

Introduction:

- **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 eligible 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.
- For existing label holders who wish to **update their In-Vehicle Unit / On-Board Unit Number only** (no change of vehicle number), please email your request to carparklabels@sgenable.sg. Please note that no new label will be issued.
- Visit www.enablingguide.sg -> I’m Looking For Disability Support -> Transport -> Car Park Label Scheme for more information.

Instructions to Applicant:

1. You are to submit Part 2 and 3 of this application form.
2. The information provided must be accurate as of the date of submission.
3. If you are registering one (1) driver, please complete all fields in Section A to D and G.
4. If you are registering two (2) drivers, please complete all field in Section A to E and G.
5. The Mobility Report is to be completed by a **Singapore registered Doctor / Allied Health registered Physiotherapist or Occupational Therapist only**. Please ensure all fields are completed. Incomplete assessment will be deemed invalid.
6. You are required to submit the following documents for your application.

Documents to be Prepared by	List of Documents	Type of Application		
		New	Renewal	Change of Vehicle
Passenger	Class 2 Application Form	✓	✓	✓
	Class 2 Mobility Report	✓	✓	x
	Copy of Passenger’s NRIC (Front and Back) / Passport / Visit Pass	✓	To submit if there is any changes from the last application (e.g. Change in Address / Driver etc.)	To submit if there is any changes from the last application (e.g. Change in Address / Driver etc.)
Driver	Copy of Driver’s NRIC (Front and Back) / Passport / Visit Pass	✓		
	Copy of the Vehicle Registration Details	✓		
Caregiver	For Passengers below 21 years old <ul style="list-style-type: none"> • A copy of Caregiver’s NRIC (Front and Back) 	✓	To submit if there is any changes from the last application (e.g. Change in Address / Driver etc.)	To submit if there is any changes from the last application.
	For Passengers who is Mentally Incapacitated <ul style="list-style-type: none"> • A copy of Caregiver’s NRIC (Front and Back) • A copy of Lasting Power of Attorney • A copy of Court’s Order with Doctor’s Memo indicating Passenger is mentally incapacitated 	✓		

7. Complete this application form and email together with the supporting documents (**in one attachment**) to carparklabels@sgenable.sg

IMPORTANT NOTES
<ul style="list-style-type: none"> Please check that you have all the information and documents we requested on Part 1 of the form. Complete this application form and email together with the supporting documents (in one attachment) to carparklabels@sgenable.sg

A. APPLICATION TYPE (PLEASE SELECT ONE OF THE FOLLOWING)		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal For existing label which: a) has expired, or b) is expiring within 3 months	<input type="checkbox"/> Change of Vehicle Number For existing label which: a) has a new vehicle number, and b) is not expiring within 3 months <i>Note: The label expiry date will remain unchanged upon approval.</i>

B. PASSENGER WITH MOBILITY IMPAIRMENT'S PARTICULARS																																											
Name: (as in NRIC)	<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><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><td></td><td></td><td></td><td></td></tr> </table>																																										
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<p>Note: All correspondence shall be sent to the email address(es) provided in this application form. Where there is no email address provided, correspondence shall be sent by mail to the Passenger's mailing address.</p>																																											

C. VEHICLE INFORMATION (UP TO 2 VEHICLES MAY BE REGISTERED)																							
Vehicle Number 1:	<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></tr> </table>											IU / OBU Number: (Compulsory)	<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></tr> </table>										
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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 as well as MSF's Privacy Statement which can be found on its website at 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 assessor 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 assessor/ 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.
- 10. I understand that all correspondence shall be sent to the email address(es) provided in this application form. Where there is no email address provided, correspondence shall be sent by mail to the Passenger's mailing address.

Name and Signature/Thumbprint of Passenger	Name and Signature of Driver 1	Name and Signature of Driver 2	Date
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Where I am providing consent on behalf of the Passenger who is under 21 years of age / mentally incapacitated, I further declare that I am his/her appointed donee(s) acting under a Lasting Power of Attorney under the Mental Capacity Act (Cap 177A) OR his/her deputy(s) appointed by the Court under the Mental Capacity Act (Cap.177A) to act on behalf of the Passenger.

Name and Signature of Caregiver	Date
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MOBILITY REPORT

To be completed by a Singapore-registered medical professional.

C. CONFIRMATION OF ASSESSMENT BY ASSESSOR

I declare that the Passenger is related to me, or otherwise known to me outside my capacity as a registered healthcare professional. The patient is my family member or relative / friend / employer / employee / others* (For others, please elaborate: _____). *Please delete accordingly.

1. By completing this mobility report, all parties acknowledge and agree that the abovementioned is applying for the Class 2 Car Park Label as a Passenger with Mobility Impairment. The Class 2 Car Park Label allows registered drivers to park in the accessible lot for up to 1 hour, in order to assist the Passengers with Mobility Impairment to board or alight from the vehicle safely.
2. I confirm that the assessment done for the above passenger 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 passenger.

 Name of Assessor

 Signature of Assessor

 MCR/AHPC No. of Assessor

 Contact Number

 Clinic/Hospital Stamp

 Date of Assessment