

The Class 2 Label allows Passengers with Mobility Impairment to alight or board their vehicles at accessible parking lots for up to 60 minutes.

Only **one** label will be issued to each qualified Passenger with Mobility impairment (to be referred to as the “Passenger”). The label is only transferable between the registered vehicles, and can only be used when the Passenger is ferried in either of the registered vehicles.

Visit [www.sgenable.sg](http://www.sgenable.sg) -> Schemes -> Accessibility -> Car Park Label Scheme -> For Passengers with Mobility Impairment (Class 2 Label) for more information.

A. APPLICATION TYPE (PLEASE SELECT ONE OF THE FOLLOWING)		
<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Label Renewal</b>  For existing label which: a) has expired, or b) is expiring within 3 months	<input type="checkbox"/> <b>Change of Vehicle Number</b>  For existing label which: a) has a new vehicle number, and b) is not expiring within 3 months  Note: The label expiry date will remain unchanged upon approval.
<b>Required Documents:</b>  1. <b>Mobility Report</b> completed by a Singapore registered medical professional  2. Copy of <b>Passenger’s NRIC</b> (Front and Back) / <b>Passport / Visit Pass</b>  3. <u>For Passenger &lt; 21 years old</u> Copy of <b>Caregiver’s NRIC</b> (Front and Back) / <b>Passport / Visit Pass</b>  4. Copy of <b>Driver’s NRIC</b> (Front and Back) / <b>Passport / Visit Pass</b>  5. Copy of <b>Driver’s Singapore Driving Licence</b> (Front and Back)  6. Copy of the <b>Vehicle Registration Details</b>	<b>Required Documents:</b>  1. <b>Mobility Report</b> completed by a Singapore registered medical professional  <u>For (2) to (5), submit only if there are changes from the last application (e.g. Change in Residential Address, Change in Vehicle Number, etc.)</u>  2. Copy of <b>Passenger/Caregiver’s NRIC</b> (Front and Back)  3. Copy of <b>new Driver’s NRIC</b> (Front and Back)  4. Copy of <b>new Driver’s Singapore Driving Licence</b> (Front and Back)  5. Copy of the <b>new Vehicle Registration Details</b>	<b>Required Documents:</b>  1. Copy of the <b>new Vehicle Registration Details</b>
■ For existing label holders who wish to <b>update their IU number only</b> (no change of vehicle number), please email your request to <a href="mailto:carparklabels@sgenable.sg">carparklabels@sgenable.sg</a> and note that there will be no issuance of a new label.		

B. PASSENGER WITH MOBILITY IMPAIRMENT’S PARTICULARS	
Name:	<input type="text"/>
(as in NRIC)	<input type="text"/>
Date of Birth:	<input type="text"/>
(DD/MM/YYYY)	<input type="text"/>
Postal Code:	<input type="text"/>
(as in NRIC)	<input type="text"/>
Contact Number:	<input type="text"/>
Email:	<input type="text"/>
Identification Number:	<input type="text"/>
Unit Number:	<input type="text"/>
	(#0-0 if there is no unit number)

**C. VEHICLE INFORMATION (UP TO 2 VEHICLES MAY BE REGISTERED)**

Vehicle Number 1:	<input type="text"/>	Vehicle Number 2: (Optional)	<input type="text"/>
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**D. DRIVER 1'S PARTICULARS**

Name: (as in NRIC)	<input type="text"/>	
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	Identification Number: <input type="text"/>
Relationship:	<input type="text"/>	
Contact Number:	<input type="text"/>	
Email:	<input type="text"/>	

**E. DRIVER 2'S PARTICULARS**

Name: (as in NRIC)	<input type="text"/>	
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	Identification Number: <input type="text"/>
Relationship:	<input type="text"/>	
Contact Number:	<input type="text"/>	
Email:	<input type="text"/>	

**F. CAREGIVER INFORMATION (FOR PASSENGERS BELOW 21 YEARS OLD)  
(PLEASE TICK  WHERE APPLICABLE)**

Is the Caregiver also the Driver?	<input type="checkbox"/> Yes, Driver 1	<input type="checkbox"/> Yes, Driver 2	<input type="checkbox"/> No (Please complete this section)
Name: (as in NRIC)	<input type="text"/>		
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	Identification Number:	<input type="text"/>
Relationship:	<input type="text"/>		
Postal Code: (as in NRIC)	<input type="text"/>	Contact Number:	<input type="text"/>
Email:	<input type="text"/>	Unit Number: #	<input type="text"/>
			(#0-0 if there is no unit number)

**G. 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 [www.sgenable.sg](http://www.sgenable.sg) as well as MSF's Privacy Statement which can be found on its website at [www.msf.gov.sg](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 professional from whom the Passenger has consulted or any parties deemed related for the purposes of verifying the eligibility status of the Passenger, and I authorise the medical professional/ 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 understand that I may dispose of the Label only upon its expiry.



\_\_\_\_\_  
Name and Signature  
of Passenger / Caregiver  
*(NB: If Passenger is below 21 years old,  
this part is to be completed by the  
Caregiver as listed under Section D)*

\_\_\_\_\_  
Name and Signature of Driver 1

\_\_\_\_\_  
Name and Signature of Driver 2

\_\_\_\_\_  
Date

**IMPORTANT: THE EXPECTED PROCESSING TIME IS ABOUT 15 WORK DAYS UPON COMPLETE SUBMISSION. TO AVOID DELAY IN YOUR APPLICATION, PLEASE CHECK THAT YOU HAVE ALL THE INFORMATION AND DOCUMENTS WE REQUESTED IN SECTION A.**

<b>SUBMISSION:</b>		Complete this application form and email together with the supporting documents ( <b>in one attachment</b> ) to <a href="mailto:carparklabels@sgenable.sg">carparklabels@sgenable.sg</a>
		Complete this application form and mail to <b>SG Enable – Car Park Label Scheme</b> <b>20 Lengkok Bahru #01-01</b> <b>Singapore 159053</b>

**IMPORTANT NOTES**

- The Assessing Medical Professional must complete all fields and countersign against any amendments and/or ambiguity made on the mobility report. Failure to do so will deem the mobility report as incomplete.
- The mobility report is valid only for this application.

**A. PATIENT'S (PERSON WITH MOBILITY IMPAIRMENT) PARTICULARS**

Name:

(as in NRIC)

Identification Number:

**B. MOBILITY ASSESSMENT**

- Does the patient need to open their vehicle door fully in order to embark and disembark from the vehicle?  
 Yes. **Please proceed to Qn.2**                       No. **End of assessment.**
- Please indicate the reasons for which the patient needs to open their vehicle door fully in order to embark and disembark from the vehicle. **PLEASE COMPLETE BOTH SECTIONS (A) AND (B) BELOW.**

(A) Medical Condition	(B) Reliance on Mobility Aid
<input type="checkbox"/> Amputation of Lower Limbs (Above/Below Knee) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Stroke <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Parkinson <input type="checkbox"/> Dementia <input type="checkbox"/> Others: _____	<input type="checkbox"/> None <input type="checkbox"/> Walking Frame <input type="checkbox"/> Wheelchair <input type="checkbox"/> Lower Limb Protheses <input type="checkbox"/> Others: _____
Prognosis of medical condition indicated above: <input type="checkbox"/> Temporary (≤ 6 months) <input type="checkbox"/> Permanent <input type="checkbox"/> Unknown	Usage of mobility aid: <input type="checkbox"/> Temporary (≤ 6 months) <input type="checkbox"/> Permanent <input type="checkbox"/> NA (None only)

**C. CONFIRMATION OF ASSESSMENT BY ASSESSING MEDICAL PROFESSIONAL**

I confirm that the assessment done for the above patient (person with mobility impairment) 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 patient.

Name of Assessing Medical Professional	Signature of Assessing Medical Professional	MCR/AHPC No. of Assessing Medical Professional
Contact Number	Clinic/Hospital Stamp	Date of Assessment

