

BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE:

- The Class 1 Label allows drivers with physical disabilities to park at the accessible lots.
- The Class 1 Label is non-transferable and can only be used when the registered vehicle is driven by the driver with physical disability.
- To be eligible, drivers must be certified by a Singapore registered medical doctor as requiring the use of bulky mobility aids and a wider space to embark or disembark safely from their vehicles. Bulky mobility aids refer to wheelchairs, walking frames and lower limb prostheses.
- The instructions for completing and submitting the application form are provided on the next page.
- SG Enable may reject any application that is incomplete or is not supported by the required documents specified.

CONTACT US:

Infoline: 1800 8585 885
Website: www.sgenable.sg

TERMS AND CONDITIONS

1	GENERAL – CLASS 1 LABEL
1.1	Only one vehicle per label can be registered.
1.2	Only one label will be issued to each qualified driver with physical disability.
1.3	The label is only issued to Singapore registered vehicles.
1.4	The label is only issued to drivers who possess a valid Singapore driving licence.
1.5	The qualified driver with physical disability can park in the accessible lot for any duration.
1.6	The label must be displayed prominently on the left side of the front windscreen of the registered vehicle.
1.7	The label is non-transferable and can only be used when the registered vehicle is driven by the driver with physical disability.
1.8	Upon expiry, labels are deemed invalid and should not be used. Please dispose of the label properly.
2	OTHER USEFUL INFORMATION
2.1	All prevailing parking charges shall apply.
2.2	The use of the accessible parking lot is on availability basis.
2.3	The use of accessible parking lots is subjected to the prevailing legislation, rules and regulations governing the use of car parks or any requirements by the car park operators and any other amendments which may be introduced from time to time.
2.4	To report suspected misuse of the accessible lots, please call <ul style="list-style-type: none">• Enforcement hotline - Land Transport Authority (LTA), Housing & Development Board (HDB) and Urban Redevelopment Authority (URA) @ 1800 338 6622, or• Respective car park operators

Inclusive society, Enabled lives.

ELIGIBILITY

Medically certified to have a physical disability or any of the following medical condition which causes mobility constraint:

- Cerebral Palsy
- Loss of lower limbs
- Muscular Dystrophy
- Poliomyelitis

Medically certified to require the use of bulky mobility aids (wheelchairs, walking frames or lower limb prostheses) and a wider space to embark or disembark safely from their vehicles

Possess a valid Singapore driving licence

SUPPORTING DOCUMENTS

The **Application Form** has to be signed by the applicant and submitted with the following supporting documents:

- **Mobility Report** to be completed by a Singapore registered medical doctor
- Clear **photocopy of the Applicant's NRIC** (Front and Back)
- Clear **photocopy of the Applicant's Singapore driving licence** (Front and Back)
- Clear **photocopy of the Vehicle Registration Details**
- Clear **photocopy of Car Rental Agreement** if your vehicle is a rental car

FOR APPLICANTS BELOW 21 YEARS OLD

Supporting documents proving the relationship between Parent/Legal Guardian and the Applicant:

- Clear **photocopy of the Applicant's Birth Certificate**, and/or
- Clear **photocopy of the Parent/Legal Guardian's NRIC** (Front and Back)

For Donee(s) acting under a Lasting Power of Attorney granted by the Applicant or Deputy(ies) appointed by the Court:

- Clear **photocopy of NRIC** (Front and Back) **of Donee(s)/Deputy(ies)**
- Clear **photocopy of the Registered Lasting Power of Attorney/Order of Court**

PROCESSING TIME

Upon receipt of the completed application form and all required supporting documents, SG Enable requires up to 15 working days to process the application.

SEND APPLICATION TO

Mailing Address: SG Enable
20 Lengkok Bahru, #01-01
Singapore 159053
Attn: Car Park Label Scheme

Email : carparklabels@sgenable.sg

Inclusive society, Enabled lives.

Please tick where applicable

*Please circle where applicable

A. APPLICATION TYPE (PLEASE SELECT ONLY ONE)

<input type="radio"/> New Application	<input type="radio"/> Label Renewal	<input type="radio"/> Change of Vehicle Details
---------------------------------------	-------------------------------------	---

B. APPLICANT'S PARTICULARS

Name: (Mr/Mrs/Mdm/Ms/ Miss)*										
Identification Type:	<input type="radio"/> NRIC – Singapore citizen, Permanent Resident	<input type="radio"/> Foreign Identification Number	Identification Number:							
Citizenship:	<input type="radio"/> Singaporean	<input type="radio"/> Permanent Resident	<input type="radio"/> Others	Age:						
Date of Birth: (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>			Gender:	<input type="radio"/> Male	<input type="radio"/> Female				
Preferred Spoken Language:	<input type="radio"/> English	<input type="radio"/> Mandarin	<input type="radio"/> Malay	<input type="radio"/> Tamil	<input type="radio"/> Others (please specify) _____					
Contact (Home):				Contact (Mobile):						
				Contact (Office):						
Address:										
Postal Code:	S <input type="text"/>			Unit No.:	# <input type="text"/> - <input type="text"/>					
				#0-0 if there is no unit no.						
Email:										
Preferred Contact Method:	<input type="radio"/> Email	<input type="radio"/> Mail								

Inclusive society, Enabled lives.

Please tick where applicable
*Please circle where applicable

C. GUARDIAN INFORMATION (For applicant below 21 years old)

Name: (Mr/Mrs/Mdm/Ms/ Miss)*	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																														
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident			<input type="radio"/> Foreign Identification Number			Identification Number:			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
Citizenship:	<input type="radio"/> Singaporean			<input type="radio"/> Permanent Resident			<input type="radio"/> Others																																																								
Date of Birth: (DD/MM/YYYY)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>								/			/										Gender: <input type="radio"/> Male <input type="radio"/> Female																																									
		/			/																																																										
Preferred Spoken Language:	<input type="radio"/> English			<input type="radio"/> Mandarin			<input type="radio"/> Malay			<input type="radio"/> Tamil			<input type="radio"/> Others (please specify) _____																																																		
Relationship:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																														
Guardianship:	<input type="radio"/> Legal Guardian			<input type="radio"/> Deputy			<input type="radio"/> Donee																																																								
Contact (Home):	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Contact (Mobile):			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																						
							Contact (Office):			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
Address:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																														
Postal Code:	S			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Unit No.:			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>#</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>						#			-																										
#			-																																																												
										#0-0 if there is no unit no.																																																					
Email:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																														
Preferred Contact Method:	<input type="radio"/> Email			<input type="radio"/> Mail																																																											

D. VEHICLE INFORMATION

Vehicle Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					IU Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Is the driver also the vehicle owner?	<input type="radio"/> Yes			<input type="radio"/> No			(Please provide the car rental agreement if your vehicle is a rental car.)																																				

Inclusive society, Enabled lives.

Please tick where applicable

*Please circle where applicable

E. DECLARATION AND CONSENT

I do not want to receive mailers from and/or be contacted by SG Enable for related services and schemes in the future.

1. I declare that the information given in this application is true and correct to the best of my knowledge.
2. I have read and understood all of the provisions herein and I hereby give my consent for SG Enable and/or MSF to use my or my ward's personal data including but not limited to my name, NRIC number, contact number, mailing and email addresses as well as other information for such purposes of the present programme run by SG Enable as well as any applicable supplementary programme at SG Enable's discretion and the purposes that are set out in SG Enable's Privacy Policy which can be found on its website at <https://www.sgenable.sg> as well as MSF's Privacy Statement which can be found on its website at <http://www.msf.gov.sg>.
3. I understand that SG Enable and/or MSF will take all reasonable measures to protect my or my ward's information from unauthorised access or against loss, misuse or alteration by third parties as indicated in SG Enable's Privacy Policy.
4. I have been advised that I may withdraw my consent to SG Enable and/or MSF in respect of the use of my or my ward's personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries I may have, including any request to delete data that has been obtained from me or my ward or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials sent to me or my ward, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.
5. I give my consent for SG Enable to share the information provided with other relevant agencies for the purposes of my application, and/or the administration and provision of services and schemes to me, and/or data analysis, evaluation and policy formulation in which I shall not be identified as a specific individual.
6. I also consent to SG Enable to obtain information from the medical doctor from whom the applicant has consulted or any parties deemed related for the purposes of verifying the eligibility status of the applicant, and I authorise the medical doctor/ related parties to release such information to SG Enable.
7. I have not wilfully suppressed or provided any false information, failing which the Label, if issued, will be revoked. I acknowledge that SG Enable reserves the right to reject my application without any reasons disclosed.
8. I undertake that the Label, if issued to me, is subject to the prevailing terms and conditions that may be introduced from time to time. SG Enable reserves the right to pursue necessary actions for any misuse/tampering of the Label issued, including barring of all future applications and renewal.
9. I am responsible for disposing the Label in the event that I do not need the Label for the purpose it is issued or when the Label has expired.

Name of Applicant /
Authorised Person

Signature of Applicant /
Authorised Person

Date

I consent on behalf of the Main Applicant who is under 21 years of age.

Please tick where applicable

*Please circle where applicable

F. PATIENT'S PARTICULARS

Note: Assessing Doctor must countersign against any amendments made on this mobility report.											
Patient's Name: (Mr/Mrs/Mdm/Ms/ Miss)*											
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident	<input type="radio"/> Foreign Identification Number	Identification Number:								

G. MOBILITY ASSESSMENT

Please tick (✓) the medical condition that causes mobility constraint :

Cerebral Palsy
 Loss of lower limbs
 Muscular Dystrophy
 Poliomyelitis

Others (please specify) _____

Is the patient physically disabled? Yes No

Nature of disability: Temporary Permanent

Does the patient need a bulky mobility aid when travelling outdoors? Yes No

Please tick the bulky mobility aid that the patient uses for travelling outdoor.

Wheelchair
 Lower Limb Prosthesis
 Walking Frame

Others (please specify) _____

Usage of bulky mobility aid: Temporary (≤ 6 months) Permanent

H. CONFIRMATION OF ASSESSMENT BY MEDICAL DOCTOR

I confirm that the assessment done for the above applicant is true and correct. SG Enable reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

_____	_____	_____
Name & Signature of Assessing Doctor	Stamp of Clinic/Hospital	MCR Number of Assessing Doctor
_____	_____	_____
Tel./Fax No.		Date of Assessment

*Mobility report is valid for a period of 2 years from the date of assessment.