

No. EDN-HE(21)F(10)13/2025-Road Safety
Directorate of Higher Education
Himachal Pradesh, Shimla-1

Dated: Shimla-171001 the June, 2025

To

1. The Registrar, Himachal Pradesh University Shimla-5.
2. The Registrar, Sardar Patel University Mandi, Distt. Mandi HP.
3. All the Principals Govt. Degree / Skt. Colleges / GCET Dharamshala, SCERT Solan in HP.

Subject:- Implementation of cashless treatment of road accident victims under Motor Vehicles Act, 1988 in the state of HP-guidelines regarding.

Please find enclosed herewith copy of D.O. letter No. RT-11028/01/2024-MVI-Part(2) dated 8th November, 2024 along with copy of guidelines "Pilot Scheme For Cashless Treatment of Road Accident Victims" received through the Director Transport. HP Shimla-4 vide letter No: CT-12-1(Cashless Treatment) 2020-RSC-2373 dated 23-05-2025, on the subject cited above.

In this regard, it is informed that a scheme has been formulated by Ministry of Road Transport & Highways for providing cashless treatment to road accident victims caused by motor vehicles, in compliance of the legal mandate under Section 162 of the Motor Vehicles (MV) Act. You are therefore, requested to widely disseminate these guidelines amongst all the concerned/establishment/students in your institution to facilitate the smooth and effective implementation of the scheme.

Info: As above

(Dr. Amarjeet K. Sharma)
Director Higher Education
Himachal Pradesh

Encl: No. Even dated Shimla-1 the June, 2025

Copy for information and necessary action is forwarded to:-

1. The Director Transport, Himachal Pradesh, Shimla-4 w.r.t. his letter referred to the above.
2. Technical Officer I.T. Cell (Internal) DHE HP to upload the same on departmental website.
3. Guard File.

Director Higher Education
Himachal Pradesh



CT-12-1 (Cashless Treatment) 2020-RSC- 2373
 Directorate of Transport, Himachal Pradesh Shimla -04

To

1. The Director General of Police,
H.P, Nigam Vihar Shimla-171002
2. The Engineer in Chief
HPPWD, Nigam Vihar, Shimla-171002
3. The Director, Directorate of Higher Education,
Himachal Pradesh, Shimla-171001
4. The Director, Directorate of School Education,
Himachal Pradesh, Shimla-171001
5. The Director Technical Education,
Vocational & Industrial Training,
Himachal Pradesh, Sunder Nagar, Mandi -175018
6. The Deputy Inspector General of Police (TTR)
H.P, Shimla-171002
7. The Secretary, State Transport Authority (STA)
Directorate of Transport, H.P., Shimla-171004

Dated: Shimla the 23rd May, 2025

Subject: Implementation of cashless treatment of road accident victims under Motor Vehicles Act, 1988 in the state of HP-guidelines regarding.

Sir/Madam

Kindly refer to D.O. Letter No. RT-11028/01/2024-MVL-Part (2) dated 8th November 2024 received from the Ministry of Road Transport and Highways (MoRTH), on the subject cited above, vide which the guidelines for cashless treatment of Road Accident Victims has been enclosed. (Copy of letter & guidelines enclosed)

In this context, it is informed that the enclosed guidelines, pertaining to the implementation of a pilot scheme for cashless treatment of road accident victims have been formulated by MoRTH, in compliance with the directions of the Supreme Court Committee on Road Safety (SCCoRS).

In this regard, you are requested to kindly ensure that these guidelines are widely disseminated among all concerned field-level functionaries of the department to facilitate the smooth and effective implementation of the scheme.

Yours faithfully,

Encls: As Above

Director Transport
Himachal Pradesh

Endstr: as above

Dated Shimla the

May, 2025

Copy for information to:-

1. The Additional Chief Secretary (Transport) to the Govt. of Himachal Pradesh, Shimla-2
2. The Additional Chief Secretary (Home) to the Govt. of Himachal Pradesh, Shimla-02
3. The Secretary, HPPWD to the Govt. of Himachal Pradesh, Shimla-02
4. The Secretary (Education), Govt. of Himachal Pradesh, Shimla-02

Director Transport
Himachal Pradesh

वी. उमाशंकर
सचिव
V. Umashankar
Secretary



भारत सरकार / Government of India
सड़क परिवहन और राजमार्ग मंत्रालय
Ministry of Road Transport & Highways

D.O. No. RT-11028/01/2024-MVL-Part(2)
November 08, 2024

Dear Sir,

I would like to draw your kind attention to Government of India's commitment under Stockholm Declaration to halve road accident-related deaths and injuries by 2030. Administering timely medical treatment, especially during the golden hour is imperative to save precious lives.

2. A Scheme has been formulated by Ministry of Road Transport & Highways for providing cashless treatment to road accident victims caused by motor vehicles, in compliance of the legal mandate under Section 162 of the Motor Vehicles (MV) Act. The Scheme envisages treatment up to Rs.1.5 lakh per victim per accident for a maximum period of 7 days from date of accident.

3. Presently, a pilot program has been implemented in Union Territories of Chandigarh & Puducherry and States of Assam, Punjab, Haryana and Uttarakhand for validating the broad contours of the proposed Scheme. To have a robust assessment of on-ground implementation prior to the Scheme rollout on a pan India basis, it has been decided to conduct the pilot program in Himachal Pradesh and Madhya Pradesh starting from November, 2024. The pilot program will be implemented by National Health Authority (NHA), in coordination with the local police, State Health Agency (SHA), empanelled hospitals, etc. Necessary trainings and briefing workshops shall be carried out by NHA and MoRTH for field officials in this regard.

4. I shall be grateful, if you kindly issue directions to officials concerned to actively support the pilot program. For assistance in respect of administrative matters pertaining to pilot program, the following nodal persons may be contacted:

- (1) Shri Ankit Dugar, Director (MVL), MoRTH
Email: ankit.dugar1986@gov.in; Tel: 011-2371 8575
- (2) Dr. Pankaj Kumar Arora, Director, Convergence Division, NHA
Email: dir.convergence@nha.gov.in; Tel: 011-23468860

5. I look forward to your cooperation and support in the implementation of this scheme which has the potential of saving many lives.

With warm regards,

Yours sincerely,

Umashankar

(V. Umashankar)

Shri Prabodh Saxena,
Chief Secretary,
Government of Himachal Pradesh,
Shimla.

GUIDELINES

PILOT SCHEME FOR CASHLESS TREATMENT OF ROAD ACCIDENT VICTIMS

Ministry of Road Transport & Highways
Government of India

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1. Background

- 1.1. India, as a signatory to the Stockholm Declaration (February 2020), is committed to reduce road accident-related deaths and injuries by 50% by 2030.
- 1.2. To reduce the fatalities owing to road accidents and to facilitate the victims of such accidents, it is imperative that medical services are provided in a time-sensitive manner, especially during the golden hour during which the likelihood of preventing death is highest. The judgement of the Hon'ble Supreme Court in Pt. Parmanand Katara vs. Union of India (1988) has stated that every injured citizen brought for medical treatment should instantaneously be given medical aid to preserve life. Further, the Law Commission of India, in its 201st Report on Emergency Medical Care to Victims of Accidents and During Emergency Medical Condition (2006) has stated that at least 50 per cent of the fatalities can be averted if the victims are admitted to a hospital within the golden hour.
- 1.3. Therefore, in accordance with section 162 of the Motor Vehicles (MV) Act, 1988 ("Act") the Ministry of Road Transport and Highways (MoRTH) has launched a Pilot Scheme ("Scheme") for the cashless treatment of victims of road accidents caused by the use of motor vehicle(s) on any category of road.
- 1.4. Further, in accordance with section 164B of the Act, MoRTH has set up the Motor Vehicle Accident Fund ("Fund") to provide for, inter alia, the treatment of victims in accordance with the scheme frame under section 162. The Fund comprises of 3 accounts, namely, 1) the Account for Insured Vehicles, 2) the Account for Uninsured Vehicles or Hit and Run Motor Accident, and 3) Hit and Run Compensation Account, which are administered by the General Insurance (GI) Council under the supervision of the Motor Vehicle Accident Fund Trust ("Trust").
- 1.5. For the Scheme, two accounts of the Fund, namely, 1) the Account for Insured Vehicles, and 2) the Account for Uninsured Vehicles or Hit and Run Motor Accident, shall be utilised.
- 1.6. These guidelines shall be supplemental to the Scheme approved by MoRTH.

2. Eligibility criteria

- 2.1. Any victim of road accident caused by the use of motor vehicle ("road accident") on any category of road within India, who has sustained injuries requiring trauma or polytrauma care treatment, shall be entitled to cashless treatment under the Scheme in accordance with these Guidelines. In this regard, "motor vehicle" shall have the same meaning as defined under sub-section (28) of section 2 of the MV Act, 1988.
- 2.2. The treatment cover shall be applicable to any victim of road accident irrespective of his / her nationality.
- 2.3. A victim of road accident shall be entitled to cashless treatment for an amount up to a maximum of Rs. 1,50,000 per accident per person, for a maximum period of 7 days from the date of accident.
- 2.4. In case the victim of road accident is a beneficiary of other scheme(s) of Central Government or State Government or UT Administration for providing similar benefits, the treatment under this Scheme shall be exhausted prior to the other schemes.
- 2.5. Those victims whose first hospitalisation takes place after the lapse of 24 hours from the time of accident shall not be considered eligible under the Scheme. However, the victim shall be free to avail treatment under other applicable Schemes, programs etc. as per their respective eligibility criteria.

3. Empanelled hospitals

- 3.1. The treatment shall be provided through hospitals empanelled under this Scheme. However, the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) hospitals shall be deemed empanelled for this Scheme.
- 3.2. The hospitals will be empanelled as per the extant guidelines of National Health Authority (NHA).
- 3.3. All hospitals shall be provided with the facility of getting empanelled for this Scheme on Transaction Management System (TMS), by entering their unique Health Facility

Registry (HFR) ID through which their details shall be auto-fetched for empanelment purposes.

- 3.4. The empanelled hospitals shall be required to follow the guidelines issued by the National Health Authority (NHA) regarding hospital empanelment, patient admission, pre-authorisation, claims settlement etc. for providing treatment under this Scheme.

4. IT platform

- 4.1. The Scheme shall be implemented on an IT platform developed by National Health Authority (NHA).
- 4.2. Electronic linkage between accident victim details and treatment details will be ensured so as to establish a complete digital trail of the treatment being provided under the Scheme.
- 4.3. The said platform would link the data of the Transaction Management System (TMS) of National Health Authority and the electronic Detailed Accident Report (eDAR) application of MoRTH managed by National Informatics Centre (NIC) / National Informatics Centre Services Inc. (NICSIS) through Application Schememing Interface (API).
- 4.4. The unique identifier of a road accident victim in eDAR i.e., eDAR victim ID shall be mapped against the unique identifier of a patient in TMS i.e., Treatment / Patient Registration ID of TMS, to facilitate smooth exchange of data across the platform and ensuring that only victims of road accident avail treatment.

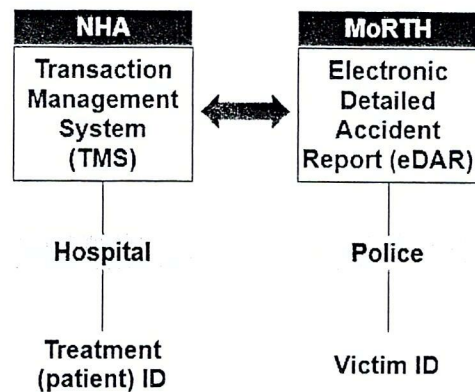


Figure 1. Overview of IT platform

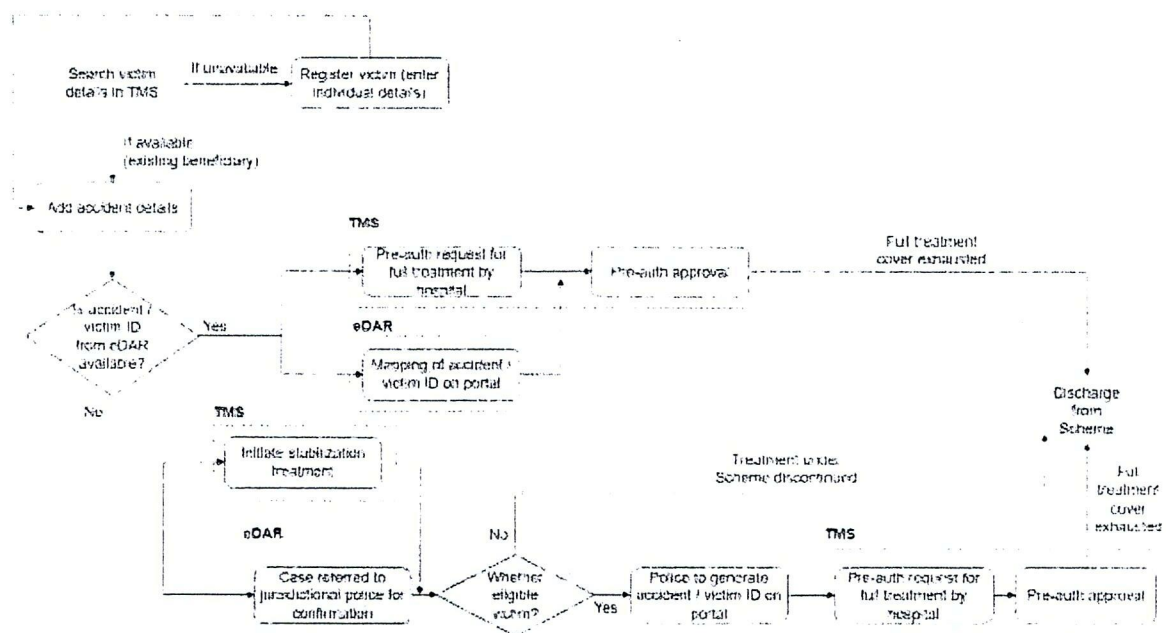


Figure 2. Workflow of IT platform

5. Transfer of victim to hospital

- 5.1. The victims of road accident may be transferred to the nearest empanelled hospital by the local police.
- 5.2. Additionally, the Scheme shall also cover methods of the victims being transferred to the empanelled hospital, such as:

- 5.2.1. Self-hospitalization;
 - 5.2.2. Brought by ambulance services of the hospital or a third party;
 - 5.2.3. Brought by the owner or driver of the motor vehicle causing accident;
 - 5.2.4. Brought by co-passenger of the victim in the motor vehicle involved in accident;
 - 5.2.5. Brought by family members of the victim;
 - 5.2.6. Brought by Good Samaritans;
 - 5.2.7. Referred by government agencies such as road owning agencies, fire & emergency services etc.;
 - 5.2.8. Any other means.
- 5.3. Any person may dial 112 to report a road accident on any category of road (refer Figure 3).
- 5.3.1. The caller shall provide preliminary details about the road accident to the 112 operator, who shall then provide details of the nearest empanelled hospital to the caller and also forward the details to the jurisdictional police station of the accident spot.
 - 5.3.2. The 112 operator shall enquire from the caller about the need for an ambulance, and shall then transfer the request to 108 or any other helpline of the ambulance ecosystem, if required. The location details of the accident spot and the nearest empanelled hospital shall also be made available to 108 or the respective helpline by the 112 operator.
- 5.4. To effect quick transfer of the victim to the nearest empanelled hospital, States / UTs shall ensure strengthening of the ambulance ecosystem and maximum convergence of 112 with the associated helplines viz. 108, 102, 1033, or any Central / State-specific helplines.
- 5.5. In case an empanelled hospital does not admit the victim, the same may be reported as per the grievance management mechanism provided for in these Guidelines.

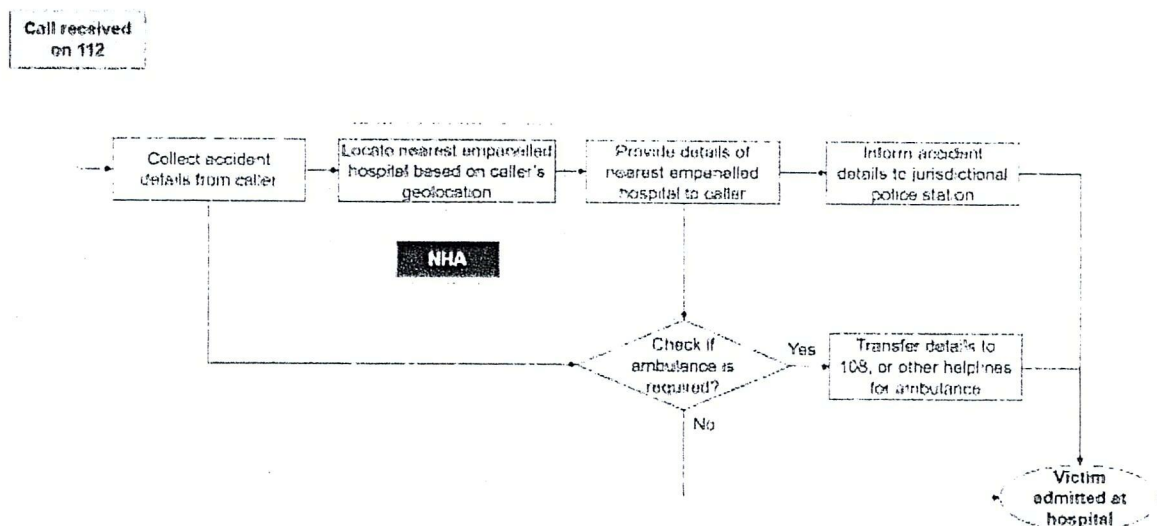


Figure 3. Transferring victim to nearest empanelled hospital

6. Victim verification

6.1. In case a victim is noticed by the police and brought to the hospital, the following steps shall be taken:

6.1.1. In case local police receives information about a road accident caused by the use of a motor vehicle, the nearest available police official shall make efforts to reach the accident spot at the earliest. The police official may then assist the victim(s) in reaching the nearest empanelled hospital.

6.1.2. The police official shall also fill preliminary details about the road accident to generate the eDAR victim ID(s) on eDAR application. This should be ensured simultaneously alongside the admission of the victim at the hospital.

6.1.3. The generated eDAR victim ID(s) shall then be fetched by the concerned hospital through the IT platform for mapping with treatment ID generated on TMS.

6.2. In all other cases of victim reaching the hospital, the following steps shall be taken:

6.2.1. In cases where the victim is admitted at the hospital without the involvement of police, the empanelled hospital would first generate the treatment ID(s) on TMS.

6.2.2. The TMS ID(s) would then be pushed to the jurisdictional district police through eDAR. In case it is known to the hospital that the place of occurrence of the accident

falls in a district other than the district in which the hospital is situated, the hospital shall request for confirmation from such jurisdictional police.

- 6.2.3. The officials of the jurisdictional police station shall collect preliminary details about the road accident and generate the eDAR victim ID(s) along with FIR number (if available) on eDAR based on the place of occurrence of the accident, if it is prima facie established that the victim is a road accident victim. This should be ensured in not more than 6 hours from the time of receiving the TMS ID(s). The police official shall need to only provide preliminary details on eDAR related to generation of victim ID within this period and other details can be uploaded later.
- 6.2.4. In the intervening period, stabilisation treatment will be continued to be provided under this Scheme. Beyond this period, the TMS ID may be auto-rejected and the victim will be deemed discharged from the Scheme.
- 6.2.5. In case a district police official deems that the place of occurrence of the road accident is not within its jurisdiction, it will have the facility of transferring the TMS ID(s) to the jurisdictional police control centre.
- 6.2.6. The generated eDAR victim ID(s) on eDAR shall then be tagged against the patient registration ID generated on TMS.
- 6.3. In either case, the police shall have the facility of adding or modifying further details related to the accident at a later stage in eDAR.

7. Treatment to victims

- 7.1. All hospitals empanelled under this Scheme, including AB PM-JAY hospitals which are deemed empanelled under this Scheme, shall be required to provide treatment to eligible victims as per the packages related to trauma care and polytrauma which have been identified by NHA.
- 7.2. The initiation of the treatment and seeking pre-authorisation of packages shall begin as soon as the victim is brought to the hospital. The treatment under the Scheme will involve two-step process. Registration of victim will be done as soon as victim reaches hospital. At the time of registration, bio-authentication policy of NHA with respect to AB PM-JAY will be applicable. Exemption from bio-authentication will be as per the rules formulated by NHA in this regard.

- 7.3. The pre-authorisation request from the hospital shall have to be raised as per guidelines of NHA. However, irrespective of the pre-authorisation request, the treatment shall have to be initiated immediately.
- 7.4. In case a victim is brought to the hospital by the local police and the eDAR victim ID is generated, the hospital will be permitted to provide treatment from among the complete list of packages available under this Scheme.
- 7.4.1. To the extent possible and ensuring that the treatment of the victim is not hindered, the hospital may collect information from the victim such as identity details, accident spot, vehicle(s) involved (if any) etc. Subsequently, a treatment (patient) ID shall be generated on TMS which is to be mapped to the eDAR victim ID provided by the police official assisting the victim to the hospital.
- 7.5. In all other cases where the victim reaches hospital directly, the following steps shall be taken:
- 7.5.1. A treatment (patient) ID shall be generated on TMS and forwarded to the jurisdictional district police based on the place of occurrence of accident for preliminary confirmation of the victim being a road accident victim.
- 7.5.2. Initially the hospital shall be permitted to book packages related to stabilization only.
- 7.5.3. Once police confirmation is received within the defined time period about the genuineness of the road accident victim, the hospital will be permitted to block packages from the complete list of packages.
- 7.5.4. In case the police confirms that the patient is not a victim of road accident caused by the use of motor vehicle or no confirmation is received, the victim shall be deemed discharged from the treatment cover under this Scheme. In case it is found through police response that the victim is not a road accident victim and ineligible to receive benefits under this Scheme, he / she may be liable for bearing the entire treatment cost.
- 7.6. In case a victim approaches a hospital which is non-empanelled under this Scheme, the victim may be referred to the nearest empanelled hospital or be advised to continue treatment at the non-empanelled hospital at his / her own expense. Reimbursement to non-empanelled hospitals providing stabilisation treatment may

be considered, subject to guidelines and modules being developed by NHA in this regard.

- 7.7. Over the course of the treatment, the hospital will have the facility of transferring the victim to another hospital through referral system in TMS. However, coverage under the Scheme, i.e., 1.5 lakhs for a maximum period of 7 days from date of accident, shall be considered cumulatively across all hospitals for each victim.

8. Victim discharge

- 8.1. Once the treatment limit in terms of cover amount and cover period under the Scheme is exhausted, the victim would be deemed discharged from the Scheme irrespective of further treatment being availed through other means in same hospital or referred hospital(s).
- 8.2. In case of demise of a victim during treatment under the Scheme, the same would be reflected as 'discharged as dead' in the TMS.
- 8.3. The postmortem procedures would not be covered under the Scheme.
- 8.4. At the time of discharge, an authorisation (appended with these Guidelines) should be obtained from the victim that the Motor Vehicle Accident Fund Trust, through General Insurance Council, shall be eligible to approach the jurisdictional Motor Accident Claims Tribunal (MACT) on his / her behalf as per applicable provisions of the MV Act, 1988, seeking compensation from the owner of the offending motor vehicle in case it does not have a valid motor third party insurance coverage.
- 8.5. In case of an accident involving a motor vehicle not having valid motor third party insurance coverage, based on backend integration between eDAR and Vahan, an intimation shall be sent to the owner of the offending uninsured vehicle providing him / her the details about the treatment along with the mechanism for crediting the treatment amount in the MV Accident Fund.

9. Hospital claim settlement

- 9.1. Subsequent to the discharge of victim from the Scheme, the hospital will be required to submit the reimbursement claim to the concerned State Health Agency

(SHA), along with the authorisation (appended with these Guidelines) and other such documents as per extant guidelines of NHA.

- 9.2. All requisite documents, as mandated by NHA and SHA, shall have to be submitted by the hospital while submitting the claim.
- 9.3. The claims received from hospitals shall be settled in first-in-first-out manner as per extant guidelines and procedures of NHA and SHA.
- 9.4. A daily capping for each SHA shall be defined for tapping of funds from the Motor Vehicle Accident Fund i.e., bulk funds shall not be provided to SHAs. The daily capping shall be periodically reviewed after evaluating the volume of cases in that particular State / UT.

10. Accounting and utilization of funds

- 10.1. The claims approved by SHAs shall be settled from the relevant account of the Motor Vehicle Accident Fund.
- 10.2. In case it is established through eDAR that the accident was caused by the use of a motor vehicle having valid motor third party insurance coverage, the hospital claim shall be settled from the Account for Insured Vehicles.
- 10.3. For all other cases viz., accident caused by the use of a motor vehicle not having valid motor third party insurance coverage or hit and run cases or where a response is not received from police over eDAR within the defined time period, the hospital claim shall be settled from the Account for Uninsured Vehicles or Hit and Run Motor Accident.
- 10.4. However, the hospital will not be required to submit details of the relevant account from the claim is being requested. The involvement of a motor vehicle shall be confirmed by the police and the status of motor third party insurance of the offending vehicle shall be identified on eDAR through Vahan, based on which the relevant account of the Fund shall be identified and tapped for reimbursement to Hospital.
- 10.5. For adjustment of fixed sum compensation to be provided to hit and run accident victims under para 22 of Compensation to Victims of Hit and Run Motor Accidents Scheme, 2022, the information on treatment cost incurred shall be made available

to jurisdictional Claims Settlement Commissioner (District Magistrate, the Deputy Commissioner, the Collector or any other officer-in-charge of a revenue district in a State appointed as such by the State Government) through electronic means.

- 10.6. GI Council, through the Motor Vehicle Accident Fund Trust, will monitor the availability of adequate funds in both accounts of the Fund for settlement of claims within the defined turnaround time. At the start of each quarter, it shall be ensured that funds equal to or more than the expenditure of the respective account in the preceding quarter shall be maintained in each account.

11. Recovery

- 11.1. During preliminary police verification, in case it is found that victim is not a road accident victim and ineligible to receive benefits under this Scheme, he / she may be liable for bearing the entire treatment cost.
- 11.2. In case of accident caused by the use of a motor vehicle not having valid motor third party insurance coverage, then the following procedure shall be followed:
- 11.2.1. In case the treatment amount is credited by the owner of the offending motor vehicle into the MV Accident Fund, then the MV Accident Fund Trust may not become a party to the recovery proceedings (if any) before the jurisdictional MACT.
- 11.2.2. However, in case the amount is not deposited, the GI Council (on behalf of MV Accident Fund Trust), through the District Magistrate / Collector, shall become a party to the recovery proceedings, on the basis of the authorization received from the victim availing the treatment. The DM / DC may designate an officer not below the rank of Additional District Collector to represent the GI Council before the jurisdictional MACT in the recovery proceedings. The details of the treatment provided to the victims of such accidents shall be made available to concerned MACT.
- 11.2.3. Subsequent to the MACT award, in case the cost of treatment is not recovered either due to non-compliance by the vehicle owner or due to inadequate monetary value of the confiscated vehicle, then the GI Council (being the decree holder) through the DM / DC may file a civil suit under section 37 of the Code of

Civil Procedure in the jurisdictional civil court. Under such court proceedings, the Court can direct the District Collector to attach the property of the owner of the offending motor vehicle and recover the amount.

12. Scheme monitoring at ground level

- 12.1. All States / UTs shall be required to set up State Monitoring Committee (SMC) headed by Chief Secretary and comprising departmental heads of police, health and transport.
- 12.2. The SMC, which shall meet at least once in every quarter, shall be responsible for reviewing all aspects of the Scheme implementation in respective State / UT and raise issues (if any) to the Steering Committee notified by MoRTH.
- 12.3. The SMC will be required to assess the Scheme implementation of respective districts and may convene meetings with heads of DRSC as per its discretion.
- 12.4. The district level mechanism established under AB PM-JAY shall be responsible for matters related to empanelment of hospitals, treatment packages, settlement of claims by hospitals etc.
- 12.5. The responsibility for overall monitoring and coordination of the Scheme implementation in the respective districts shall be of the District Road Safety Committees (DRSC) set up under section 215 of MV Act, 1988 and as per the orders of Supreme Court Committee on Road Safety.
- 12.6. DRSCs shall make efforts to co-opt a member of the general insurance company nominated by IRDAI as a lead insurer in that State / District, to suggest steps for improving coverage of motor third party insurance in that district.

13. Operational support by district administration

- 13.1. The District Collector shall ensure regular meetings of the DRSC to remove any difficulties in the implementation of the Scheme at the district level. At such meetings, representation from the District Implementation Unit (DIU) set up under AB PM-JAY may be ensured. In this regard, the Member Secretary of Executive

Council of DIU, who is also the Administrative Head of the operational set up of DIU, may be invited to the meeting.

- 13.2. The district police should ensure immediate generation of eDAR victim ID and that a police official accompanies the victim to the hospital, so that the eDAR victim ID of eDAR is made available to the hospital immediately to initiate the treatment of the victim. Necessary sensitisation of police personnel may be carried out in this regard and to adopt the use of eDAR mobile app for immediate generation of the eDAR victim ID. This would entail conducting localised trainings at regular intervals to sensitise about the police officials about the need for timely certification of genuine road accidents.
- 13.3. The District Collector, with the help of District SP, may assign volunteers from the District Red Cross Society or any other volunteers for assisting victims in admission to the empanelled hospital and also ensuring eDAR victim ID is generated at the earliest in coordination with the district police. so that full treatment packages are made available immediately.
- 13.4. The district administration should ensure adequate citizen awareness campaigns and field official sensitisation sessions so that all stakeholders are well-informed of the procedures under this Scheme. Periodic drills (minimum one in each quarter) across all stakeholders may also be conducted to ensure proper functioning of the Scheme at the district level.
- 13.5. The district administration shall ensure setting up of an operational control centre or assigning of additional tasks to existing control room to handle the requests received from hospitals through TMS for confirmation of road accident victims within the defined time period, beyond which the request shall be auto rejected.

14. Grievance management

- 14.1. NHA's helpline number (14555) shall be available and widely publicised to address the queries, public grievances etc.
- 14.2. The said grievance management would cover the following categories:
 - 14.2.1. Grievances from victims related to hospitalization, treatment etc.,

14.2.2. Grievances from hospitals regarding settlement of claims

14.2.3. Grievances from SHA, administrators etc.

14.3. The grievance mechanism would also include an escalation mechanism, with prescribed timelines, to be defined for cases of non-resolution of grievances.

14.4. A dedicated point of contact for grievance redressal would need to be appointed by each stakeholder of the Scheme, i.e., hospitals, police, SHAs etc. Review of grievances related to the Scheme may be taken up as one of the agenda points of periodic meetings of District Road Safety Committee.

15. Fraud control

15.1. All Standard Operating Procedures (SOP), guidelines etc. developed by NHA shall be applicable for this Scheme.

15.2. Such SOPs and guidelines may include provisions related to tele-verifications, mandatory documentation, on-field investigations, hospital audits, use of technology for trend analysis, punitive recoveries or any other measures deemed essential by NHA.

AUTHORISATION

I / We _____ as the victim / legal representative(s) of the victim _____ confirm that I / the victim has availed treatment under the Central Government's Scheme for cashless treatment of road accident victims.

In case it is established that the offending vehicle does not hold a valid motor third party insurance cover, I / we hereby authorize the Motor Vehicle Accident Fund Trust, through General Insurance Council, to seek compensation from the owner of the offending motor vehicle before the jurisdictional Motor Accident Claims Tribunal (MACT) on my/our behalf as per applicable provisions of the MV Act, 1988, limited to the cost incurred for treatment under this Scheme.

I / we shall have no objection with the Motor Vehicle Accident Fund Trust being credited with the appropriate amount based on the award passed by the MACT.

Signature of the victim / legal representative of the victim.

Date: _____

OFFICE USE

TMS ID:

Name of Hospital:

Name of Victim:

eDAR victim ID (if available):

Date of Authorization:

Signature of the hospital representative