

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

The Land Transport Authority (LTA) administers a scheme for disabled persons who need financial assistance to buy a car/motorcycle to earn a living. Disabled persons can apply for waiver of the additional registration fee (ARF) and Certificate Of Entitlement (COE) in respect of the registration of a car/motorcycle for their personal use. The applications will be jointly considered by the Committee to Recommend Waiver of ARF and COE Under the Disabled Persons Scheme with representation from the National Council of Social Service (NCSS), LTA and the medical services.

PRE-REQUISITE

2 The pre-requisites are as follows: -

- a) The applicant must be a Singapore Citizen;
- b) The applicant must be gainfully employed and need a car to earn a living;
- c) The applicant must already possess a valid driving licence;
- d) The applicant must be certified by the Rehabilitation Physician from Tan Tock Seng Rehabilitation Centre to be physically disabled and incapable of taking bus and MRT; and
- e) The applicant must meet the eligibility criteria on household income ceiling.

TERMS AND CONDITIONS

3 The successful applicant must comply with the following terms and conditions of the scheme: -

- a) Prior to registration of the car/motorcycle under the DPS scheme, the applicant must de-register or transfer any existing vehicle(s) under his/her ownership (if any). The applicant is also not allowed to register any other vehicle(s) during the period when he/she has a car/motorcycle registered under the DPS scheme;
- b) The applicant must personally drive and be in charge of the car/motorcycle;
- c) The applicant is only allowed to register a car/motorcycle with engine capacity not more than 1,600 cc and an Open Market Value (OMV) not more than \$20,000;
- d) If the car/motorcycle needs to be modified to suit the applicant's disability, an approval letter from the Registrar of Vehicles must be obtained first. The applicant is also required to produce the car/motorcycle for inspection at the LTA when

directed;

- e) If the car/motorcycle does not require any modification, the applicant must submit a letter to the Registrar of Vehicles at the time of registration stating that he/she is responsible for the car/motorcycle and his own safety;
- f) The applicant can only sell the car/motorcycle after a written approval from the Registrar of Vehicles is granted;
- g) If the car/motorcycle is transferred to a person who is not eligible for the exemption, the applicant must pay an ARF, which is based on the applicable ARF rate multiply by OMV at point of vehicle registration. The buyer will also be required to bid for a COE under the Vehicle Quota System;
- h) The car registered under this scheme is not eligible for PARF benefit; and
- i) If any of the terms and conditions listed from (a) to (g) are breached, the applicant will be required to pay the full ARF determined at the time of registration of the car/motorcycle and bid for a COE in order for the car/motorcycle to remain registered.

APPLICATION PROCEDURE

4 To apply for the waiver, the applicant must: -

- a) Complete the application form attached in Annex A;
- b) Obtain from employer an endorsement on the form attached in Annex B to certify the employment status. Where applicable, an employment letter of the applicant's immediate family members, namely the spouse, children, parents and parents-in-law who are staying in the same household as the applicant, certifying the employment status is also required. In addition, documentary proof of the salary such as CPF statements (showing monthly contributions), Notice of Income Tax Assessment and payslips for two current months for the applicant and immediate family members (if applicable) must also be submitted;
- c) Make an appointment with the Tan Tock Seng Rehabilitation Centre at Ang Mo Kio Hospital (Ang Mo Kio Ave 9, Tel: 64506181). The Rehabilitation Physician is available Monday to Thursday from 9:00am to 1:00pm for consultation. Ask the Physician to complete the medical examination form attached in Annex C. A consultation fee of \$80.25 is chargeable for the basic assessment and medical report. Additional fees will be payable if further assessment or investigative tests are needed.; and
- d) Submit a photocopy of the Identity Card (i.e. coloured printout) and Driving Licence. For applicant born outside Singapore, please submit a photocopy of Singapore citizenship certificate. Married applicant is required to submit a photocopy of marriage certificate. Where applicable, a photocopy of the Identity Card, Passport (for foreigner) and Birth Certificate (for children) of the applicant's

immediate family members who are staying with the applicant must also be submitted.

5 Send the completed application forms and the relevant attachments to the Quota & Registration Department, LTA at 10 Sin Ming Drive, Singapore 575701. LTA may invite the applicant for an interview if necessary.

VALIDITY PERIOD OF APPROVAL

6 If the application is approved, the applicant is required to register the car/motorcycle within six months starting from the date of approval.

7 The applicant is also advised to apply to the Singapore Customs at 55 Newton Road, #10-01, Revenue House, Singapore 307987 (Tel: 6355 2000) for excise duty exemption for the car/motorcycle.

To: The Land Transport Authority

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

Attach a passport size-
photograph
here

1. I wish to apply for exemption from the payment of the Additional Registration Fee and the requirement to obtain a Certificate of Entitlement in respect of registration of the following car/motorcycle for my personal use under the Disabled Persons Scheme :-

- a) Make: _____
- b) Model: _____
- c) Engine Capacity: _____
(must not exceed 1,600 cc)
- d) Modification: * Yes / No
- e) Open Market Value: _____
(must not exceed S\$20,000)¹
- f) Type of Vehicle: * Car / Motorcycle

2. My particulars are as follows: -

Name: *Mr/Mrs/Miss/Mdm _____

NRIC No:

S									
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 Date of Birth: _____

(Attach a coloured copy of NRIC)

Home Address: _____

Contact No:

(Home Telephone)									
(Office Telephone)									
(Handphone)									

Marital Status: * Single / Married / Divorced / Widow / Widower
(Attach the relevant document)

Occupation: _____

Designation: _____

Name & Address of Employer: _____

* To circle where applicable. _____

¹ Please take into consideration the currency exchange rate and its impact on the OMV when deciding on the make and model of the vehicle of your choice.

Number of immediate family members² staying with me: _____

S/ No	Name	Relationship	Date of Birth	Occupation	Gross Monthly Salary
1					
2					
3					
4					
5					
6					
7					
8					

Personal Gross Monthly Income: \$ Household Gross Monthly Income: \$

For both the applicant and his/her immediate family members, please attach CPF Statement, Notice of Income Tax Assessment, payslip for two current months and a copy of the NRIC (coloured printout for applicant) /Passport/Birth Certificate (where applicable). Married applicant is required to submit the marriage certificate.

Nature of Disability: _____
(Attach letter from Consultant Physician)

Current Mode of Transportation: _____

Average daily transportation expenditure: _____

3. Particulars of Driving Licence: -

Driving Licence No: _____ Class:*

1	2A	2B	2	3	3A	4	4A	5
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Expiry Date: _____
(Attach photocopy of driving licence)

4. Vehicle Ownership: -

I own the following vehicle(s) at the moment:

Vehicle No:

 Registration Date: _____ Under Disabled Person Scheme?
* Yes / No
* Yes / No

Reason for replacing existing vehicle: _____

* To circle where applicable.

² Refer to spouse, children, parents and parents-in-laws staying in the same household as the applicant.

5. I shall personally drive and be in charge of my car/motorcycle at all times and shall not allow anybody else to drive/ride my car/motorcycle.

6. I declare that the information given above is true and correct. I understand that if I have wilfully suppressed any information required in the form, the waiver, if given, will be 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/motorcycle to be continued to be registered.

7. I understand that the Registrar of Vehicles reserves the right to reject my application and that the reason(s) for which the application is rejected need not necessarily be disclosed.

8. I undertake to register a car/motorcycle as approved by you within six months commencing from the date of approval.

9. I undertake to be responsible for my car/motorcycle and my own safety in writing should my car/motorcycle does not require any modification if I am approved to register a car/motorcycle under this scheme.

(Name and Signature of applicant)

(Date)

Date: _____

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

Dear Sir

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

I wish to confirm that * Mr/Mrs/Miss/Mdm _____
(Name)
of _____ is employed by my company as _____
(NRIC No) (Occupation)
with effect from _____. * He/She is drawing a gross monthly
(date)
salary of _____.

Yours faithfully

(Signature & Company's Stamp)

Name : _____

Designation : _____

Telephone No. : _____
(for clarification)

*To circle where applicable

Your Ref : LTA/VR&L/V43.047.002
Our Ref :

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

Dear Sir

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

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

of NRIC No:

S									
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Address: _____

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

2 The nature of disability is:-

3 I certify that *he / she is [Please tick (√) where appropriate] :-

- (a) capable of travelling by bus/MRT
 - (b) incapable of travelling by bus/MRT
 - (c) severely disabled and unable to drive any motor vehicle
 - (d) * physically disabled / permanently confined to a wheelchair
- | |
|--|
| |
| |
| |
| |

* To circle where applicable

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 Disabled Persons Scheme.

(Name & Signature of Applicant)

(Date)

(Name, NRIC no. & Signature of Witness)

(Date)