Date: 6th May 2026

To,
BSE Limited
Phiroze Jeejeebhoy Towers,
Dalal Street, Fort, Mumbai – 400 001
BSE Scrip Code: 544179

To,
National Stock Exchange of India Limited
Exchange Plaza, C-1, Block G Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
NSE Symbol: GODIGIT

Subject: Intimation under Regulation 30 of the SEBI Listing Regulations- Transparency Report

Dear Sir/Madam,

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed herewith Transparency report of the Company for the half year and year ended 31st March 2026.

The above information is being made available on the Company's website at Transparency Report 14.0.

We request you to kindly take the above intimation on record.

Thanking you,

Yours sincerely,

For **Go Digit General Insurance Limited**

TEJAS SARAF

Digitally signed by TEJAS SARAF
Date: 2026.05.06 12:43:56 +05'30'

Tejas Saraf
Company Secretary & Compliance Officer

Digit Insurance Settles 1 Million Claims in FY 2025-26; TATs Improve Across Services & Claims

- **6 in 10** health insurance **cashless approvals** cleared within **20 mins**.
- **Post-policy fixes** mostly **instant or completed in under two hours.**
- **Biggest claims paid** touched ₹2-3 crore (motor TP); largest health claim at ₹30 lakh.

Bengaluru, 06 May 2026: Digit Insurance (Digit), one of India's leading digital full-stack insurance companies, said it **settled over 1 million claims** across all lines of business in FY 2025-26. The Company, as part of its **14th Transparency Report**, also revealed various service and claims-related turnaround times (TAT), showcasing how it performed against various regulator-set timelines.

Digit revealed that in FY 2025-26, **82.9% of its health insurance cashless approvals** were **cleared within just 30 minutes** (compared to one-hour prescribed requirement), while most **post-policy fixes (updation/correction service requests)** were completed **instantly or under two hours**, well within the prescribed 7-day benchmark.

In a first, the Transparency Report also **expanded its disclosures** to include everyday service TATs, showing how *"instant"* is the new standard for post-policy operations across retail health, motor, and non-motor lines of business. **Below is a quick view of customer-facing service metrics:**

Post-Policy Service Operations
(Corrections & Updates)

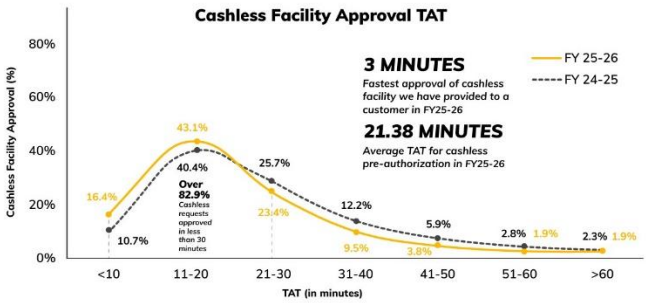
Prescribed Benchmark:
7 Days across all applicable requests*

Service request	Retail Motor (Fastest / Average)	Retail Non-Motor (Fastest / Average)	Health Retail (Fastest / Average)
(a) Change of Address (KYC norms to be complied)	**Instant / 0** (Auto approved)	**Instant / 0** (Auto approved)	**Instant / 0.27 Hrs**
(b) Registration / change of nomination	**Instant / 0.03 Hrs**	**Instant / 0.03 Hrs**	**Instant / 0.17 Hrs**
(c) Alteration in Original Policy conditions (where applicable)	**Instant / 0.65 Hrs**	**Instant / 0.40 Hrs**	**Instant / 0.23 Hrs**
(d) Change of location of risk	**NA**	**Instant / 0.28 Hrs**	**NA**
(e) Any other non-claim related changes	**Instant / 0.03 Hrs**	**Instant / 0.40 Hrs**	**Instant / 0.24 Hrs**
(f) Cancellation of policy and refund of Premium	**Instant / 0.8 Hrs**	**Instant / 1.89 Hrs**	**Instant / 0.32 Hrs**

- **Policy Fixes:** Customer requests for policy changes are largely resolved on an average in a couple of hours, compared to the prescribed 7-day mandate; with the fastest TATs for most requests being addressed **instantly.**
- **First-Time Resolution (FTR):** 95% of customers calling the helpdesk received a resolution on their very first call.
- **Social Media Agility:** The average response time (FLR) for customers reaching out via social media is now **4 minutes and 19 seconds**.
- **Digital Adoption:** Over **4.7 lakh customers** utilized WhatsApp self-service for real-time updates.

Digit also shared granular claims data to reinforce customer confidence. **Key claims metrics from the report are outlined below:**

- **Cashless Facility Approvals:** The fastest recorded approval took only **3 minutes** in FY25-26 while the **average stood at 21.38 mins**.
- **Reimbursement Claims Settlements:** Nearly **92% of claims** were settled within 7 days, with the fastest reimbursement processed in **3.46 hours**. The highest single claim settled touched **₹30 lakh**.



- **Motor Insurance:** Vehicle repair approvals (overall) were clocked as fast as **5 minutes** and around **71% of repair approvals were done within 12 hours.** The largest individual third-party motor settlements reached **₹2.02 crore (two-wheeler) and ₹3 crore (private car)**.
- **Travel Insurance:** A major travel claim of **₹18.65 lakh** in Indonesia was settled in 3 days and 9 hours.

Digit also revealed critical benchmarks related to Ombudsman escalations, health insurance performance, and evolving customer behaviour. **The report's key disclosures are summarised below:**

- **Ombudsman Cases:** Out of 11.16 lakh claims processed, only 339 complaints went to the Ombudsman.
- **Health Claims Performance:** Successfully settled **2.94 lakh** health claims, maintaining a lean repudiation rate of **7.95%**.
- **Customer Insight:** The share of customers who used WhatsApp and still called our call centre for next-step clarity **dropped sharply to 11%**, down from 29% in FY25.

Part of its core value of "Being Transparent", Transparency Report is Digit's bi-annual exercise where it goes beyond mandatory disclosures and shares various data-led insights and stories to its customers, partners and all other stakeholders. Titled *"In Pursuit of Ikigai: Standardising Care, Craft, Rigour & Value in Insurance"*, the report, anchored in the theme of Ikigai, brings together key disclosures and data-led snapshots that show how the Company is strengthening customer outcomes, especially across claims and service experience.

About Go Digit General Insurance Limited

Founded by Kamesh Goyal in 2016, Go Digit General Insurance Limited ("Digit Insurance"/"GDGIL") is a publicly listed general insurance company and is one of the leading new-age insurance companies in India. It leverages its technology to power what it believes to be an innovative approach to product design, distribution and customer experience for non-life insurance products. With its Registered Office in Pune and Corporate Office in Bengaluru, Digit Insurance is one of the first non-life insurers in India to be fully operating on cloud. Digit Insurance won the Digital Insurer of the Year Award 2024 at the prestigious Asia Insurance Industry Awards 2025, Singapore. GDGIL is also part of the Fortune India 500 List (Ranked 274) and Business Today BT500 India's Most Valuable Companies (ranked 246 based on market cap). It has also been recognised as the 'Top Employer in India' for 2024 and 2025 by Top Employers Institute, Netherlands. Digit Insurance offers motor insurance, health insurance, travel insurance, property insurance, marine insurance, liability insurance and other insurance products, which the customer can customize to meet his or her needs. Digit Insurance, through its tech-enabled process, focuses on product innovations to help satisfy real unmet insurance needs.

Note: Trade logo of Go Digit General Insurance Ltd. displayed above belongs to Go Digit Solutions Private Limited and is provided to and used by Go Digit General Insurance Ltd. under license.

For further press queries, please get in touch with Mr. Sabari Saran (+919711677055) or send an email to sabari.saran@godigit.com/mediarelations@godigit.com

30 seconds **Transparency Report Summary**

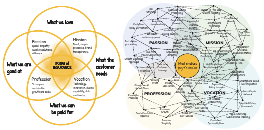
- **Health Insurance Cashless approvals got faster:** ~6 in 10 approvals cleared within 20 mins; 82.9% within 30 mins.
- **Cashless discharge stayed tight:** 86.4% closed within 90 mins.
- **Health Claims Reimbursements moved quicker:** 92% reimbursements were settled within a week.
- **Motor Repair go-aheads** averaged 15h 44m with 71% approvals completed within 12 hours.
- **75% travel claims** were processed through automation.
- **Motor proposal processing** averaged 30 mins; **health proposal processing** averaged 6 hrs.
- **Post-policy fixes** were mostly instant/same-day vs regulator's 7-day benchmark.
- **Don't Miss "The Year That Was"**: Our fast and quirky proof-points from FY26.
- **Health claims snapshot:** We paid over 2.9 lakh health claims with 97.6% decisioned during the financial year.
- **Ombudsman Track Record:** Out of 11.16 lakh claims we processed, 339 complaints went to the Ombudsman.
- **Systems resilience:** Downtime cut ~80% for critical Motor & Health systems; overall reliability at 99.68%.
- **Social response sped up:** FLR TAT averaged 4m 19s (vs 7.56 mins last year).
- **Biggest claims settlements** touched ₹2-3 crore in Motor TP; largest health claim reached ₹30 lakh.
- **Our Financials:** In FY 2025-26, our GWP rose ~10% YoY to ₹11,294 crore, while our PAT rose 28% to ₹544 crore.

"He who has a why to live for can bear with almost any how."

—Friedrich Nietzsche

In Japan, a question sits behind the idea of ***Ikigai***: why do I wake up every morning? It is not framed in a life-purpose way, but as the everyday pull that gets you up. It blends what you love, what you are good at, what the world needs, and what can sustain you.

As we looked at this, we wondered: if we applied this concept to Digit, what would our Ikigai look like? We realised, for us, it means a path where simplifying insurance becomes a lived reality, and what we do aligns with the four pillars of ***Ikigai***.



Passion is where what you love meets what you are good at. For us, it shows up as speed with empathy, turning complexity into one-tap solutions and wrapping care in quick resolutions.
Mission sits where what we love meets what our customers need. As insurance often feels complex or opaque, our mission is to rebuild trust by embedding simplification in everything we do and making transparency the default.
Vocation is about being dependable when it matters most, especially in moments of loss. We build systems and technology that scale, so customers get timely resolution, every time.
Profession is about balance: running a healthy business so care stays affordable, systems stay strong, and we keep getting better. Sustainable growth is what keeps our promise real, every day.

In our ***14th Transparency Report,*** we are opening the doors on what drives us every day, the choices we make, and the systems we have built to make our pursuit of Ikigai possible.

PASSION: THE ANATOMY OF SPEED AND EMPATHY

When we thought about what passion means in insurance, one thing became clear: when life goes off track, customers don't want jargon or fine print. They want reassurance. They want to know that help will come quickly and with genuine care.

That's why we focus on acting fast, while staying deeply empathetic. Our aim is to make support feel real and present when it matters most. This is made possible by people, processes, and technology working closely together to reduce friction, bring clarity, and keep customers informed at every step. For us, passion is what turns the idea of ***"making insurance simple"*** into real, fast, and caring action.

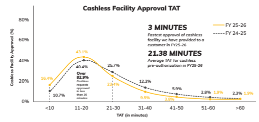
Insider View: Care That Moves Fast

In a hospitalisation journey, three moments typically shape the customer experience most. How quickly a cashless health pre-authorisation is approved, how smoothly discharge is enabled, and how fast reimbursement lands when cashless is not used.

That is why we track TATs closely, to keep the experience calmer, clearer, and more dependable. And averages alone do not tell the full story. That's why we also transparently share the full TAT distribution, show where most requests land and how even the longer-tail cases behave.

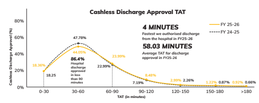
Health Insurance Hospitalisation Claims

Digit pushes cashless requests faster, clears 83% approvals within 30 minutes



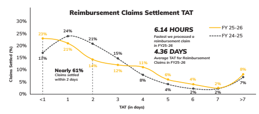
In FY25–26, cashless approvals were noticeably faster compared to last year, with approvals clustering more in the initial minutes. Nearly ***6 in 10*** requests were cleared within ***20 minutes***, and ***82.9%*** were approved within ***30 minutes.*** The heavier waits also thinned out, with approvals taking ***over 30 minutes*** dropping to ***17.1%,*** and the ***over 60 minutes*** bucket easing down to ***1.9%.*** The small tail that remains is typically where extra clarifications or verification are needed to close the loop correctly.

86% cashless discharge approved in under 90 minutes



In FY25-26, cashless discharge approvals showed a stronger early push, with a higher share getting closed very quickly. ***86.4%*** of the requests continued to be completed within ***90 minutes***. The long tail remains tight, with approvals taking over ***180 minutes*** still under ***1%*** at ***0.92%***. In practice, these longer cases usually reflect complex discharges where additional clarifications are needed to close the loop.

Speeding up health reimbursements: 92% claims settled within a week



In FY 25-26, reimbursement settlements showed a clear front-end improvement. **23%** of claims were settled in under a day, up from **17%** in FY 24-25, and **44%** were closed within ***1 day*** (including same day), compared to **41%** last year. Claims taking **4 to 6 days** rose to **21%** (from **14%**), and the over **7 days** bucket edged up to **8% (from 7%)**, typically where clarifications take longer to complete.

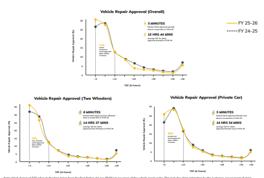
Note: Reimbursement Claims Settlement is the time taken to settle the claim after collating all the necessary claims-related documents.

GETTING YOU BACK FASTER ON THE ROAD

A motor claim is disruption in motion. Customers want the vehicle repaired and life moving again. At network garages, repairs start only after our approval; so, every minute matters. That's why we track this turnaround closely, communicate clearly through the process, and help repairs begin promptly, without unnecessary hold-ups.

Digit speeds up overall vehicle repair go-aheads; 71% approvals completed within 12 hours

In FY 2025-26, our average turnaround time for overall repair approval was ***15 hours and 44 minutes. 71%*** of repair approvals were completed within **12 hours**, helping our customers reduce disruption. In FY25-26, private car repair approvals averaged **14 hours 54 minutes**, while two-wheeler repair approvals were close behind at an average of ***14 hours 37 minutes.*** Even at the fastest end, approvals were near instant in both segments, at 6 minutes for two-wheelers and 5 minutes for private cars.



Note: Work Approval TAT refers to the time taken from the First Notice of Loss (FNOL) to issuance of the vehicle repair order. This includes claim intimation by the customer, assessment of claim admissibility, and communication of work approval to the garage for commencement of repairs. While surveys are largely conducted digitally, actual approval timelines may vary based on claim-specific circumstances.

Digit processes 75% of travel claims via automation

When travel plans go sideways, the last thing you need is paperwork. Our travel insurance is built to move fast, using real-time flight data to automate claims for delays.

In FY 2025-26, 75% of domestic non-medical travel claims were processed through automation. Out of these, 79% were auto-triggered within ***15 minutes,*** leading to faster closure and fewer follow-ups.

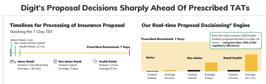
Note: Claims auto-triggered indicates claims initiated in system and do not indicate settlement.

THE PULSE OF CARE IN EVERYDAY ACTIONS

Trust isn't just won in the grand gestures; it lives in our attention to even tiny details like how quickly a proposal is processed, a policy document correction is made or how promptly a service request is closed.

While IRDAI sets the minimum standards for these timelines, our obsession with speed means we treat them as a baseline, never the finish line. That is why, ***for the first time, we are putting some of our service-related TATs out in the open;*** to show how we perform on the everyday requests that shape customer confidence.

Digit's Proposal Decisions Sharply Ahead Of Prescribed TATs



Notes: TATs are based on timelines prescribed in the IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and related Master Circulars issued by IRDAI;
*TAT of proposal decisioning is calculated from the date of receipt of proposal or from the date of receipt of additional requirement, whichever is later. Data shown not drawn to scale.

Across proposal and policy documentation, our service timelines stay far ahead of the prescribed timelines, turning what can take days into minutes or hours. In FY26, motor retail proposal processing was as fast as ***1 minute*** and ***averaged*** under ***30 minutes***, while proposal decisions were nearly instant and averaged ***40 minutes***. Non-motor proposal decisions were nearly instant, with average around **3 days** for processing and decisioning. Even for health, processing ***averaged 6 hours*** and decisioning ***averaged 23.1 hours***, with policy copies typically shared within a few hours, versus the **15-day** allowance.

Most post-policy fixes done instantly or same day at Digit; average grievance closure at 52 hours

Post-policy fixes (updation/correction service requests) are meant to feel effortless, and the data shows exactly that. Against an IRDAI benchmark of ***7 days***, most common requests like change of address, nominations, cancellation & refunds being completed ***instantly*** and, on average, within minutes to ***a couple of hours*** across motor, non-motor, and health.
Grievances should never sit in silence. So, the moment a grievance is raised, acknowledgement goes out

Post-Policy Service Operations
(Corrections & Updates)

Prescribed Benchmark:
7 Days across all applicable requests*

Service request	Retail Motor (Fastest / Average)	Retail Non-Motor (Fastest / Average)	Health Retail (Fastest / Average)
(a) Change of Address (KYC norms to be complied)	**Instant / 0** (Auto approved)	**Instant / 0** (Auto approved)	**Instant / 0.27 Hrs**
(b) Registration / change of nomination	**Instant / 0.03 Hrs**	**Instant / 0.03 Hrs**	**Instant / 0.17 Hrs**
(c) Alteration in Original Policy conditions (where applicable)	**Instant / 0.65 Hrs**	**Instant / 0.40 Hrs**	**Instant / 0.23 Hrs**
(d) Change of location of risk	**NA**	**Instant / 0.28 Hrs**	**NA**
(e) Any other non-claim related changes	**Instant / 0.03 Hrs**	**Instant / 0.40 Hrs**	**Instant / 0.24 Hrs**
(f) Cancellation of policy and refund of Premium	**Instant / 0.8 Hrs**	**Instant / 1.89 Hrs**	**Instant / 0.32 Hrs**

Note: TAT of post policy issue service request is calculated from the date of receipt of request for the service specified | *Ref from Master Circular on Protection of Policyholders' Interests, Operations and Allied Matters of Insurers, 5th Sept 2024.

immediately through automation, in line with the prescribed mandate. For the actual action and decision communication, the prescribed window is **14 days**, but our average closure time is **2 days 4 hours**, with the fastest closure recorded at **52:41:04.**
Before we continue with the next Ikigai lens, let's take a look at few bite-sized stories from the year

OUR CUSTOMER GRIEVANCE RESPONSE

LOB Service	Prescribed TAT	Our Fastest TAT	Our Average TAT
Acknowledging a Grievance	Immediately	Immediately (Automated)	Immediately (Automated)
Action on Complaint & Intimation of Decision to Complainant	14 Days	52:41:04	2 Days 4 Hrs

Note: TAT for grievance actioning is calculated from the original date of receipt of complaint.

that went by.


Digit Stories
MONKEYS GONE WILD
It was a toofani year for monkeys, who were responsible for 1,800+ claims totaling ₹2.8 crore.
The most expensive monkey encounter? A ₹16 lakh claim in Nashik after one dashed into a Mercedes!
THE PREMIUM CLUB
In the luxury lane, we received a record premium of ₹10 lakh for a Bentley, over ₹1 lakh for a Harley Davidson, and ₹2.89 lakh for a heavy-duty 35-ton haulage truck.
HEALTH TRENDS
While cancer claims now account for 5% of all inpatient hospitalisations, there's a silver lining: infectious disease cases saw a significant 22% decline compared to 2024.
FREQUENT FLYERS
We insured one family 29 times for travel this year! They faced 24 claims (totalling ₹80K), primarily for flight cancellations between Mumbai, Bengaluru, Kolkata, and Pune. This family must really love the skies!
UNLUCKIEST CUSTOMER 2.0
This Chennai-based customer had a tough 2025—his brand-new Alcazar met with 10 accidents in a single calendar year.
OUT OF THIS WORLD!
If you stacked all the dwellings insured by Digit in 2025, you'd reach the International Space Station. Meanwhile, the vehicles we've insured to date could wrap around the entire Earth twice.*
GEN Z IS ADULTING RIGHT!
For the first time in our health retail journey, the 25–30 age group (both men and women) took the lead with the highest sum insured, overtaking the 30+ demographic that dominated until 2023.
THE ₹3 CRORE CLUB
While we usually have just one highest-sum insured customer per year, 2025 saw a massive shift.
23 customers opted for our highest retail health cover of ₹3 crore.
3 CR
WEATHERING THE STORM
Fog led to 1,250+ accidents (mostly in Delhi), while floods caused over 2,700 vehicle losses.
The biggest flood payout? More than ₹80 lakh for a single Land Rover in Kolkata.

*Stacking of dwellings assumption based on Digit's calculations using average height of homes as 2.75 meters (making combined vertical height of about 466 km); approximate distance between Earth & International Space Station: 400 km. Wrapping of vehicles assumption based on motor policies sold till 31st March 2026. Weighted average of vehicle length assumed at 2.3 meters referenced against the Earth's polar circumference.

A MISSION TO BUILD TRUST THROUGH TRANSPARENCY

Picture this: Riya files a claim and the only question that matters is what happens next. This is the moment our mission is built for. Decisions communicated without ambiguity. Every loop closed, not left hanging. By treating transparency as the default (things we get right and things we don't), we let customers see all our hits and misses. When you do this, trust follows naturally.

A Deep Dive into Health Claims FY 2025-26

Health claims data only carries weight when the granular numbers behind it reflect real progress. At Digit, we believe you deserve more than just a summary; you deserve a transparent look at how we handle your health claims. Our priority is simple: closing the loop with speed and care. In **FY 2025-26, 97.66%** of all claims received have already been decisioned, ensuring our customers aren't left in the dark. The remaining **2.34%** represent active cases where we are either awaiting essential details from hospitals and policyholders or conducting a final, thorough review.

OUR HEALTH CLAIMS PAYOUT

		Claims Count	
Status	**Retail Health**	**Group Health**	**Total**
A. Outstanding on 1st April 2025	370	5,647	6,017
B. Claims Intimated	8,023	3,09,738	3,17,761
C. Claims Paid	6,822	2,87,806	2,94,628
D. Claims Repudiated	590	1,842	2,432
E. Claims CWP	617	18,528	19,145
F. Outstanding at the end	364	7,209	7,573
	Retail Health	**Group Health**	**Total**
Decisioned % (C+D+E/A+B)	95.66%	97.71%	97.66%
Pending % (F/A+B)	4.34%	2.29%	2.34%
WHAT ELSE TO LOOK AT:			
Repudiation % (D/A+B-F)	**7.35%**	**0.60%**	**7.95%**
CWP % (E/A+B-F)	**7.68%**	**6.01%**	**13.70%**

Total Health Claims Intimated	Total Health Claims Paid	Total Outstanding
3,17,761	**2,94,628**	**7,573**

Note: All data pertains to health LOB excluding PA, Travel; data as on 31 March 2026 | CWP (Closed without payment)

To know what the disposal/decisioned ratio, claims repudiated and CWP ratio mean,
read Digit's Transparency Report 12.

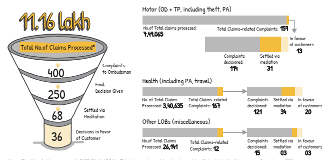
We recognize that for any policyholder, the ultimate measure of an insurer is their consistency in paying versus rejecting claims, so we address that directly. Overall, **7.95%** of health claims were repudiated in FY 2025-26. This rate was slightly higher for Retail Health at **7.35%**, primarily driven by standard waiting-period conditions—a common feature of retail policies.

Fair Play: Breaking Down Ombudsman Data

For most customers, filing a claim is a stressful experience—one often clouded by the fear of long delays or difficult arguments. When a decision doesn't feel right, the Ombudsman acts as an independent voice to ensure fairness. We don't just track these cases as data points; we look at them as a way to see where we lost a customer's confidence and how we can win it back.

At the start of FY 2025-26, we carried forward 61 cases arising from claims from the previous year that were under the consideration of the ***Hon'ble Ombudsman***. During the year, 339 fresh claim related complaints were registered, bringing the total claim related complaints to **400^.**

By the end of the year, **250** of these were resolved, while ***150*** remained under consideration of the Hon'ble Ombudsman. Of the cases that were resolved, ***68*** were settled by way of mediation between the customer and us—a reflection of our willingness to engage and resolve concerns. Out of the remaining ***182*** cases where a formal decision was rendered, 36 were decided in favour of the customer.


11.16 lakh
Total No.of Claims Processed*
400
Complaints to Ombudsman
250
Final Decision Given
68
Settled via Meditation
36
Decisions in Favor of Customer
Motor (OD + TP, including theft, PA)
No.of Total claims processed: 7,49,065
Total Claims-related Complaints: 159
Complaints decisioned: 114
Settled via mediation 31
In favour of customers 13
Health (including PA, travel)
No. of Total Claims Processed: 3,40,635
Total Claims-related Complaints: 167
Complaints decisioned: 121
Settled via mediation 34
In favour of customers 20
Other LOBs (miscellaneous)
No.of Total Claims Processed: 26,141
Total Claims-related Complaints: 12
Complaints decisioned: 15
Settled via mediation 03
In favour of customers 03

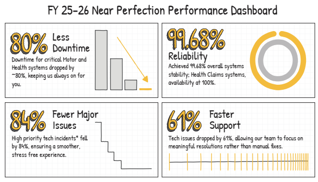
*Notes: *Total No. of claims processed in FY25-26: 11,15,841; ^This data pertains to claim related complaints filed with the Hon'ble Insurance Ombudsman (339 new cases in FY 2025-26 + 61 carried forward from FY 2024-25). In FY 2025-26, Company had a total of 13 complaints arising from non-claim i.e. policy related grievances (9 in favour of Company, 0 settled, 1 in favour of customer and 3 remained outstanding). While above data showcases complaints before Hon'ble Ombudsman, customers also have the option to raise their grievance before any judicial/quasi-judicial body including without limitation Consumer forum.*

In FY 2025-26, we processed a total of ***11.16 lakh*** claims and out of those, ***10.52 lakh*** claims were paid with an amount involved of **₹5,523 crore.** When you contextualise with the data of claims instances escalated to Hon'ble Ombudsman vis-à-vis the number of claims that were processed, we had a claims accuracy of **99.997%.** In simpler terms: out of more than a million claims, there were 36 instances where a customer took their case to the Ombudsman and was proven right. Our aim will always be to ensure we pay all the genuine claims.

VOCATION: BLUEPRINT OF RELIABILITY, POWERED BY TECH

Vocation is the high-performance engine where our tech-led strengths meet the scale of the Indian market. Every decision focuses on making coverage easier to grasp and claims easier to resolve, without ever flinching on accuracy or accountability. This is where we do our best work: building simple, digital systems that work quietly in the background, so trust comes from the experience itself and not just from promises.

FY 25-26 Near Perfection Performance Dashboard


80% Less Downtime
Downtime for critical Motor and Health systems dropped by ~80%, keeping us always on for you.
99.68% Reliability
Achieved 99.68% overall systems stability; Health Claims systems, availability at 100%.
84% Fewer Major Issues
High priority tech incidents* fell by 84%, ensuring a smoother, stress free experience.
61% Faster Support
Tech issues dropped by 61%, allowing our team to focus on meaningful resolutions rather than manual fixes.

*High-priority tech incidents are major production incidents impacting customer experience or core business services

Staying Online: Systems Downtime Cut by 80%

Insurance does not sleep, and neither do our systems. In FY 25-26, we further strengthened our digital backbone across the website, partner portal, and hospital portal so service stayed dependable when customers needed it most. The impact showed up in the metrics too, with 80% less downtime on critical Motor and Health systems, 99.68% reliability overall, and Health Claims systems availability at 100%. High-priority incidents reduced by 84%, and recurring tech issues dropped by 61%, helping teams focus on meaningful resolutions instead of manual fixes.

How Tech Innovation Makes the Everyday More Reliable

Often, what works well is barely noticed. Behind every ease sit systems built to hold steady as volume grows. Our AI-led tech backbone handles the speed and repetition, while a human-in-the-loop approach ensures we don't trade care for efficiency. Here are few of our innovations making the everyday more reliable.


Agentic Calling
Focus: Reach & Scale
50K+ Outbound Calls / Month
Reminders | Validation | Feedback
AI Claim Validation
Focus: Resolution & Speed
750 Claims / Day | 125 Hours / Week Saved
Real-World Impact Assessment
Historical Patterns
Human-in-the-Loop Architecture
Final claim decisions remain governed by trained agents for fairness and compliance.

Agentic AI-Powered Calling: We use autonomous AI calling at scale for reminders, post-policy validations and feedback. Integrated into workflows with monitoring, it keeps outreach timely and purposeful, improving customer connection. We make over ***50k outbound calls every month***, significantly improving reach and response rates while maintaining strict quality governance.

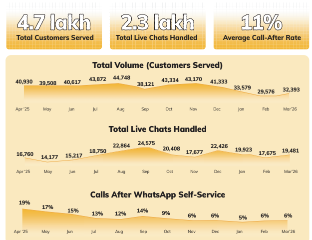
Automated AI-Driven Motor Claim Validation: We use AI to reconstruct accidents from customer narration and vehicle images, cross-checking impact physics against reported damage. It helps assessors decide claims faster with accuracy. In FY26, this system validated ***750 private car claims per day*** and reduced manual verification by over ***125 hours per week.***

Digit serves 4.7 lakh customers on WhatsApp; cuts follow-up calls sharply to 11%

We've designed our systems to be simple to reach. Over time, more of that work has shifted into places customers already use—like WhatsApp—where renewals, claim updates, and other service requests sit a tap away. The result is that customers have to follow up fewer times.

In FY26, we served ***4.7 lakh*** customers (an average of ***1,287 customers per day***) and handled ***2.3 lakh*** live chats on WhatsApp. While WhatsApp reduces friction for many needs, not every query ends there. In FY26, the share of customers who used WhatsApp and still called our call centre for next-step clarity ***dropped sharply to 11%***, down from 29% in FY25, showing stronger end-to-end resolution on WhatsApp.

Self-Service Model That Resolves, Not Repeats


4.7 lakh
Total Customers Served
2.3 lakh
Total Live Chats Handled
11%
Average Call-After Rate
Total Volume (Customers Served)
40,930 39,508 40,617 43,872 44,748 38,121 43,334 43,170 41,333 33,579 29,576 32,393
Apr '25 May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar'26
Total Live Chats Handled
16,760 14,177 15,217 18,750 22,864 24,575 20,408 17,677 22,426 19,923 17,675 19,481
Apr '25 May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar'26
Calls After WhatsApp Self-Service
19% 17% 15% 13% 12% 14% 9% 6% 6% 5% 6% 6%
Apr '25 May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar'26

Clarity on First Ring: First-Time Resolution Improves to 95%

When customers call, the best experience is simple: get the right answer, take the right action, and close it without repeat calls.

In FY26, we handled ***113,550 calls*** compared to ***121,253*** in FY25, while keeping conversations tighter with a lower average talk time of ***0:06:17 versus 0:06:25***. Service requests moved from ***1,537,898*** in FY25 to ***1,569,114*** in FY26, with TAT staying largely steady at ***2:09:53. First Time Resolution (FTR) slightly improved to 95%*** in ***FY26***, which means customers continued to get closure the first time they reached us.

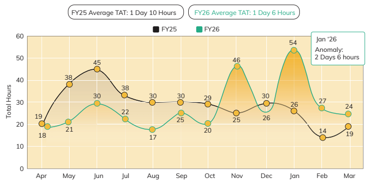
First Time Resolution	No. of Service Requests	Turnaround Time
95%	+2.0%	+48 sec
+1% YoY (FY25: 94%)	1.54M up to 1.57M	Steady at 2:09:53

Avg Talk Time	No. of Calls Handled
-8 sec	-6.3%
0:06:17 (prev. 0:06:25)	121K down to 113K

Social Media: Faster Closures, Clearer Support

Canned replies to customer queries on social media don't cut it anymore. Customers want to know their issue has been seen, acted on, and closed—not just acknowledged. That's what we track: the full path from the first message to final resolution. In ***FY26***, our average ***First Level of Response Turnaround Time (FLR TAT)*** was just ***4 minutes and 19 seconds***, an impressive improvement from ***7.56 minutes*** as of last financial year.

In FY26, our average Social Media Closure TAT improved to ***1 day*** and ***6 hours***, from ***1 day*** and ***10 hours*** in FY25. The only major anomaly was in Jan when our TAT crossed over 50 hours due to few complex cases requiring additional customer inputs, which extended our closure timelines.



Note: First Level of Response Turnaround Time (FLR TAT) is the time taken to provide the initial acknowledgment or response to a customer query, comment, or post on social media after it is received. This metric measures the speed of engagement and responsiveness at the very first touchpoint; Social Media Closure TAT is the total time taken to completely resolve a customer query or issue raised on social media platforms. It is measured from the moment the communication is received to the point where the entire resolution loop is closed.

PROFESSION: FOUNDATION THAT SUSTAINS SCALE & STRENGTH

Profession in Ikigai acts as the anchor where the world's need for security meets the strength of an enduring business. It is the fuel that makes everything else sustainable; the strength that lets an insurer keep promises, keep products affordable, and keep improving experiences.

At Digit, we see this as long-term viability in action. It is the scale that expands access, performance that funds better service, and reach that brings insurance closer to where customers live and work. In essence, this intersection of purpose and profit is what enables our entire ecosystem to endure, allowing our mission to grow stronger and more resilient with time.

Scale With Stability: Our FY2025-26 Snapshot

Growth is not an end in itself. Growth is what gives an insurer the strength to stay dependable, keep products accessible, and continuously improving the customer experience year after year. It reflects the ability to invest in better service, build resilience, and honour commitments at scale, even when conditions get tough.
You can find our key financials and disclosures here: **https://www.godigit.com/investor-relations**

WHAT OUR NUMBERS LOOKED LIKE IN FY 2025-26

Profit After Tax (PAT)	Gross Written Premium	Total Customers Served*
₹5.44B	₹11,294CR	84M
+28% YoY Prev: ₹4.25B	+9.84% YoY Prev: ₹10,282CR	+25.37 YoY Prev: 67M
Number of Policies Sold	**Total Claims Settled^**	**Asset Under Management#**
17M	4.06M	₹229.22B
+41.67% YoY Prev: 12M	+38.09% YoY Prev: 2.94M	16.3% YoY Prev: ₹197.03B

Data for the period FY2025 and FY2026; *Cumulative count of all customers/lives onboarded and includes without limitation persons who have availed insurance benefits under various policies since inception. ^Claims settled since inception | #Asset Under Management numbers are as at March 31, 2026 and as at March 31, 2025

Biggest Claims Settlements Reach ₹2-3 Crore in Motor TP; peak single-day policy issuance crosses 2.2 lakh

A system proves itself when the loss is extraordinary, and when it carries scale. In FY2026, our ***biggest settlements*** reached **₹2-3 *crore*** in motor third-party, while the largest health claim touched ***₹30 lakh***.

Biggest Claims We Settled

Motor Insurance Private Car (Third Party)
₹3 Crore
Loss Type: Injury
Place of Incident: Thaliyur, Tamil Nadu

Motor Insurance Two-Wheeler (Third Party)
₹2.02 Crore
Loss Type: Death
Place of Incident: Thane, Maharashtra

Motor Insurance Private Car (Own Damage)
₹67.08 Lakh
Loss Type: Repair | Place of Incident: New Delhi

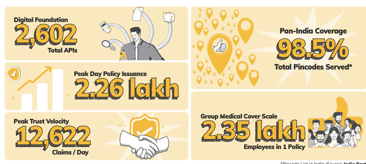
Motor Insurance Two-Wheeler (Own Damage)
₹2.67 Lakh
Loss Type: Total Loss | Place of Incident: Siliguri

Health Insurance
₹30 Lakh
Diagnosis: Auditory Neuropathy Spectrum Disorder
Place of Incident: Chennai, Tamil Nadu

Home Insurance
₹8.06 Lakh
Loss Type: Natural Calamity Loss
Place of Incident: Rajkot, Gujarat

Travel Insurance
₹18.65 Lakh
Loss Type: Emergency Accidental Treatment & Evacuation
Place of Incident: Indonesia

CAPTURING OUR GROWTH NUMBERS IN FY 2025–26



*Pincode List in India (Source: **India Post**)

Behind those payouts sits an engine built for volume. Our ***2,602 APIs*** keep integrations running smoothly across partners and platforms. Our tech ecosystem has helped us ***issue 2.26 lakh*** policies ***on a peak day***, process ***12,622 claims in a single day,*** cover group medical policies as large as ***2.35 lakh employees*** and ***serve 98.5% of India's pincodes.***

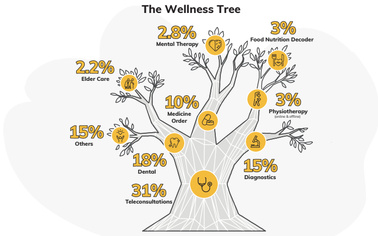
> ***A Note on Our Claims Settlement Ratio***
> *We have been regularly publishing our claim settlement ratio (CSR) along with the methodology/formula adopted for its computation. At present, there is an industry level initiative aimed at achieving uniformity in the disclosure and computation of CSR given by insurers. We will resume the publication of our CSR once the final guidance is issued in this regard.*

Wellness Benefits in Action: What Customers Use Most

A light cough, a sniffle, a rash; you tend to ignore small signs. You watch, wait, maybe look for a quick answer, hoping it passes. Wellness lives in these moments: quiet, everyday spaces where clarity and early guidance can matter more. Digit's wellness benefits are designed to fit in these spaces.

We have seen an uptick in our wellness offerings over the years. In FY 2025-26, ***teleconsultations lead at 31%,*** followed by ***dental at 18%*** and ***diagnostics at 15%,*** which reflects a clear shift toward early advice and preventive checks. ***Medicine orders at 10%*** reinforces the pull of convenience, while the rest is a longer tail across physiotherapy (online & offline), mental therapy, and elder care, signalling comfort with everyday support.

The Wellness Tree



The data reflects customer adoption signals for wellness benefits in FY 2025-26; actual utilisation may vary.

AWARDS & ACCOLADES IN H2FY26

29th Asia Insurance Industry Awards (AIIA) 2025
Digital Insurer of the Year;
Woman Leader of the Year: Jasleen Kohli, MD & CEO, Digit Insurance

Financial Express (FE1000) 2025
Digit Ranked 261 among FE 1000, India's Finest Companies

Business Today "100 Most Powerful Women in Business 2025"
Ranked #42: Jasleen Kohli MD & CEO, Digit Insurance

Synnex India Insurance Summit & Awards 2026
General Insurance Company of the Year

Fortune India 500
List of India's Largest Companies; Rank: 274

ICC Emerging Asia Insurance Awards 2025
Best Innovation led by Technology & InsurTech Award
Best Customer-Oriented Company Award

Business Today 500 (BT500) 2025
India's Most Valuable Companies (Ranked 246 based on market cap)

ET Human Capital Awards 2026.
Silver Award in "Excellence in HCM Innovation and Implementation"

Time to wrap this up. Hope the Transparency Report felt like a breezy 13-minute ride. Write to us at **mediarelations@godigit.com** and tell us what worked, what did not, and what you want us to unpack next. We will be back with the next drop in **October**. Until then, take care.