

BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE:

- The Class 2 Label allows passengers with physical disabilities to park temporarily at the accessible lots.
- The Class 2 Label is only transferable between the registered vehicles and can only be used when the passenger with physical disability is ferried in either of the registered vehicles.
- To be eligible, passengers 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 2 LABEL
1.1	A maximum of two vehicles can be registered for the Class 2 label.
1.2	Only one label will be issued to each qualified passenger 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 driver ferrying the Class 2 label holder is permitted to park temporarily at the accessible lot for up to 60 minutes for the purpose of assisting the passenger with physical disability to embark or disembark safely from the vehicle. Thereafter, the vehicle must be moved to a standard parking lot.
1.6	The arrival time must be indicated on the time disc before the label is displayed prominently on the dashboard of the registered vehicle.
1.7	Drivers of either registered vehicles are not allowed to park at the accessible lot when the vehicle is not being used to ferry the qualified passenger with physical disability.
1.8	The label is only transferable between the registered vehicles and can only be used when the passenger with physical disability is ferried in either of the registered vehicles.
1.9	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

ELIGIBILITY

Medically certified to have a physical disability or medical condition of any one of the following, 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 (for drivers ferrying passengers with physical disabilities)

SUPPORTING DOCUMENTS

The **Application Form** has to be signed by the applicant and driver(s), and submitted with the following documents:

- **Mobility Report** to be completed by a Singapore registered medical doctor
- Clear **photocopy of the Applicant's NRIC** (Front and Back) or **Birth Certificate**
- Clear **photocopy of the Driver's NRIC** (Front and Back)
- Clear **photocopy of the Driver'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
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B. APPLICANT'S PARTICULARS (passengers with physical disabilities)

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)				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				Unit No.:	#				
				#0-0 if there is no unit no.						
Email:										
Preferred Contact Method:	<input type="radio"/> Email	<input type="radio"/> Mail								

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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: 20px;"><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>																														
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Please tick where applicable

*Please circle where applicable

D. DRIVER 1 PARTICULARS

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> </table>																																														
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E. PARTICULARS OF VEHICLE TO BE USED BY DRIVER 1

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></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></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.)																																	

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Please tick where applicable

*Please circle where applicable

F. DRIVER 2 PARTICULARS (if applicable)

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

G. PARTICULARS OF VEHICLE TO BE USED BY DRIVER 2

Vehicle Number:	<input type="text"/>					IU Number:	<input type="text"/>				
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.)								

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Please tick where applicable

*Please circle where applicable

H. 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 have 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 & Signature of Applicant /
Authorised Person

Name & Signature of Driver No.1

Name & Signature of Driver No.2

Date

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

I consent on behalf of the Applicant who is mentally incapacitated.

