

HANDICARE CAB SCHEME

TRIP VERIFICATION FORM

(for valid HANDICARE CAB registered users only)

(MEDICAL)

*for medical consultation, rehabilitation and dialysis

To : The Officer-in-Charge
HANDICARE CAB SCHEME
Handicaps Welfare Association
16 Whampoa Drive, Singapore 327725

Name of patient:

NRIC No.

This is to certify that the above-named patient attended the clinic / centre on:

Date of visit/s :				
Time attended :				
Time left :				

Name & Signature of Consultant Physician /
Occupational Therapist / Physiotherapist /
Centre Manager

Hospital / Clinic / Organisation
(Stamp)

Date

NOTE:

1. Clients of Handicaps Welfare Association (HWA) registered with HANDICARE will take taxi trips on board CITYCAB & COMFORT taxis made through either current or advance booking taxi service.
2. A subsidy covering the prevailing current and advance booking fee of **up to** S\$8.00 per trip will be reimbursed by HWA. Street hail trips will not be subsidised.
3. For reimbursement of prevailing booking fee per trip, all claims must be submitted with the original printed CITYCAB or COMFORT taxi receipt. Otherwise, the fare incurred will not be considered for reimbursement.
4. All recipients of HANDICARE must submit their taxi subsidy claims for the previous month to HWA by the 5th day of the following month. Taxi subsidy claims received thereafter will be reimbursed in the following month. Back-payment will only be made for a maximum period of one month.
5. Reimbursements for prevailing booking fees are payable for journeys made from and to home for approved purposes only.

FOR OFFICE USE

Current / Advance : S\$ x Qty ___ =

Booking Fee (Amount)

APPROVED / REJECTED

Date of supporting claims received _____

Verified By

(Name)

Approved By

(Name)

HANDICARE CAB SCHEME

TRIP VERIFICATION FORM

(for valid HANDICARE CAB registered users only)

(EDUCATION / WORK)

To : The Officer-in-Charge
HANDICARE CAB SCHEME
Handicaps Welfare Association
16 Whampoa Drive, Singapore 327725

Name of Student/Employee:

NRIC No.

This is to certify his/her attendance for the following dates (please tick below the dates):

Month of:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
(e.g. Sept)																
Year 201__	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Name & Signature of Authorised Person

School/Company Stamp

Date

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- For reimbursement of prevailing booking fee per trip, all claims must be submitted with the original printed CITYCAB or COMFORT taxi receipt. Otherwise, the fare incurred will not be considered for reimbursement.
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FOR OFFICE USE

Current / Advance : S\$ x Qty __ = S\$
Booking Fee (Amount)

APPROVED / REJECTED

Date of supporting claims received _____

Verified By

(Name)

Approved By

(Name)