In Pursuit of Ikigai: Standardising Care, Craft Rigour & Value in Insurance

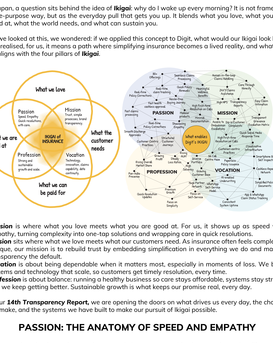
30 seconds Transparency Report Summary

- **Health Insurance Cashless approvals get faster** –6 in 10 approvals cleared within 20 mins; 82.9% within 30 mins.
- **Cashless discharge stayed fast**: 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 instantaneous day vs regulatory 7-day benchmark.
- **Non-Motor "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 11,614 Ombudsman cases we received, 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**: FLIR TAT averaged 4h 13m (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 ₹11,234 crore, while our PAT rose 28% to ₹544 crore.

"He who has a why to live for can bear 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 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**.


what we love
what we are good at
what the world needs
what the customer needs
what we can be paid for
Passion
Mission
Profession
Vocation
IKIGAI
PASSION
MISSION
PROFESSION
VOCATION
Sun Tzu
Kaizen
Lean
Toyota
Six Sigma
Toyota Production System
Hoshin Kanri
Kaizen Blitz
Kaizen Event
Gemba
Genchi Genbutsu
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DIGIT STORIES: HOW WE COVERED FY2026

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, followed by ₹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.

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 metres (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 as 2.5 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 another 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**.*

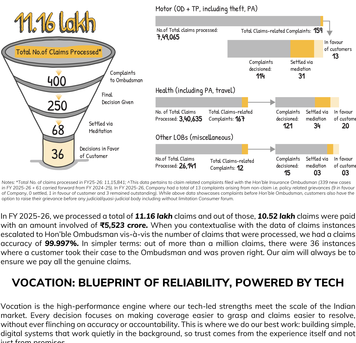
We recognize that for any policyholder, the ultimate measure of an insurer is their consistency in paying versus rejecting claims, so we address that directly. Overall, **7.95%** of health claims were repudiated in FY 2025-26. This rate was slightly higher for Retail Health at **7.35%**, primarily driven 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 **Ombudsman**. During the year, 339 fresh claim related complaints were registered, bringing the total claim related complaints to **400**^A.

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.



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, 3 settled, 1 in focus 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.

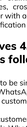
In FY 2025-26, we processed a total of **11.16 lakh** claims and out of those, **10.52 lakh** claims were paid with an amount involved of **₹5,523 crore.** When you contextualise with the data of claims instances escalated to Hon'ble Ombudsman vis-a-vis the number of claims that were processed, we had a claims accuracy of **99.97%**. 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 group 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
100+ Outbound Calls / Month
Reminders | Validation | Feedback

AI Claim Validation
Focus: Resolution & Speed
750 Claims / Day | 135 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.**

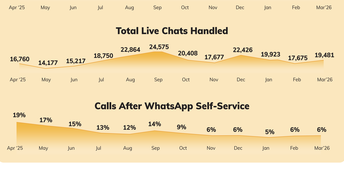
Digit serves 4.7 lakh customers on WhatsApp; cuts follow-up calls sharply to 11%

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	2.3 lakh	11%
Total Customers Served	Total Live Chats Handled	Average Call-After Rate



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.

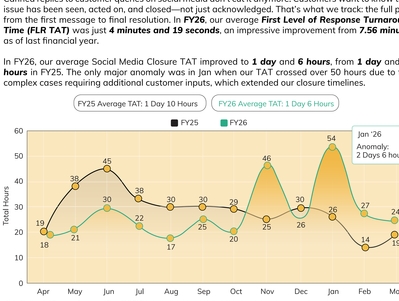
First Time Resolution	No. of Service Requests	Turnaround Time
95%	+2.0%	+48 sec
↑+1% YoY (FY25: 94%)	1.54M up to 1.57M	Steady at 2:09:53

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

Digital Foundation
2,602
Total APIs

Pan-India Coverage
98.5%
Total Pincodes Served*

Peak Day Policy Issuance
2.26 lakh

Peak Trust Velocity
12,622
Claims / Day

Group Medical Cover Scale
2.35 lakh
Employees in 1 Policy

*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.***

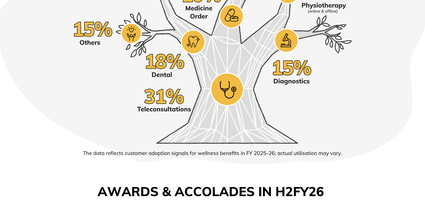
A Note on Our Claims Settlement Ratio
We have been regularly publishing our claim settlement ratio (CSR) along with the methodology/formula adopted for its computation. At present, there is an industry level initiative aimed at achieving uniformity in the disclosure and computation of CSR given by insurers.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