

The Taxi Subsidy Scheme supports persons with disabilities who are medically certified as unable to take public transport (i.e. bus/MRT) and totally dependent on taxis for travel to school, work or employment-related training supported by SG Enable.

Visit www.sgenable.sg → Schemes → Transport → Taxi Subsidy Scheme for more information.

ELIGIBILITY CRITERIA	REQUIRED DOCUMENTS
<ol style="list-style-type: none"> 1. Singapore Citizens or Permanent Residents 2. Medically certified to have a permanent disability of any one of the following: <ol style="list-style-type: none"> i. Physical Disability ii. Visual Impairment iii. Intellectual Disability iv. Autism Spectrum Disorder 3. A working adult / student / trainee <ol style="list-style-type: none"> i. Adults who are in employment or have been accepted for employment ii. 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) iii. Students attending private educational institutes registered with MOE or with the Council for Private Education (CPE) with a minimum course duration of two months iv. Trainees attending employment-related training supported by SG Enable <p>Note: Persons with disabilities who are in special education (SPED) schools or sheltered workshops may apply for the VWO Transport Subsidy (VWOTS) scheme.</p> 4. Medically certified as unable to take public transport (i.e. bus/MRT) and totally dependent on taxis for travelling to school, work or employment-related training supported by SG Enable 5. Have a per capita household income (PCHI) of \$2,800 per month or below 6. Do not own any motor vehicles 	<ol style="list-style-type: none"> 1. Copy of the Applicant's NRIC (Front and Back) or Birth Certificate (where applicable) 2. <u>For Applicant < 21 years old</u> Copy of Parent / Guardian's NRIC (Front and Back) 3. A passport-size colour photograph of the applicant: <ol style="list-style-type: none"> 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 online, photo resolution must be 240 x 320 pixels 4. Copy of Bank Book / Bank Statement showing the bank name, account number and account payee name in full 5. Completed Means Test Declaration Form Note: You do not need to submit if you have been means tested within the past one year. If you are unsure on the validity of your means test, please complete a new form. 6. Completed Travel Purpose Verification (Part 2 of Application Form) Note: Please request the school / employer / training provider to provide the required details applicable to you. 7. Completed Medical Assessment Report (Part 3 of Application Form) Note: Please request the designated Medical Professional (as listed under Annex A) to complete the relevant sections in the report that is applicable to you depending on your disability condition.

IMPORTANT NOTES:

This application form contains **THREE (3)** parts. **ALL THREE (3)** parts must be completed.

- **Part 1 – Application Form (To be completed by the Applicant)**
- **Part 2 – Travel Purpose Verification (To be completed by School / Employer / Training Provider)**
- **Part 3 – Medical Assessment Report (To be completed by a Singapore-registered Medical Professional as listed under Part 3 - Annex A)**

If you do not have a valid means test or your means test is expiring in one year's time, please complete and submit the [Means Test Declaration Form](#) with all the relevant supporting documents.

A. APPLICANT'S PARTICULARS	
<p>Name: (as in NRIC) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: center; font-size: small;"><i>Name on Card will be as per NRIC or Birth Certificate (max 32 characters)</i></p> <p>Date of Birth: (DD/MM/YYYY) <input style="width: 150px; height: 20px;" type="text"/> Identification Number: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Postal Code: (as in NRIC) S <input style="width: 100px; height: 20px;" type="text"/> Unit Number: # <input style="width: 100px; height: 20px;" type="text"/> <small>(#0-0 if there is no unit number)</small></p> <p>Contact Number: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Email: <input style="width: 100%; height: 20px;" type="text"/></p>	<p style="text-align: center; font-size: small;">Affix a recent passport-size photo here (Do not staple/bend)</p>

B. PARENT / GUARDIAN'S INFORMATION (FOR APPLICANTS BELOW 21 YEARS OLD)	
<p>Name: (as in NRIC) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date of Birth: (DD/MM/YYYY) <input style="width: 150px; height: 20px;" type="text"/> Identification Number: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Relationship: <input style="width: 150px; height: 20px;" type="text"/> Contact Number: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Postal Code: (as in NRIC) S <input style="width: 100px; height: 20px;" type="text"/> Unit Number: # <input style="width: 100px; height: 20px;" type="text"/> <small>(#0-0 if there is no unit number)</small></p> <p>Email: <input style="width: 100%; height: 20px;" type="text"/></p>	

C. BANK DETAILS	
<p>Bank Account Payee Name: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/></p> <p>Bank Account Number: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Bank Name: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Bank Code: <input style="width: 50px; height: 20px;" type="text"/> Branch Code: <input style="width: 50px; height: 20px;" type="text"/></p> <p><input type="checkbox"/> I hereby consent to and authorise SG Enable to disburse all approved taxi subsidies to the above third party bank account provided by me. (Please tick if applicant is not the account payee in the above bank account provided.)</p>	

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 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 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. I also consent to SG Enable to obtain information from the medical professional from whom the I have consulted or any parties deemed related for the purposes of verifying the eligibility status of the Applicant, and I authorise the medical professional/ related parties to release such information to SG Enable.
- 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
/ Parent / Guardian

Signature of Applicant
/ Parent / Guardian

Date

(NB: If Applicant is below 21 years old, this part is to be completed by the Parent / Guardian as listed under Section B)

IMPORTANT: THE EXPECTED PROCESSING TIME IS APPROXIMATELY 15 WORK DAYS UPON COMPLETE SUBMISSION. THE TSS CARD WILL BE SENT OUT WITHIN 2-4 WEEKS UPON FINAL APPROVAL. (NOTE: ISSUANCE OF THE TSS CARD IS ONLY APPLICABLE TO APPROVED APPLICANTS UTILISING THE TAXI SUBSIDY SCHEME FOR SCHOOL AND/OR WORK.)

SUBMISSION:



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



Complete this application form and mail to **SG Enable – Taxi Subsidy Scheme**
20 Lengkok Bahru #01-01
Singapore 159053

TRAVEL PURPOSE VERIFICATION

(To be completed by School / Employer / Training Provider)

E. PURPOSE OF TRAVEL (PLEASE SELECT ONE OF THE FOLLOWING)		
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> WORK	<input type="checkbox"/> EMPLOYMENT-RELATED TRAINING supported by SG Enable

F. APPLICANT'S PARTICULARS																					
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G. VERIFICATION (TO BE COMPLETED BY AUTHORISED REPRESENTATIVE)																					
Name of School / Employer / Training Provider:	<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></table>																				
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No. of days per week: ____ (e.g. fill in "5" for Mon to Fri)	Employment Term: (for working applicants only) <input type="checkbox"/> Permanent <input type="checkbox"/> Contract / Temporary																				

H. DECLARATION (TO BE COMPLETED BY AUTHORISED REPRESENTATIVE)	
I declare that the information given above is true and correct.	
_____ Name of Authorised Representative	_____ Signature of Authorised Representative
_____ Official Stamp	_____ Date
_____ Contact Number	_____ Email

MEDICAL ASSESSMENT REPORT

(To be completed by a Singapore-registered medical professional listed under Annex A)

IMPORTANT NOTES

- The Assessing Medical Professional must complete all relevant fields and countersign against any amendments and /or ambiguity made on the medical assessment 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. Applicants are advised to look through the eligibility criteria of the scheme before processing with the medical assessment.
- The medical assessment report is valid only for this application.

I. PATIENT'S PARTICULARS

Name: (as in NRIC)	<table border="1"> <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></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></tr> </table>																																															
Date of Birth: (DD/MM/YYYY)																		Identification Number:																														

J. DISABILITY ASSESSMENT

Description of Condition:	<hr/> <p style="text-align: center;">(e.g. Limb Amputation, Muscular Dystrophy)</p>			
Date of Disability Onset:	<hr/>			
Nature of Disability:	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Temporary (≤ 6 months)
Type of Disability:	<input type="checkbox"/>	Physical Disability (Please complete Section K)	<input type="checkbox"/>	Visual Impairment (Please complete Section L)
	<input type="checkbox"/>	Intellectual Disability (Please complete Section M)	<input type="checkbox"/>	Autism Spectrum Disorder (Please complete Section M)

K. FOR PATIENTS WITH PHYSICAL DISABILITY

(To be completed by a Singapore-registered Doctor / Allied Health-registered Physiotherapist or Occupational Therapist only)
Notes for Assessing Medical Professional: Mobility refers to the ability to walk indoors from room to room on level surface, without the use of assistive devices such as walking frame, walking stick, brace, cane, crutch, prosthetic device, or assistance of another person. To also take into account the patient's restriction to walk due to medical conditions such as lung, cardiac, arthritic, neurological, or orthopaedic condition and the use of oxygen.

a. Mobility Status:	<input type="checkbox"/>	Requires help / supervision most of the time	<input type="checkbox"/>	Independent		
b. Dependency on taxi / dedicated transport:	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Temporary (≤ 6 months)	<input type="checkbox"/>	Independent

FOR PATIENTS WHO DO NOT USE A WHEELCHAIR TO TRAVEL TO SCHOOL / WORK / TRAINING

c. The patient is able to walk with a gait speed of more than or equal to 0.8m/second in a 10m walk test.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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FOR PATIENTS WHO USE A WHEELCHAIR TO TRAVEL TO SCHOOL / WORK / TRAINING

d. The patient is able to safely and independently proper him/herself into an out of the clinic, including manoeuvring corners and inclination.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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e. Additional comments (if any):	<hr/> <hr/>			
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L. FOR PATIENTS WITH VISUAL IMPAIRMENT			
a. Is the patient diagnosed with total / legal blindness?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
b. If (a) is no , does the patient have any mobility issues that make it difficult for him/her to take public transport safely?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
c. Nature of mobility issues:	<input type="checkbox"/>	Permanent	<input type="checkbox"/> Temporary (≤ 6 months)
d. Please state the mobility issues: _____			
e. Additional comments (if any): _____			

M. FOR PATIENTS WITH INTELLECTUAL DISABILITY / AUTISM SPECTRUM DISORDER			
Notes for Assessing Medical Professional: Challenging behaviour refers to culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour that is likely to seriously limit the use of, or result in the person being denied access to, ordinary community facilities.			
a. Does the patient have any challenging behaviours that make it difficult for him/her to take public transport safely?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
b. Nature of challenging behaviours:	<input type="checkbox"/>	Permanent	<input type="checkbox"/> Temporary (≤ 6 months)
c. Please state the challenging behaviours: _____			
d. Additional comments (if any): _____			

N. CONFIRMATION OF ASSESSMENT BY ASSESSING MEDICAL PROFESSIONAL		
<input type="checkbox"/>	I declare that the patient 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.	
I confirm that the assessment done for the above patient 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 patient.		
_____	_____	_____
Name of Assessing Medical Professional	Signature of Assessing Medical Professional	MCR/AHPC No. of Assessing Medical Professional
_____	_____	_____
Clinic/Hospital Stamp	Contact Number	Date of Assessment

LIST OF DESIGNATED MEDICAL INSTITUTIONS

IMPORTANT NOTES		
<ul style="list-style-type: none"> The Taxi Subsidy Scheme medical assessment must be administered by the medical professionals of the designated medical institutions or Social Service Agencies (SSAs) listed below. Failure to do so will deem the report as invalid. For information on operating hours and medical charges (if any), please contact the institution or agency directly. 		
S/N	MEDICAL INSTITUTION / SOCIAL SERVICE AGENCY (SSA)	OPEN TO
1	Alexandra Hospital	Public
2	Changi General Hospital	Public
3	Changi General Hospital, Ward 3B @ Parkway East Hospital	Public
4	Handicaps Welfare Association	Members only
5	Institute Of Mental Health / Woodbridge Hospital	Public
6	Khoo Teck Puat Hospital	Public
7	KK Women's and Children's Hospital	Public
8	Mount Alvernia Outreach Clinic	Public
9	Movement for the Intellectually Disabled of Singapore	Members only
10	National Cancer Centre Singapore	Public
11	National Dental Centre Singapore	Public
12	National Heart Centre Of Singapore	Public
13	National Neuroscience Institute	Public
14	National Skin Centre	Public
15	National University Hospital	Public
16	Ng Teng Fong General Hospital	Public
17	NUH Ward 2 and Ward 3 @ Alexandra	Public
18	Singapore General Hospital	Public
19	Singapore National Eye Centre	Public
20	SPD	Members only
21	Tan Tock Seng Hospital	Public