SG ENABLE
Inclusive society, Enabled lives.

APPLICATION FOR PERSONS WITH DISABILITIES CONCESSION CARD

The Persons with Disabilities Concession Card allows persons with disabilities to enjoy concessionary rates for travel on public buses and train services.

Visit www.sgenable.sg->schemes->transport->Persons with Disabilities Concession Card for more information.

ELIGIBILITY CRITERIA

1. Singapore Citizens or Permanent Residents.
2. Between 7 and 60 years of age.
3. Medically certified to have a permanent disability of any one of the following:
   i. Physical Disability
   ii. Visual Impairment
   iii. Hearing Impairment
   iv. Autism Spectrum Disorder
   v. Intellectual Disability

REQUIRED DOCUMENTS

1. Copy of the **applicant's NRIC** (front and back) or Birth Certificate (if applicable)
2. Copy of the **medical document** that indicates a permanent disability. This can be in the form of:
   a) Latest doctor's memorandum;
   b) Functional Assessment Report endorsed by a Registered Healthcare Professional; or
   c) Psychological Report (if applicable)
3. **One passport-sized coloured photograph** of the applicant:
   a) Taken within the last three months;
   b) Clearly showing the full front view of face, with sufficient lighting against a white background;
   c) If submitting via online, resolution must be 240 X 320 pixels.

APPLICANT'S PARTICULARS

Affix a recent passport-size photo here. (Do not staple/bend)

Name:
(as in NRIC or Birth Certificate)

Name on Card will be as per NRIC or Birth Certificate (max 32 characters)

Date of Birth:
(DD/MM/YYYY) / /

Identification Number:

Postal Code:
(as in NRIC) S

Unit Number: # -

(#0-0 if there is no unit number)

Contact Number:

Email:

B. PARENT'S / GUARDIAN'S PARTICULARS (COMPLETE ONLY IF APPLICANT IS BELOW 21 YEARS OLD)

Name:
(as in NRIC)

Relationship:

Date of Birth:
(DD/MM/YYYY) / /

Identification Number:

Postal Code:
(as in NRIC) S

Unit Number: # -

(#0-0 if there is no unit number)

Contact Number:

Email:

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C. TYPE OF DISABILITY

☐ Physical Disability
☐ Intellectual Disability
☐ Autism Spectrum Disorder
☐ Visual Impairment
☐ Hearing Impairment

Description of condition: _____
(e.g. Limb Amputation, Muscular Dystrophy, Glaucoma)

D. 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, contact number, mailing and email address 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.
4. I give my consent for SG Enable to share the information provided above with Transit Link Pte. Ltd. and other relevant agencies for the purposes of my application for the Public Transport Concession for persons with disabilities and/or the administration and provision of services and schemes to me, and/or data analysis, evaluation and policy formulation.
5. 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.
6. I agree that SG Enable is merely providing a platform to allow me to obtain service from third parties for no commercial gain or profit and as such there is no intention to create a legally binding agreement between myself and SG Enable and therefore, I further acknowledge and agree that SG Enable is not responsible for (a) any breaches, misfeasance or failure to discharge any duty of care or obligations on the part of any third parties contracting with me and (b) any claims for injuries, illnesses, damages, liabilities and costs ("liabilities") that I may suffer, directly or indirectly, in full or in part as a result of the acts or omissions of such third parties or anything in relation to any contract or transactions I may enter into with such third parties.
7. To the fullest extent permitted by law, I agree to and hereby waive and release SG Enable, its principals, subsidiaries, affiliates partners, officers, directors, staff members and agents from any liabilities arising from or related to (i) any breaches, misfeasance or failure to discharge any duty of care or obligations on the part of any third parties contracting with me and/or (ii) any indirect, special, punitive, consequential or incidental damages, whether based on a claim or action of contract, warranty, negligence, strict liability, or other tort, breach of any statutory duty, indemnity or contribution, or otherwise, even if SG Enable has been advised of the possibility of such damages.
8. 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.

Name of Applicant	Signature of Applicant	Date
Name of Parent / Guardian	Signature of Parent / Guardian	Date

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.

Submission:	Complete this application form and email together with the **photo and supporting documents** to **TCS@sgenable.sg**		Complete this application form and mail to **SG Enable** **Persons with Disabilities (PWD) Concession Card** **20 Lengkok Bahru #01-01** **Singapore 159053**

Note : Issuance and usage of the PWD Concession Card is subjected to TransitLink's terms and condition.