

GOVERNMENT OF INDIA  
MINISTRY OF ROAD TRANSPORT AND HIGHWAYS  
**RAJYA SABHA**  
**UNSTARRED QUESTION NO - 2174**  
ANSWERED ON - 11/03/2026

**PM RAHAT - CASHLESS TREATMENT OF ROAD ACCIDENT VICTIMS**

2174 Smt. Kiran Choudhry:

Shri Brij Lal:

Shri Madan Rathore:

Shri Sadanand Mhalu Shet Tanavade:

Shri Babubhai Jesangbhai Desai:

Shri Narayana Koragappa:

Will the Minister of ROAD TRANSPORT AND HIGHWAYS be pleased to state:

- (a) the salient features, eligibility criteria and implementation framework of the PM RAHAT (Road Accident Victim Hospitalization and Assured Treatment) Scheme, including the financial provisions made under the Motor Vehicle Accident Fund;
- (b) the modalities for integration of the Scheme with ERSS- 112, the Electronic Detailed Accident Report (eDAR) platform and TMS 2.0, along with the timeline for its operationalization across States/UTs including Rajasthan;
- (c) the details of empanelled hospitals under the Scheme, the reimbursement mechanism; and timeline for settlement of claims;
- (d) whether any institutional arrangements have been made for police authentication, monitoring and district-level grievance redressal; and
- (e) the expected impact of the Scheme on improving Golden Hour response?

**ANSWER**

THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS

(SHRI NITIN JAIRAM GADKARI)

(a) & (b) In accordance with the legal mandate under Section 162 of the Motor Vehicles (MV) Act, 1988, "Prime Minister -Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme" has been notified vide S.O. 2015(E) dated 05.05.2025. Further, comprehensive guidelines detailing the process flow, roles and responsibilities of respective stakeholders, and the Standard Operating Procedures (SOP) for its implementation have been issued vide S.O. 2489 (E) dated 04.06.2025. The scheme has been launched by Hon'ble Prime Minister on 13.02.2026 and has been named as Prime Minister -Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme vide S.O. 952(E) dated 19.02.2026. The salient features of the scheme are as under:

- (i) Treatment cover upto ₹1.5 lakh per victim will be provided, subject to a maximum cap of 7 days from date of accident on any category of road. The treatment cover will be

available to all those victims who are involved in road accidents caused by use of motor vehicles.

(ii) Every road accident victim shall be provided with stabilization treatment for upto 24 hours in non-life-threatening cases and upto 48 hours in life-threatening cases at designated hospitals, subject to police response.

(iii) This statutory scheme will take precedence over any other Central/State level schemes.

(iv) The scheme has been successfully implemented through the amalgamation of two existing platforms –eDAR (Electronic Detailed Accident Report) used by Police officials for reporting of accidents and TMS 2.0 (Transaction Management System) of National Health Authority (NHA) used by hospitals for treatment, claim submissions and processing of payments.

(v) The reimbursement to hospitals is being done through Motor Vehicle Accident Fund (MVAFF) which is funded through contributions from General Insurance companies for cases where the offending Motor Vehicle is insured and through budgetary support for un-insured and Hit & Run cases.

Through integration with the 112 Emergency Response Support System (ERSS), the victim or Good Samaritan (RAH-VEER) can obtain necessary information regarding the nearest designated hospital, request an ambulance, or both, as per the situation's requirements. As soon as the victim is admitted, treatment process will have to be initiated based on the Health Benefits Packages developed by NHA. In parallel, while initiating the treatment, police authentication of the victim will have to be initiated in the TMS platform. The hospital would generate the treatment ID(s) on TMS and push it to the district police through eDAR. The time available with police for responding on eDAR shall be upto 24 hours, or 48 hours in life threatening situations decided by hospital administrator.

A complete digital trail for the Scheme will exist from the time of accident reporting through the 112 ERSS platform to victim admission, treatment, police authentication, claim processing and final payment.

(c) The NHA has issued detailed guidelines for designation and onboarding of additional hospitals by States/UTs vide OM S-12018/81/2024 dated 20.05.2025 to ensure availability of treatment facilities. As per the Scheme guidelines notified vide S.O. 2489 (E) dated 04.06.2025, designated hospitals under the Scheme-including empanelled hospitals under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) that comply with the guidelines issued by the NHA for this scheme- shall be deemed designated hospitals for the purposes of the Scheme. The number of hospitals empanelled under NHA for Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is 36,112 as on 09.03.2026.

To ensure transparency and prevent misuse, the Scheme operates through an end-to-end digital workflow integrating the TMS 2.0 and the eDAR platform, creating an electronic linkage between accident details and treatment records for each case. Further, to ensure timely payment to hospitals providing cashless treatment under the scheme, a period of 10 days has been defined from the claim being approved by State Health Agency (SHA) for District Collectors or General Insurance (GI) council to make the payments, as the case maybe.

(d) to (e) The time available with police for responding on eDAR shall be upto 24 hours, or 48 hours in life threatening situations decided by hospital administrator.

The Scheme provides for a structured grievance redressal and monitoring mechanism at the District, State and National level to ensure effective implementation and timely resolution of issues. Under the Scheme guidelines, District Road Safety Committees (DRSCs) are responsible for overall monitoring and coordination at the district level. A dedicated Grievance Redressal Officer (GRO) or point of contact is required to be appointed at the district level by the DRSC for addressing grievances related to the Scheme.

In case a grievance is not resolved satisfactorily at the district level, the matter may be escalated to the District Collector and thereafter to the State Road Safety Council (SRSC), which functions as the nodal agency for implementation of the Scheme in the respective State or Union Territory. At the national level, an Inter-Ministerial Steering Committee oversees the overall implementation and monitoring of the Scheme, including review of issues arising during execution.

The Scheme has been designed in compliance with the statutory mandate of Section 162 of the Motor Vehicles Act, 1988, with the primary objective of ensuring timely and uninterrupted medical care to road accident victims including during the critical Golden Hour.

\*\*\*\*\*