<td>+8%</td>
<td>+7%</td>
<td>+3%</td>
<td>-5%</td>
<td></td>
</tr>
</tbody>
</table>

**Operational Results per Quarter – Occupancy Rate**

<table>
<thead>
<tr>
<th></th>
<th>2Q20</th>
<th>3Q20</th>
<th>4Q20</th>
<th>1Q21</th>
<th>2Q21</th>
<th>3Q21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>41.6%</td>
<td>47.8%</td>
<td>51.1%</td>
<td>52.8%</td>
<td>55.0%</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

**Operational Results per Quarter – Outpatient Visits**

<table>
<thead>
<tr>
<th></th>
<th>2Q20</th>
<th>3Q20</th>
<th>4Q20</th>
<th>1Q21</th>
<th>2Q21</th>
<th>3Q21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>347</td>
<td>512</td>
<td>524</td>
<td>545</td>
<td>591</td>
<td>569</td>
</tr>
<tr>
<td>Change</td>
<td>+47%</td>
<td>+2%</td>
<td>+4%</td>
<td>+9%</td>
<td>+9%</td>
<td></td>
</tr>
</tbody>
</table>
Revenue Growth by Payer Group (IDR bn)

% Contribution to NGOR (3Q20 vs 3Q21)

Reimbursement for COVID treatment is labelled MoH*.

Payee Group Contribution to NGOR

*Revenue from COVID reimbursement is labelled ‘Ministry of Health (MoH)’.
Top 3 Shareholders

PT Lippo Karawaci Tbk (Ownership as of 31 Sept 2021: 55.4%)

PT Lippo Karawaci Tbk (ticker: LPKR) is the majority shareholder of Siloam and has significantly supported Siloam Hospitals in driving growth and profitability.

CVC Capital Partners (Ownership as of 31 Sept 2021: 26.18%)

CVC Capital provides Siloam’s management with relevant expertise and advice to create value for shareholders. CVC has 1 board representative in Siloam’s Board of Commissioners and 1 Board of Director.

Marubeni Group (Ownership as of 31 Sept 2021: 4.99%)

Marubeni Group is a well-known large global companies with strong footprints in various industries, including healthcare. In early 2020, Marubeni joined Siloam’s shareholding with approximately 4.99% ownership.
Siloam Hospitals Head Office
Fakultas Kedokteran Univeritas Pelita Harapan – 32nd Floor
Jl. Boulevard Sudirman No. 15, Lippo Village
Tangerang, Banten 15811, Indonesia

Online
Website: www.siloamhospitals.com/investor-relations
Contact: Joel Ellis (Head of Investor Relations)
joel.ellis@siloamhospitals.com

Care and Compassion for the Nation