

### 1. DETAILS OF CASE

<b>Court Order No.</b>	
<b>Date of Court Order</b>	
<b>Name of P</b>	
<b>Identification No. of P</b>	_____ <last 4 digits>
<b>Cause of Mental Incapacity</b>	

*Note:*

- Please use additional form in [Annex \(A\) -Additional Forms – \(1\) Deputyship Appointment](#) if there are additional Deputy(ies) appointed in this deputyship case.

### 2. REPORT DETAILS

<b>Report Id</b>	
<b>Reporting Period</b>	
<b>Submission Due Date</b>	

### 3. UPDATE OF DEPUTY'S PARTICULARS

<b>Deputy #1</b>			
<b>Name of Deputy</b>			
<b>NRIC/FIN NO.</b>	_____ <last 4 digits>		
<b>(A) Registered Address</b>			
<b>Postal Code</b>		<b>Block/ House No.</b>	
<b>Street Name</b>			
<b>Building Name</b>			
<b>Floor No.</b>		<b>Unit No.</b>	

<b>(B) Correspondence Address</b>			
<b>Postal Code</b>		<b>Block/ House No.</b>	
<b>Street Name</b>			
<b>Building Name</b>			
<b>Floor No.</b>		<b>Unit No.</b>	
<b>Contact Details</b>			
<b>Mobile Number</b>		<b>Residential Contact Number</b>	
<b>Office Contact Number</b>			
<b>Email Address</b>			

*Note:*

- Please use additional form in [Annex \(A\) -Additional Forms – \(2\) Update of Deputy Particulars](#) if there are additional Deputy Particulars to be updated for this report.

#### 4. UPDATE OF P'S PARTICULARS

<b>Name of P</b>			
<b>NRIC / FINNo.</b>	____ <last 4 digits>		
<b>Marital Status</b>			
<b>(A) Registered Address</b>			
<b>Postal Code</b>		<b>Block/ House No.</b>	
<b>Street Name</b>			
<b>Building Name</b>			
<b>Floor No.</b>		<b>Unit No.</b>	
<b>(B) Residential Address</b>			
<b>Postal Code</b>		<b>Block/ House No.</b>	
<b>Street Name</b>			
<b>Building Name</b>			
<b>Floor No.</b>		<b>Unit No.</b>	
<b>Contact Details</b>			
<b>Mobile Number</b>			

<b>Email Address</b>	
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### 5. P'S PERSONAL WELFARE MATTERS

(To be completed by Deputy(ies) with **Personal Welfare decision-making** authority)

Current Living Arrangements	
<b>Where is P staying at?</b>	<input type="checkbox"/> Own Home <input type="checkbox"/> Deputy's Home <input type="checkbox"/> Other family members home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Others (Please Specify):
<b>When did P start staying at the current residence?</b>	
<b>How often does Deputy visit P?</b>	<input type="checkbox"/> Daily <input type="checkbox"/> At least once a week <input type="checkbox"/> At least once a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Do not know
<b>Who is P living with?</b>	<input type="checkbox"/> Deputy <input type="checkbox"/> Other family members <input type="checkbox"/> Foreign domestic workers <input type="checkbox"/> Others (please specify):
Activities of Daily Living	
<b>Washing</b>	<i>P can get into the bath or shower and wash their face and body.</i>
<input type="checkbox"/> Independent <input type="checkbox"/> Requires help/supervision <input type="checkbox"/> Unable to do <input type="checkbox"/> Do not know	
<b>Toileting</b>	<i>P can get to and from the toilet, use it properly and clean up after. This also includes the ability to wear diapers without help.</i>
<input type="checkbox"/> Independent <input type="checkbox"/> Requires help/supervision <input type="checkbox"/> Unable to do <input type="checkbox"/> Do not know	
<b>Dressing</b>	<i>P can choose and wear clothes and put on any artificial limbs or medical appliances without help.</i>
<input type="checkbox"/> Independent <input type="checkbox"/> Requires help/supervision <input type="checkbox"/> Unable to do <input type="checkbox"/> Do not know	
<b>Feeding</b>	<i>P can feed oneself. This does not include preparing one's own food.</i>
<input type="checkbox"/> Independent <input type="checkbox"/> Requires help/supervision <input type="checkbox"/> Unable to do <input type="checkbox"/> Do not know	

<b>Mobility</b>	<i>P can sit, stand and move from one place to another.</i>		
<input type="checkbox"/> Independent	<input type="checkbox"/> Requires help/supervision	<input type="checkbox"/> Unable to do	<input type="checkbox"/> Do not know
<b>Transferring</b>	<i>P can move from a bed to a chair or wheelchair, and vice versa.</i>		
<input type="checkbox"/> Independent	<input type="checkbox"/> Requires help/supervision	<input type="checkbox"/> Unable to do	<input type="checkbox"/> Do not know
<b>Care Arrangements</b>			
<b>Name of P's Main Caregiver</b>			
<b>Contact No. of P's Main Caregiver</b>			

<b>Medical Condition</b>
<p><b>P's Medical Condition</b></p> <p><i>Please list out P's major medical conditions that require long-term care and supervision, including medical conditions diagnosed after the last reporting period. Examples include but not limited to diabetes, heart disease, cancer, stroke.</i></p>
<b>Medical Treatment Required</b>
<i>Please describe the medical treatment prescribed (eg. medication, physiotherapy)</i>

## 6. P'S PROPERTY & AFFAIRS MATTER

*(To be completed by Deputy(ies) with **Property and Affairs decision-making** authority)*

### 6.1 P's Assets

#### 6.1.1 P's Bank Account(s)

Please provide the details below if applicable.

<b>Bank Account #1</b>
<b>Bank Name</b>
<input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> DBS Bank

<input type="checkbox"/> POSB	<input type="checkbox"/> Standard Chartered Bank
<input type="checkbox"/> Hongkong and Shanghai Banking Corporation (HSBC)	<input type="checkbox"/> United Overseas Bank
<input type="checkbox"/> Oversea-Chinese Banking Corporation Bank (OCBC)	<input type="checkbox"/> Others (please specify): _____
<b>Account No.</b>	
<b>Account Name(s)</b>	
<b>Balance as at start of reporting period</b>	<b>S\$</b>
<b>Balance as at end of reporting period</b>	<b>S\$</b>

*Note:*

- Please use additional form in [Annex \(A\) Additional Forms - \(3\) P's Bank Account\(s\)](#) if there are additional Bank Accounts to be submitted for this report.
- Please provide the available bank account(s) statements for the bank account(s) when you submit this report.
- Please insert amount of Total Opening Balances of all Bank Account into 6.7 P's Cashflow Summary
- Please insert amount of Total Closing Balances of all Bank Account into 6.7 P's Cashflow Summary

**6.1.2 P's CPF Accounts**

Please provide the details below if applicable.

	<b>Balance at start of reporting period</b>	<b>Balance at end of reporting period</b>
<b>Ordinary Account</b>	<b>S\$</b>	<b>S\$</b>
<b>Special Account</b>	<b>S\$</b>	<b>S\$</b>
<b>Retirement Account</b>	<b>S\$</b>	<b>S\$</b>
<b>Medisave Account</b>	<b>S\$</b>	<b>S\$</b>

*Note:*

- Please provide the available CPF statements when you submit this report.

**6.1.3 P's Property(ies)**

Please provide the details below if applicable.

<b>P's Property #1</b>	
<b>Property Type</b>	
<input type="checkbox"/> HDB	<input type="checkbox"/> Private Property <input type="checkbox"/> Overseas Property <input type="checkbox"/> Others (please specify): _____
<b>Property value at end of reporting period</b>	<b>S\$</b>
<b>Property Address</b>	
<b>Percentage share of P's Property (%)</b>	_____ %
<b>Property was sold in this reporting period</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note:*

- Please use additional form in [Annex \(A\) Additional Forms – \(4\) P's Property\(ies\)](#) if there are additional Property(ies) to be submitted for this report.
- Please provide documents on ownership of property when you submit this report.

## 6.2 P's Expected Sources of Incomes

### 6.2.1 P's Rental Income(s)

Please provide the details below if applicable.

<b>Rental #1</b>	
<b>Property Type</b>	
<input type="checkbox"/> HDB	<input type="checkbox"/> Private Property <input type="checkbox"/> Overseas Property <input type="checkbox"/> Others (please specify): _____
<b>Property Address</b>	
<b>Monthly Rental Income</b>	<b>S\$</b>

*Note:*

- Please use additional form in [Annex \(A\) Additional Forms – \(6\) P's Rental Income\(s\)](#) if there are additional Rental Income(s) to be submitted for this reported.
- Please provide documents of the rental contract stating the amount when you submit this report.

**6.3 P's Expected Pay-outs**

**6.3.1 P's Insurance(s)**

Please provide the details below if applicable.

Insurance #1	
Insurance Company	
Policy No.	
Amount	S\$
Payment Date	

*Note:*

- Please use additional form in [Annex \(A\) – Additional Forms – \(9\) P's Insurance\(s\)](#) if there are additional Insurance to be submitted for this report.
- Please provide the supporting documents stating the expected pay-out amounts when you submit this report.

**6.4 P's Liabilities & Debts**

**6.4.1 P's Mortgage(s)**

Please provide the details below if applicable.

Mortgage #1	
<b>Bank Name</b>	
<input type="checkbox"/> Citibank <input type="checkbox"/> DBS Bank <input type="checkbox"/> POSB <input type="checkbox"/> Hongkong and Shanghai Banking Corporation (HSBC) <input type="checkbox"/> Oversea-Chinese Banking Corporation Bank (OCBC)	<input type="checkbox"/> Maybank <input type="checkbox"/> Standard Chartered Bank <input type="checkbox"/> United Overseas Bank <input type="checkbox"/> Others (please specify): <hr/>
<b>Monthly Repayment Amount</b>	<b>S\$</b>
<b>Amount as at start of reporting period</b>	<b>S\$</b>

<b>Amount as at end of reporting period</b>	<b>S\$</b>
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*Note:*

- Please use additional form in [Annex \(A\) – Additional Forms – \(13\) P's Mortgage\(s\)](#) if there are additional Properties to be reported.
- Please provide the relevant documents stating the outstanding amount of the mortgage(s) when you submit this report.

**6.5 Monies Received**

<b>Categories</b>				
Please insert a category from below for each of the entry(ies).				
1. Rental/Property Sales	4. Insurance	7. CPF		
2. Salary/Pension	5. Government Support	8. Others		
3. Compensation	6. Income from Investments			
<b>S/N</b>	<b>Category</b>	<b>Description</b>	<b>Amount</b>	<b>Received Date</b>
1				
2				
3				
4				
5				
6				



7				
8				
9				
10				
<b>[A] Total Monies Received during Reporting Period</b>			<b>\$</b> _____	

*Note:*

- Please use additional form in [Annex \(A\) – Additional Forms – \(17\) Monies Received](#) if there are additional Monies Received entry(ies) to be submitted for this report.
- Please provide the relevant documents for each of the monies received entry(ies) above when you submit this report.

**6.6 Monies Spent on P**

**Categories**

Please insert a category from below for each of the entry(ies).

- |                    |                      |                      |
|--------------------|----------------------|----------------------|
| 1. Food & Sundries | 2. FDW Salary & Levy | 4. Professional Fees |
|                    | 3. Nursing Home Fees | 5. Loan Repayment    |
|                    |                      | 6. Others            |

S/N	Category	Description	Amount	Spent Date
1				
2				

3				
4				
5				
6				
7				
8				
9				
10				
<b>[A] Total Monies Spent on P during Reporting Period</b>			<b>S\$</b> _____	

*Note:*

- Please use additional form in [Annex \(A\) – Additional Forms – \(18\) Monies Spent on P](#) if there are additional Monies Spent on P entry(ies) to be submitted for this report.
- Please provide the relevant documents for each of the monies spent on P entry(ies) above when you submit this report.

*Please insert amount of Total Monies Spent on P during Reporting Period into 6.7 P's Cashflow Summary*

6.7 P's Cashflow Summary

Summary of P's Bank Account Balances (as provided in 8.1.1 P's Bank Account(s))		
<b><sup>1</sup>Total Opening Balances of all Bank Account at Start of Reporting Period</b>		<b>S\$</b>
<b><sup>2</sup>Total Closing Balances of all Bank Account at End of Reporting Period</b>		<b>S\$</b>
<b>A</b>	<b><sup>3</sup>Net change to bank balances (Total Closing Balance minus Total Opening Balance)</b>	<b>S\$</b>
<b><sup>4</sup>Total Monies Received during Reporting Period</b>		<b>S\$</b>
<b><sup>5</sup>Total Monies Spent on P during Reporting Period</b>		<b>S\$</b>
<b>B</b>	<b><sup>6</sup> P's Net Cashflow for the Reporting Period (Total Monies Received minus Total Monies Spent on P)</b>	<b>S\$</b>
<b>Please state reasons if (A) - (B) is not equal to S\$0.00</b>		

Note:

- If you have added additional entries in Annex (A), please include the applicable values from these records when computing the values above.

<sup>1</sup> Total opening balances of all Bank Account at Start of Reporting Period = Sum of the opening balances (refer to **6.1.1 P's Bank Account(s)**)

<sup>2</sup> Total closing balances of all Bank Account at End of Reporting Period = Sum of the following closing balances (refer to **6.1.1 P's Bank Account(s)**)

<sup>3</sup> Sum of closing balances minus sum of opening balances

<sup>4</sup> Total Monies Received during Reporting Period = Sum of monies received amount refer to **6.5 Monies Received**

<sup>5</sup> Total Monies Spent on P during Reporting Period = Sum of monies spent amount refer to **6.6 Monies Spent**

<sup>6</sup>P's Net Cashflow for the Reporting Period = Total Monies Received minus Total Monies Spent on P

**7. TASK LIST**

<b>Task #1</b>			
<b>Task Description</b> (This has been pre-filled by OPG. Please do not change this)			
<b>Paragraph No.</b> (This has been pre-filled by OPG. Please do not change this)		<b>Deadline</b> (This has been pre-filled by OPG. Please do not change this)	
<b>Assigned to</b> (This has been pre-filled by OPG. Please do not change this)			
<b>Have you completed this task?</b> Please complete (A) if you have selected 'Yes' (B) if you have selected 'No'		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(A) I have completed this task</b>			
<b>When you complete this task?</b>			
<b>(B) I have NOT completed this task</b>			
<b>Please provide a reason for not completing the task.</b>			
<b>Please state a reasonable date for completion. (subject to the approval of OPG)</b>			
<b>Task #2</b>			
<b>Task Description</b>			

<b>Paragraph No.</b>		<b>Deadline</b>	Click or tap to enter a date.
<b>Assigned to</b>			
<b>Have you completed this task?</b> Please complete (A) if you have selected 'Yes' (B) if you have selected 'No'		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(A) I have completed this task</b>			
<b>When you complete this task?</b>			
<b>(B) I have NOT completed this task</b>			
<b>Please provide a reason for not completing the task.</b>			
Please state a reasonable date for completion. (subject to the approval of OPG)			
<b>Task #3</b>			
<b>Task Description</b>			
<b>Paragraph No.</b>		<b>Deadline</b>	Click or tap to enter a date.
<b>Assigned to</b>			
<b>Have you completed this task?</b> Please complete (A) if you have selected 'Yes' (B) if you have selected 'No'		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(A) I have completed this task</b>			
<b>When you complete this task?</b>			
<b>(B) I have NOT completed this task</b>			
<b>Please provide a reason for not completing the task.</b>			

Please state a reasonable date for completion. (subject to the approval of OPG)	
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Note:

Please provide the relevant supporting document for completed tasks when you submit this report.

## **8. SUPPORTING DOCUMENTS**

Please ensure that the following applicable supporting documents are provided when you submit this report:

- Bank Account Statements or documents stating the opening and closing balance of P's bank account(s)
- CPF Account Statements or document stating the opening and closing balance of P's CPF account(s)
- Documents on ownership of P's property(ies) and asset(s)
- Documents stating the rental amount(s) to be received by P
- Salary slips or documents stating the salary or income amount
- Documents stating the expected pay-out amounts and total amounts to be received for Insurance(s), Compensation(s), Government Support(s) and other expected pay-out(s)
- Documents stating the Total Amounts and Remaining Payable amounts for P's Mortgage(s), Bank Loan(s), Credit Card Debt(s) or other debt(s)

**9. DEPUTY'S DECLARATION**

I/We declare that I/we have carried out our duties as a Deputy in accordance with the requirements of the Mental Capacity Act, Mental Capacity Regulations and the Code of Practice.

I/We confirm that I/we have taken all practicable steps to discuss with all other Deputies regarding the information given in this report and they have given their consent, agreement and/or approval for the submission of this report.

I/We confirm that the statements and information I/we have given in this report are true and correct to the best of our knowledge, information and belief. The documents submitted along with this report are true and genuine based on the documents and/or information in our possession, custody and control. I/We are aware of the provisions of the Oath and Declaration Act 2000 and that I/We shall be subject to the penalties provided by that Act for the making of false statements in the statutory declarations.

<b>Signature of Deputy</b>	<b>Signature of 2<sup>nd</sup> Deputy (if applicable)</b>
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

**Important Note:**

To be duly completed and signed by ALL deputies. Incomplete report will be rejected.

## **MODE OF SUBMISSION**

Please submit your completed deputy report with relevant supporting documents by the due date, via:

- a) Email to [opg\\_deputyship@msf.gov.sg](mailto:opg_deputyship@msf.gov.sg)
- b) By post at OPG located at **Family @Enabling Village at 20 Lengkok Bahru #04-02, Singapore 159053**; or

Please contact OPG via email or at **1800-111-2222** if you require clarification or assistance to complete the deputy report.