CLASS 1 CAR PARK LABEL APPLICATION
(For Drivers with Mobility Impairment)

PART 1 (Page 1 of 1)

Introduction:

- **The Class 1 Label allows drivers with mobility impairment to park at accessible parking lots.**
- Only **one** non-transferable label will be issued to each eligible driver with mobility impairment (to be referred to as the "Driver"), and can only be used when the registered vehicle is driven by the Driver.
- For existing label holders who wish to **update their 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. 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.
4. You are required to submit the following documents for your application.

<table>
<tr><th rowspan="2">Documents to be Prepared by</th><th rowspan="2">List of Documents</th><th colspan="3">Type of Application</th></tr>
<tr><th>New</th><th>Renewal</th><th>Change of Vehicle Number Plate</th></tr>
<tr><td rowspan="5">Driver</td><td>Class 1 Application Form</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Class 1 Mobility Report</td><td>✓</td><td>✓</td><td>×</td></tr>
<tr><td>Copy of Driver's Driving Licence*</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Copy of the Vehicle Registration Details</td><td>✓</td><td rowspan="3">To submit if there is any changes from the last application (e.g. Change in Address / Driver etc.)</td><td>✓</td></tr>
<tr><td>Copy of Driver's NRIC (Front and Back) / Passport / Visit Pass</td><td>✓</td><td rowspan="2">To submit if there is any changes from the last application.</td></tr>
<tr><td>Caregiver</td><td>For Passengers below 21 years old
A copy of Caregiver's NRIC (Front and Back)</td><td>✓</td></tr>
</table>

*For drivers aged 65 and above, please provide a copy of your updated Driving Licence for our records. You may obtain an extract of your driving licence through Traffic Police's Driving Licence Extract service at: https://www.police.gov.sg/e-services/apply-for-driving-licence-extract"

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

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IMPORTANT NOTES

- 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)

☐ **New Application**	☐ **Label Renewal**	☐ **Change of Vehicle Number**
	For existing label which: a) has expired, or b) is expiring within 3 months	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. DRIVER WITH MOBILITY IMPAIRMENT'S PARTICULARS

Name: (as in NRIC)

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

Identification Number:

Postal Code: (For mailing & contact purposes) S

Unit Number: (For mailing & contact purposes) # -

(To input #0-0 of there is no unit number)

Contact Number:

Email: _____

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 Driver's mailing address.

C. VEHICLE INFORMATION

Vehicle Number:

OBU Number: (Compulsory)

D. CAREGIVER INFORMATION *(FOR DRIVER WHO IS BELOW 21 YEARS OLD)*

Name: (as in NRIC)

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

Identification Number:

Relationship to Applicant:

Contact Number:

Email: _____

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PART 2 (Page 2 of 2)

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 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 Driver has consulted or any parties deemed related for the purposes of verifying the eligibility status of the Driver, 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 Driver's mailing address.

_____	_____	_____
Name of Driver	Signature of Driver	Date

Where I am providing consent on behalf of the Driver who is under 21 years of age, I further declared that I am able to act on behalf.

_____	_____
Name and Signature of Caregiver	Date

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MOBILITY REPORT

To be completed by a Singapore-registered medical professional.

IMPORTANT NOTES

- The Assessing Medical Professional must complete all relevant fields and countersign against any amendments and/ or ambiguity made on the mobility report. Failure to do so will deem the report as incomplete.
- There will be no refund of any costs / fees incurred to apply for the scheme. Interested applicants are advised to look through the eligibility criteria of the scheme before processing with the medical assessment.
- The mobility report is valid only for this application.

A. DRIVER WITH MOBILITY IMPAIRMENT'S PARTICULARS

Note: Thereafter, to be referred to as the Driver.

Name (as in NRIC):

Identification Number:

B. MOBILITY ASSESSMENT

(To be completed by a SMC registered Doctor / AHPC registered Physiotherapist or Occupational Therapist only)

Notes for Assessor: Please ensure all fields are completed. Incomplete assessment will be deemed invalid.

1. Does the Driver 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.**

2. Please indicate the reasons for which the Driver needs to open their vehicle door fully in order to embark and disembark from the vehicle. **PLEASE COMPLETE SECTION 2A to 2D.**

(2A) Medical Condition	**(2C) Reliance on Mobility Aid**
☐ Amputation of Lower Limbs (Above/Below Knee)	☐ None (Please elaborate in section 2E.)
☐ Cerebral Palsy	☐ Walking Frame
☐ Muscular Dystrophy	☐ Wheelchair
☐ Poliomyelitis	☐ Lower Limb Prostheses
☐ Stroke	☐ Others (Please specify): _____
☐ Osteoarthritis	
☐ Parkinson	
☐ Dementia	
☐ Others (Please specify): _____	
(2B) Prognosis of medical condition indicated above: ☐ Temporary (≤ 6 months) ☐ Permanent	**(2D) Usage of mobility aid:** ☐ Temporary (≤ 6 months) ☐ Permanent
(2E) Additional Comments (if any): _____	

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C. CONFIRMATION OF ASSESSMENT BY ASSESSOR

☐ I declare that the Driver 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 (1) applying for the Class 1 Car Park Label as a Driver with Mobility Impairment and (2) will be the individual actively driving and navigating the vehicle into the accessible lot. The Class 1 Car Park Label allows Drivers with Mobility Impairment to park in the accessible lot to board or alight safely from the vehicle.

2. I confirm that the assessment done for the above Driver 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 Driver.

_____	_____	_____
Name of Assessor	Signature of Assessor	MCR/AHPC No. of Assessor
_____	_____	_____
Contact Number	Clinic/Hospital Stamp	Date of Assessment