



Inclusive society, Enabled lives.

**APPLICATION FOR TAXI
SUBSIDY SCHEME
FOR PERSONS
WITH DISABILITIES**

BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE:

- The Taxi Subsidy Scheme is for persons with permanent disabilities who are medically certified as unable to take public transport and are totally dependent on taxis for travelling to school, work or employment-related training supported by SG Enable.
- To apply for the Taxi Subsidy Scheme, please submit the attached application form to us.
- The instructions for completing and submitting the application form are provided on the next page.
- Once your application has been processed and supported, you will be asked to undergo a medical assessment at a designated medical institution to be medically certified as unable to take public transport and totally dependent on taxis for travelling to school, work or employment-related training supported by SG Enable.
- SG Enable may reject any application that is incomplete or is not supported by the required documents specified or for any other relevant reasons.

CONTACT US:

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

ELIGIBILITY

- Singapore Citizen or Permanent Resident
- Applicant must:
 - be certified by a medical practitioner to have any of the following:
 - Physical Disability
 - Intellectual Disability
 - Visual Impairment
 - Hearing Impairment
 - Autism Spectrum Disorder
 - be a working adult / student / trainee
 - Adults who are in employment or have been accepted for employment
 - Students attending mainstream schools or Institutes of Higher Learning (e.g. Polytechnics, ITEs and Universities) that are registered, approved or recognised by the Ministry of Education (MOE)
 - Students attending private educational institutes registered with MOE or with the Council for Private Education (minimum course duration of two months)
 - Trainees attending employment-related training supported by SG Enable
 - be medically certified as unable to take public transport and totally dependent on taxis for travelling to school, work or employment-related training supported by SG Enable
 - have a per capita household income of \$2,600 per month or below
 - not own any motor vehicles

SUPPORTING DOCUMENTS

- Clear photocopy of the **Applicant's NRIC** (Front and Back) or **Birth Certificate** (*if applicable*)
- Clear photocopy of the **Authorised Person's NRIC** (Front and Back) for Applicants who are below 21 years old and/or mentally incapacitated
- Supporting documents on the Applicant's Permanent Disability#:
 - **Latest doctor's memo** stating the type of permanent disability; or
 - **Functional Assessment Report** to be completed by a doctor for assessment of physical disability.
- Supporting documents proving the Applicant's employment / education / training status:
 - **Employer Verification Form** to be completed by the employer; or
 - **School Verification Form** to be completed by the school; or
 - **Training Verification Form** to be completed by the training provider.
- Completed **Means-Test Declaration Form**.
Note: You do not need to submit the Means-Test Declaration Form if you have been means-tested within the past one year. If you are unsure on the validity of your means-test, please complete and submit a new form.
- Clear photocopy of the first page of the Applicant's **Bank Book / Bank Statement**
- **Photograph of the Applicant** for the personalised EZ-Link card:
 - Passport-size colour photograph taken within the last three months
 - For online submission, the resolution must be 240 x 320 pixels
 - Clearly shows the full front view of the face, with sufficient lighting against a white background

Applicant/ medical institutions / SSAs will be required to clarify and/or provide additional documentary proof of disability and /or any other relevant document at SG Enable's request.

SUPPORTING DOCUMENTS (for applicants below 21 years old and/or certified mentally incapacitated)

- Supporting documents proving the relationship between Parent/Legal Guardian and the Applicant:*
- **Photocopy of the Applicant's Birth Certificate**
- **Photocopy of NRIC (Front and Back) of Parent/Legal Guardian**
- For Donee(s) acting under a Lasting Power of Attorney granted by the Applicant or Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on the behalf of the Applicant:**
- **Photocopy of NRIC (Front and Back) of Donee(s) / Deputy(s)**
- **Photocopy of the Registered Lasting Power of Attorney / Order of Court**

IMPORTANT NOTES

- The completed application form must be signed by the Applicant. If the Applicant is below 21 years old and/or certified mentally incapacitated, the Legal Guardian will need to sign on behalf of the Applicant.
- For Part C of the application form, please provide the particulars of the person who is authorised to sign on behalf of the Applicant (Authorised Person), together with copies of all the documents (certified as true copies by an advocate and solicitor of Singapore) evidencing the legal authority of that person to sign on behalf of the Applicant.
- The Applicant must not be an existing beneficiary of VWO Transport Subsidies for Persons with Disabilities.
- Please note that there will be no refund of any costs/fees incurred to apply for the Taxi Subsidy Scheme.

SEND APPLICATION TO

The completed application form must be signed by the Applicant or Authorised Person and submitted via either one of the following:

Mailing Address : SG Enable — Taxi Subsidy Scheme
20 Lengkok Bahru
#01-01
Singapore 159053

Email : TSS@sgenable.sg

* The consent will expire once the Applicant reaches 21 years of age.
** Please check whether you may act singly or jointly with other donee(s) / deputy(s).

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Please tick where applicable

*Please circle which applies

C. GUARDIAN INFORMATION

(For applicants below 21 years old and/or certified mentally incapacitated)

Name:
(Mr/Mrs/Mdm/Ms/
Miss)*

Identification Type: NRIC – Singapore Citizen, Permanent Resident Foreign Identification Number Identification Number:

Citizenship: Singaporean Permanent Resident Others

Date of Birth: (DD/MM/YYYY) / / Gender: Male Female

Preferred Spoken Language: English Mandarin Malay Tamil Others (please specify) _____

Relationship:

Guardianship: Legal Guardian Deputy Donee

Contact (Home): Contact (Mobile):

Contact (Office):

Postal Code: S Unit No.: # -

#0-0 if there is no unit no.

Email:

Preferred Contact Method: Email Mail

D. BANK DETAILS

Bank Account Payee Name:

Bank Account No.:

Bank Name:

Bank Code: Branch Code:

I hereby consent to and authorise SG Enable to disburse all approved TSS subsidy to the above third party bank account provided by me. (Please tick if you are not the account payee in the above bank account provided.)

Please tick 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, 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 www.sgenable.sg, as well as MSF's Privacy Statement, which can be found on its website at www.msf.gov.sg.
 3. I am aware that SG Enable has the right to recover in partial or in full any subsidy disbursed to me arising from this application if I have provided false or inaccurate information, or withheld or omitted any relevant information that is required.
 4. I hereby consent to and authorise the Central Provident Fund Board to disclose to the Ministry of Social and Family Development and SG Enable my employment/self-employment status and employer contribution status as well as any other relevant information.
 5. I give my consent for SG Enable to share the information provided above with EZ-Link and other relevant agencies, obtain my enrollment status or proof of educational certification from the Ministry of Education, Council for Private Education or the relevant education institutions, obtain information on my vehicle ownership from the Land Transport Authority, and my taxi transaction details from EZ-Link for the purposes of my application for the taxi subsidy scheme for persons with disabilities and/or the administration and provision of services and schemes to me, and/or data analysis, evaluation and policy formulation.
 6. 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.
 7. 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.
 8. 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.
 9. 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.

Name of Applicant

Signature of Applicant

Date

Name of Authorised Person for

Signature of Authorised Person for

Date

Applicant who is under 21 years of age.

Applicant who is mentally incapacitated.