

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

**LOK SABHA  
UNSTARRED QUESTION NO - 1010  
ANSWERED ON- 05<sup>TH</sup> FEBRUARY, 2026**

**CASHLESS TREATMENT FOR ROAD ACCIDENT VICTIMS**

**1010 KM. SUDHA R:  
SHRI K C Venugopal:**

**Will the Minister of ROAD TRANSPORT AND HIGHWAYS**

सड़क परिवहन और राजमार्ग मंत्री

**be pleased to state:**

- (a) the timeline for the nationwide rollout of the cashless treatment scheme for road accident victims and the budgetary allocation made for its implementation;**
- (b) the manner in which the scheme will ensure seamless cashless treatment during the "Golden Hour", particularly in rural and remote areas with limited trauma care facilities;**
- (c) whether private hospitals will be mandatory empanelled under the scheme and if so, the operational mechanism for reimbursing hospitals;**
- (d) the manner in which the Road Safety Fund will be augmented to meet the increased financial outgo under the scheme, especially in cases involving uninsured vehicles;**
- (e) the details of safeguards proposed to prevent delays, denial of treatment or misuse of funds; and**
- (f) whether robust grievance redressal and monitoring mechanisms would be put in place and if so, the details thereof?**

**ANSWER**

**THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS  
(SHRI NITIN JAIRAM GADKARI)**

**(a) to (d) In accordance with the legal mandate under Section 162 of the Motor Vehicles Act, 1988, 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.**

**The scheme is jointly funded with contributions by General Insurance companies for cases where the offending motor vehicle is insured. The contribution by General Insurance companies is a percentage of the third-party premium. For cases involving road accidents by motor vehicles other than insured, budgetary support will be provided by the Central Government.**

**To ensure availability of treatment facilities in rural and remote areas, National Health Authority has issued detailed guidelines for designation and onboarding of additional hospitals by States/UTs vide OM S-12018/81/2024 dated 20 May 2025. As per the Scheme guidelines notified vide S.O. 2489(E) dated 04.06.2025, hospitals empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) shall be automatically deemed designated hospitals for the purposes of the Scheme.**

**A complete digital trail for the Scheme will exist from the time of accident reporting through the 112 Emergency Response Support System (ERSS) platform to victim admission, treatment, police authentication, claim processing and final payment. This has been achieved through amalgamation of existing digital assets – Electronic Detailed Accident Report (eDAR) used by police officials and TMS 2.0 used by hospitals to ensure end-to-end digitization of the scheme and tracking of each case. 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.**

**(e) 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 and will be provided facility of an ambulance.**

**States/UTs have been advised to invoke provisions of laws regulating clinical establishments and mandate hospitals to provide treatment to road accident victims under the Cashless Scheme.**

**The Scheme operates through an end-to-end digital workflow integrating the Transaction Management System (TMS 2.0) and the electronic Detailed Accident Report (eDAR) platform, creating an electronic linkage between accident details and treatment records for each case. 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 SHA for District Collectors or GI council to make the payments, as the case maybe.**

**(f) The Scheme provides for a structured grievance redressal and monitoring mechanism at the district, State and national levels 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 chaired by Secretary, Ministry of Road Transport and Highways, oversees the overall implementation and monitoring of the Scheme, including review of issues arising during execution.**

**\*\*\*\*\***