



AJJ MEDTECH HOLDINGS LIMITED
(Company Registration No. 198403368H)
(Incorporated in the Republic of Singapore)

RELEASE OF PUBLIC-FACING Q&A ON AJJ × HUAXI HIT-1 HUMANOID ELDERCARE ROBOT PLATFORM

The Board of Directors (the “Board”) of AJJ Medtech Holdings Limited (the “Company”, and together with its subsidiaries, the “Group”) wishes to announce that the Group’s Research Division has prepared a public-facing Questions and Answers document titled:

“AJJ × Huaxi HIT-1 Humanoid Eldercare Robot Platform — Institutional, Commercial, Technical, Compliance and Governance Q&A”
(the “Public Q&A”).

The Public Q&A has been prepared by **AJJ Research** as an explanatory and governance-support document for institutional, commercial, technical, compliance and procurement communication relating to the AJJ × Huaxi HIT-1 humanoid eldercare robot platform (“HIT-1”).

Purpose of the Public Q&A

The Public Q&A is intended to help government agencies, eldercare institutions, data engineers, healthcare compliance officers, procurement committees, investors and other stakeholders gain a more systematic understanding of HIT-1’s product positioning, functional boundaries, deployment logic, commercial evaluation framework and compliance controls.

HIT-1 should not be simply understood as a single robotic device. Rather, it should be understood as an AI-assisted eldercare operations platform built around real-world eldercare institutional operating scenarios, with a humanoid robot serving as the front-end entry point. The purpose of the Public Q&A is to explain, in a public, prudent and understandable manner, how HIT-1 may provide platform-level support to eldercare institutions in areas such as care workflow, night-shift operations, health and safety observation, companionship and communication, cognitive engagement, documentation, human review, audit traceability, data governance and system integration.

The Public Q&A is also intended to establish a consistent external communication language, enabling investors, institutional customers, technical teams, compliance personnel and procurement decision-makers to distinguish HIT-1’s care-support capabilities, commercial evaluation logic, technical implementation boundaries and regulatory compliance boundaries, and to avoid misunderstanding HIT-1 as an autonomous medical diagnostic system, automated clinical decision-making system, caregiver-replacement tool, profit-forecasting tool or confirmed revenue source.

The Public Q&A covers, among other matters:

1. the positioning of HIT-1 as an AI-assisted eldercare operations platform with humanoid robotic front-end capabilities;

2. the commercial value of HIT-1 for eldercare institutions, including care workflow support, night-shift operational support, health and safety observation, companionship and communication, cognitive engagement, documentation support and audit traceability;
3. the evaluation of HIT-1 using planning frameworks such as TCV, TCO, ROI, payback period and risk-adjusted institutional value;
4. the distinction between caregiver-capacity release and caregiver replacement;
5. the HSA Class A notification scope, notified intended-use scope, functional boundaries and further regulatory review considerations;
6. PDPA, data governance, human review, system integration, access control, audit records and confidentiality boundaries;
7. deployment, installation, training, after-sales service, maintenance arrangements and institution-specific on-site implementation conditions; and
8. the arrangement for detailed technical interface materials, device protocols, system architecture, network configuration, data fields, acceptance criteria and security-control materials to be managed separately as confidential technical appendices, project-specific SOWs, system integration documents or authorised technical review materials.

HSA Class A Notification and Intended-Use Scope

The Company notes that HIT-1 has completed HSA Class A medical device notification under **Notification No. MDPN260701F1560**, with notification date **1 July 2026**.

The notified intended-use scope includes multiple notified intended-use items / functions, including physiological health monitoring, fall detection, companionship and communication, medication management reminders, hazardous gas detection, sleep monitoring, continuous patient monitoring, bed-exit detection and alerts, chronic-disease management support, family communication support, orientation support, activity assistance, documentation support, and AI-generated alerts and information.

The Company wishes to emphasise that the HSA Class A notification should not be interpreted as clinical validation, autonomous medical diagnosis, treatment decision-making, automated clinical triage, automated risk stratification, or replacement of licensed nursing, caregiving or medical personnel.

Any future function involving diagnosis, treatment decision-making, active clinical risk assessment, automated triage, regulated EMR integration, cross-border health-data processing, medical-device data linkage or higher-level AI medical use will be subject to further review based on its specific intended use, data type, clinical impact, deployment scenario and applicable regulatory requirements.

Governance and Disclosure-Control Position

The Public Q&A has been prepared as a public communication and governance-support document. It does not disclose personally identifiable resident data, confidential patient records, site-specific institution data, source code, confidential interface specifications, security credentials or non-public technical parameters.

The Board wishes to emphasise that the Public Q&A:

1. does not constitute legal advice, medical advice, clinical validation, HSA approval, independent technical certification or procurement advice;
2. does not constitute an announcement of a new material contract, revenue recognition, profit forecast, financial commitment, regulatory approval or any guarantee of commercial, financial or operational outcomes;

3. should not be interpreted as a commitment by the Company regarding revenue realisation, cost savings, manpower reduction, clinical outcomes, deployment approval or regulatory permissions beyond the scope of the Company's publicly disclosed information; and
4. is intended to explain product positioning, functional boundaries, deployment logic and governance controls in a public-facing manner.

Any actual deployment, procurement, system integration, pilot, scale-up, data processing or on-site use of HIT-1 remains subject to contractual arrangements, site assessment, internal approvals, user training, institutional SOPs, PDPA and other applicable compliance requirements and, where necessary, further HSA or other regulatory review.

Detailed materials relating to interfaces, device protocols, system architecture, network configuration, data fields, acceptance criteria and security controls will be managed separately as confidential technical appendices, project-specific statements of work, system integration documents or authorised technical review materials, and will not be disclosed as part of the Public Q&A.

Publication

A copy of the Public Q&A is attached to this announcement. The English and Chinese versions of the Public Q&A will also be made available on the Company's website at:

www.ajjmedtech.com.sg/publication

Shareholders and investors are advised to exercise caution when dealing in the securities of the Company. Persons who are in doubt as to the action they should take should consult their stockbrokers, bank managers, solicitors, accountants or other professional advisers.

BY ORDER OF THE BOARD

Dr Tan Wei Jie

Chief Executive Officer and Executive Director

Date: 13th July 2026

This document has been reviewed by the Company's sponsor, Evolve Capital Advisory Private Limited (the "Sponsor"). It has not been examined or approved by the Singapore Exchange Securities Trading Limited (the "Exchange") and the Exchange assumes no responsibility for the contents of this document, including the accuracy, completeness or correctness of any of the information, statements or opinions made or reports contained in this document.

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