

**GOVERNMENT OF INDIA
MINISTRY OF ROAD TRANSPORT AND HIGHWAYS**

**LOK SABHA
UNSTARRED QUESTION NO - 1008
ANSWERED ON- 05TH FEBRUARY, 2026**

CASHLESS TREATMENT DURING GOLDEN HOUR

1008 SHRI ANANTA NAYAK:

Will the Minister of ROAD TRANSPORT AND HIGHWAYS

सड़क परिवहन और राजमार्ग मंत्री

be pleased to state:

(a) whether the Government proposes to launch a nationwide cashless treatment scheme for victims of road accidents covering treatment up to 1.5 lakh during the "Golden Hour", if so the details thereof;

(b) the details of funding arrangements under the scheme, including coverage through third-party insurance and the Road Safety Fund in cases involving uninsured vehicles;

(c) whether any incentive is proposed for Good Samaritans who bring accident victims to hospitals, and if so, the details thereof, and

(d) the timeline for nationwide rollout of the scheme and the lessons drawn from pilot implementations in States/UTs such as Odisha, Assam, Chandigarh, Uttar Pradesh, Punjab, Haryana, Uttarakhand and Puducherry?

ANSWER

THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS

(SHRI NITIN JAIRAM GADKARI)

(a) (b) & (d) Section 162 of Motor Vehicles Act, 1988, inserted vide Motor Vehicles (Amendment) Act, 2019, mandates the Central Government to formulate a scheme for the cashless treatment of victims of the accident during the golden hour. Accordingly,

Cashless Treatment for Road Accident Victims Scheme, 2025 (Scheme) has been notified vide S.O. 2015(E) dated 05.05.2025. Further, comprehensive guidelines detailing the process flow, roles and responsibilities of various stakeholders, and the Standard Operating Procedures (SOPs) for its implementation have been issued vide S.O. 2489 (E) dated 04.06.2025. Key features of the scheme are as under:

(i) Treatment cover up to Rs. 1.5 lakh per victim will be provided, subject to a maximum cap of 7 days from date of accident. The treatment cover will be available to those victims who are involved in road accidents caused by use of motor vehicles across any category of road.

(ii) Every motor vehicle road accident victim shall be provided with stabilization treatment for up to 24 hours in non-life-threatening cases and up to 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 is being implemented through the amalgamation of two existing platforms, i.e. 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 submission and processing of payments.

(v) The scheme is jointly funded with contributions by General Insurance companies for cases where the offending Motor Vehicle is insured and budgetary support for cases involving other than insured motor vehicles. The contribution by General Insurance companies is a percentage of the mandatory third-party insurance premium.

To build on-ground readiness across States/UTs and identify potential implementation challenges ahead of the national roll-out, the pilot programme was conducted in six States / UTs – Chandigarh, Assam, Punjab, Uttarakhand, Haryana and Puducherry. Based on the key learnings from this pilot, the Scheme was recast to strengthen processes, clarify roles and improve end-to-end execution.

Key learnings included the development of a dedicated Hospital Empanelment Module by NHA, enabling any nearby hospital to provide emergency care through stabilisation treatment and subsequently claim reimbursement, irrespective of empanelment status. The workflow was redesigned to formally integrate District Collectors and the GI Council into approval, oversight, and escalation processes, and the State Road Safety Council was designated as the State-level Nodal Agency responsible for Scheme implementation. To address field realities, the accident reporting requirement for police response time was relaxed from 3 hours to 24/48 hours, and specific provisions for life-threatening scenarios were incorporated into the guidelines to prioritise immediate care and flexibility. For timely transfer of road accident victims to hospitals, 112 Emergency Response Support System (ERSS) was integrated with TMS 2.0, enabling real-time identification of the nearest designated hospital and provision of ambulance services. Coverage was expanded by incorporating ambulance service packages into the Health Benefit Packages, ensuring support for transport and emergency stabilisation. The cut-off period for initial admission was formally defined as 24 hours. Finally, to address jurisdictional issues, a transfer facility was activated on eDAR to enable seamless shifting of case jurisdiction between agencies/regions whenever required for proper case management. The revised scheme would be launched when substantive number of District Collectors/Deputy Commissioners of districts are onboarded on Public Financial Management System (PFMS) to enable direct payment to hospitals.

(c) Through convergence with 112 (Emergency Response Support System), the victim or Good Samaritan (RAH-VEER) may obtain details of the nearest designated hospital and also seek ambulance support. The Good Samaritan scheme guidelines (named as Rah-Veer) provides for the protection of Good Samaritan, who in good faith, voluntarily and without expectation of any reward or compensation renders emergency medical or non-medical care or assistance at the scene of an accident to the victim or transports such victim to the hospital. As per the scheme, the reward for Rah-Veer has been fixed to Rs. 25,000/-.
