

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

The Disabled Persons Scheme is a means-tested scheme that supports Singapore Citizens with permanent physical disabilities who are unable to use public transport (i.e. bus and/or MRT) and require a vehicle to earn a living. Eligible drivers are exempted from paying the premium for the Certificate of Entitlement (COE) and the Additional Registration Fee (ARF) when they purchase a vehicle.

The application for the waiver of ARF and COE under the DPS will be considered by the DPS Committee comprising representatives from the Ministry of Social and Family Development (MSF), Land Transport Authority (LTA) and medical services.

ELIGIBILITY

Applicant must meet all of the following criteria:

- Singapore Citizen
- Persons with permanent physical disabilities who are medically certified by doctors from the Tan Tock Seng Hospital, Clinic for Advanced Rehabilitation Therapeutics (CART) as permanently disabled and incapable of taking public transport (i.e. bus and/or MRT), but fit to drive
- Gainfully employed and need a vehicle to earn a living
- Possess a valid Class 3 Driving Licence
- In the 30th income percentile or below where the household income does not exceed \$6,500 for a 4-member household

To apply for the DPS, please submit the attached application form to SG Enable together with all the required supporting documents.

SG Enable reserves the right to reject any application that is incomplete or is not supported by the required documents specified.

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

(Please retain this page for your information)

TERMS AND CONDITIONS

SUCCESSFUL APPLICANTS MUST COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS OF THE DPS:

A	Prior to registration of the car under the DPS, the applicant must de-register or transfer to another party any existing vehicle(s) under his/her ownership. The applicant is also not allowed to register or transfer any other vehicle(s) into his/her ownership during the period when he/she has a car registered under the DPS.
B	The applicant must personally drive and be in charge of the car at all times.
C	The applicant is only allowed to register a car that meets all of the following specifications: <ul style="list-style-type: none">• Engine capacity must not be more than 1,600cc; and• Maximum power output of not more than 97kW (130bhp); and• Vehicle must have an Open Market Value (OMV) of not more than S\$20,000
D	If the car needs to be modified to suit the applicant's disability, an approval letter from LTA must be obtained first. Thereafter, the applicant is required to produce the modified car for inspection at any of the authorised inspection centres. The modified car must pass the inspection before it can be registered. For advice on modifications to your car, please contact LTA's Vehicle Engineering Division at Tel: 6553 5794.
E	If the car does not require any modification, the applicant must give an undertaking to that effect.
F	The applicant can only sell the car after written approval from LTA is granted.
G	If the car is transferred to a person who is not eligible for the exemption, the applicant must pay LTA the relevant ARF, which is based on the applicable ARF rate multiplied by the car's OMV at the point when the car was registered. The new car buyer will also need to bid for a COE [†] in the appropriate vehicle category under the Vehicle Quota System.
H	The car registered under the DPS is not eligible for PARF benefit.
I	If any of the terms and conditions listed above are breached, the applicant will be required to pay the full ARF determined at the time of registration of the car and bid for a COE [†] in order for the car to remain registered.

[†] Criteria for COE obtained from the Feb 2014 first bidding exercise onwards:

Category A – Car with engine capacity up to 1,600cc and maximum power output up to 97kW (130bhp)

Category B – Car with engine capacity above 1,600cc or maximum power output above 97kW (130bhp)

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(Please retain this page for your information)

The instructions for completing and submitting the application form are as below:

SUPPORTING DOCUMENTS:

- Coloured photocopy of Applicant's NRIC (Front and Back)
- Photocopy of Applicant's Driving Licence (Front and Back)
- Photocopies of NRICs, Passports (for foreigners), Birth Certificates (for children) and Student Passes of the applicant's immediate family members
- Married applicants must submit a photocopy of their Marriage Certificate / Divorce Paper / Separation Paper / Death Certificate of Spouse (where applicable)
- Documentary proof of income of Applicant and all immediate family members as follows:
 - a. CPF Statements showing monthly contributions for the past 12 months; and
 - b. Latest Notice of Income Tax Assessment; and
 - c. Payslips for the past 6 months from the current employer
- Employer's Verification Form (Annex B)
- Medical Examination Form (Annex C)

Tan Tock Seng Hospital

Clinic for Advanced Rehabilitation Therapeutics (CART)

7 Jalan Tan Tock Seng, Annex 2 Level 1

Singapore 308440

Tel: 6889 4580

For information on operating hours and medical examination charges, please contact Tan Tock Seng Hospital, Clinic for Advanced Rehabilitation Therapeutics (CART) at Tel: 6889 4580. Doctor consultation is strictly by appointment only.

IMPORTANT NOTES:

- The completed application form must be signed by the applicant.
- Please note that there will be no refund of any costs/fees incurred to apply for DPS.
- You can register your DPS vehicle only upon obtaining approval of your DPS application. Upon approval, the applicant must register the car within six months from the date of approval.
- If the applicant also wishes to apply for Excise Duty exemption for the car, please visit www.customs.gov.sg or contact Singapore Customs at:

SINGAPORE CUSTOMS

55 Newton Road

#07-01 Revenue House Singapore 307987

Tel: 6355 2000

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

APPLICATION SUBMISSION:

Please send the application to the following mailing address:

SG ENABLE

The Secretary for Committee to Recommend Waiver of ARF & COE under the DPS

20 Lengkok Bahru

#01-01, Singapore 159053

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

Annex A (Page 2 of 4)

NATURE OF DISABILITY:

☒ Physical Disability Description of Condition: _____
(e.g. Limb Amputation, Muscular Dystrophy)

Nature of Impairment: ☐ Permanent ☐ Temporary

FAMILY PARTICULARS:

- Family refers to applicant's spouse, children, parents and parents-in-laws staying in the same household address as reflected in their NRICs.
- For both the applicant and his/her immediate family members, please attach
 - CPF Statements showing monthly contributions for the past 12 months
 - Latest Notice of Income Tax Assessment
 - Payslips for the past 6 months from the current employer
 - Photocopies of NRICs (coloured printout for applicant), Passports (for foreigners), Birth Certificates (for children) and Student Passes
 - Married applicants must submit a photocopy of their Marriage Certificate / Divorce Paper / Separation Paper / Death Certificate of Spouse (where applicable)

S/N	Name	Relationship to Applicant	Date of Birth	Occupation / Job Title	Gross Monthly Income	Contact No.
1						
2						
3						
4						
5						
6						
7						
8						
Household Gross Monthly Income:				Number of immediate family members living with me:		

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

Annex A (Page 3 of 4)

NEW VEHICLE PURCHASE INFORMATION - VEHICLE DETAILS:

Make:

[illegible][illegible][illegible]

Modification: ☐ Yes ☐ No

[illegible]

CURRENT TRANSPORTATION DETAILS:

Current Mode of transportation: ☐ Car ☐ Bus ☐ MRT ☐ Taxi ☐ Others
Please Specify:

Average Daily
Transportation Expenditure:

[illegible]

Class: ☐ Class 2B ☐ Class 2A ☐ Class 2 ☐ Class 3
☐ Class 3A ☐ Class 4 ☐ Class 4A ☐ Class 5

EXISTING VEHICLE OWNERSHIP INFORMATION:

I own the following vehicle at the moment:

Vehicle No.:

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 Registration Date:

		/		/			
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(DD/MM/YYYY) :

Is the vehicle owned under DPS: ☐ Yes ☐ No

Reasons for replacing vehicle: _____

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

Annex A (Page 4 of 4)

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 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 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 shall personally drive and be in charge of my DPS car at all times and shall not allow anyone else to drive my car.
6. I declare that the information given above as well as the attached documents (if any) are true and correct. I am aware that it is a serious offence to provide false information and/or wilfully suppress any information in relation to this application, which, as a result, will render my application invalid and the waiver, if given, revoked. In such an event, I will be required to pay the full ARF determined at the time of registration and bid for a COE for my car to remain registered.
7. I undertake to register a car as approved by the Committee to Recommend Waiver of ARF and COE under the DPS within 6 months commencing from the date of approval.
8. I undertake to be solely responsible for my DPS car and will not compromise on safety should I decide not to modify my DPS car.

Signature of Applicant

Date

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

Annex B (Page 1 of 1)

Please tick ☒ where applicable

*Please circle which applies

Date: _____

To: The Secretary for Committee to Recommend Waiver of ARF & COE under the DPS
20 Lengkok Bahru, #01-01, Singapore 159053

Dear Sir

APPLICATION FOR WAIVER OF ADDITIONAL REGISTRATION FEE (ARF) AND CERTIFICATE OF ENTITLEMENT (COE) UNDER THE DISABLED PERSONS SCHEME (DPS)

I wish to confirm that Mr/Mrs/Mdm/Ms/Miss* _____
(Name)

of _____ is employed by my company as _____
(NRIC No) (Occupation)

with effect from _____. He/She* is drawing a gross monthly salary
(Date)

of \$_____.

Yours faithfully

Signature and Company Stamp

Name: _____

Designation: _____

Email: _____

Telephone No.: _____
(for clarification)

DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

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DISABLED PERSONS SCHEME (DPS) APPLICATION FORM

Annex C (Page 1 of 1)

Please tick ☒ where applicable

*Please circle which applies

To: The Secretary for Committee to Recommend Waiver of ARF & COE under the DPS
20 Lengkok Bahru, #01-01, Singapore 159053

Dear Sir / Madam,

**WAIVER OF ADDITIONAL REGISTRATION FEE (ARF) AND CERTIFICATE OF ENTITLEMENT (COE)
UNDER THE DISABLED PERSONS SCHEME (DPS)**

1. I have examined Mr/Mrs/Mdm/Ms/Miss* _____ (Name)

of NRIC No.:

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Address:

Telephone No.: _____ on _____
(DD/MM/YY)

2. The nature of disability is: _____

3. I certify that he/she* is:
- ☐ capable of travelling by bus/MRT
- ☐ incapable of travelling by bus/MRT
- ☐ severely disabled and unable to drive any motor vehicle
- ☐ physically disabled/permanently* confined to a wheelchair

4. Comments (if any): _____

Name & Signature
Consultant Physician (Rehabilitation Medicine)
Dept of Rehabilitation Medicine
Tan Tock Seng Hospital

Date _____

- ## 5. Consent

I, _____ NRIC No. _____ agree to have my medical findings revealed to the relevant authorities for the purpose of my application for waiver of ARF and COE under the DPS.

Name of Applicant

Signature of Applicant

Date _____

Name of Witness

Signature of Witness

Date _____