

Date: 6<sup>th</sup> 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 31<sup>st</sup> 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**  
**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 [14<sup>th</sup> 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 (updatation/correction service requests)** were completed **instantly or under two hours**, well within the prescribed 7-day benchmark.

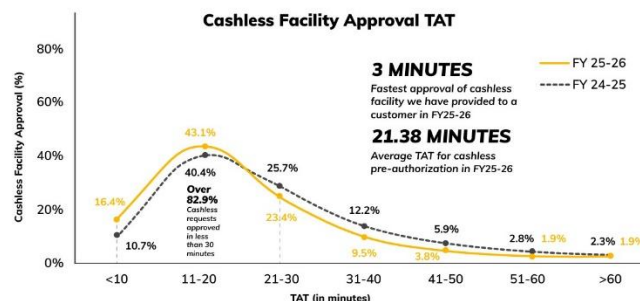
In a first, the [Transparency Report](#) also **expanded its disclosures** to include everyday service TATs, showing how “*instant*” is the new standard for post-policy operations across retail health, motor, and non-motor lines of business. **Below is a quick view of customer-facing service metrics:**

- **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.

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

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](mailto:sabari.saran@godigit.com)/[mediarelations@godigit.com](mailto:mediarelations@godigit.com)



# Digit Stories

### MONKEYS GO WILD

It was a heady year for startups, with a record 1,200+ new IPOs, claims totaling \$2.8 crore. The most reported monkey encounter? A 102 lakh claim in North after one died in a Mumbai.

### THE PREMIUM CLUB

In the luxury lane, we reached a record premium of \$1.5 lakh for a Bentley, over \$1.1 lakh for a luxury Mercedes, and \$1.2 lakh for a heavy-duty 25-ton haulage truck.

### HEALTHY TRENDS

We saw a record 9% increase in health claims for 2025, with 9% of all reported health claims being infectious disease cases, up from 7% in 2024.

### FREQUENT FLYERS

For most of the year, they found 24 cities that they visited more frequently than any other city, with the highest number of visits being Mumbai, followed by Delhi.

### UNLUCKY CUSTOMER 2.0

The 100th customer to be covered by Digit had a health claim of \$1.5 lakh for a luxury Bentley, over \$1.1 lakh for a luxury Mercedes, and \$1.2 lakh for a heavy-duty 25-ton haulage truck.

### OUT OF THIS WORLD

As we entered the new year, we found that 2025 was the most reported year for health claims, with 9% of all reported health claims being infectious disease cases, up from 7% in 2024.

### GEN Z IS ADULTING RIGHT

As we enter the new year, we found that 2025 was the most reported year for health claims, with 9% of all reported health claims being infectious disease cases, up from 7% in 2024.

### THE '3 CR' CLUB

While we usually have just one health claim from a customer per year, 2025 saw a customer with 3 health claims, all for a total of \$3 crore.

### WEATHERING THE STORM

Fog led to 1,200+ accidents in 2025, with 1,200+ accidents reported, with 1,200+ accidents reported, with 1,200+ accidents reported.

## A MISSION TO BUILD TRUST THROUGH TRANSPARENCY

Picture this: You file 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 reported have already been decided, 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 physicians or conducting a final, thorough review.

#### OUR HEALTH CLAIMS PAYOUT

Claimer	Retail Health	Group Health	Total
A. Outstanding on 1st April 2025	370	5,647	6,017
B. Claims Intimated	8,023	1,09,738	3,17,761
C. Claims Paid	6,822	2,87,806	2,84,628
D. Claims Repudiated	590	1,842	2,432
E. Claims CWP	617	18,538	19,155
F. Outstanding at the end	364	7,208	7,572
	Retail Health	Group Health	Total
Decided % (A-D-E-A-B)	95.66%	97.71%	97.66%
Pending % (F-A-F)	4.34%	2.29%	2.34%

WHAT ELSE TO LOOK AT:		
Repudiation % (D-A-B-F)	2.3%	0.6%
CWP % (E-A-B-F)	7.6%	0.1%

Total Health Claims Intimated	Total Health Claims Paid	Total Outstanding
<b>3,17,761</b>	<b>2,94,628</b>	<b>7,572</b>

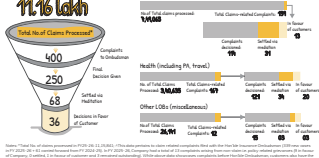
To know what the disposal/decided ratio, claims repudiated and CWP ratio mean, read [Digit's Transparency Report 21](#).

### 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 on 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 **Health 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 Health Ombudsman. Of the cases that were resolved, **48** 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.



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 **₹5,521 crore**. When you contrast this with the claims of previous years, escalated to the Health Ombudsman vis-a-vis the number of claims that were processed, we had a claims recovery of **98.97%**. In simpler terms, out of more than a million claims, there were 32 instances where a customer took their case to the Ombudsman and was proven right. Our aim will always be to ensure we are 99% of 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 over-focusing 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 built and not just from promises.

#### FY 25-26 Near Perfection Performance Dashboard



#### 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 helpdesk to 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

#### Agentic AI-Powered Calling

We use autonomous AI calling at scale for reminders, post-policy verifications, and feedback, integrated into workflows, with monitoring, it keeps outreach timely and purposeful, helping customer retention. We made over **50k outbound calls every month**, significantly improving reach and response rates while maintaining strict quality governance.

#### AI Claim Validation

From Resubmission & Appeal, Real-time Monitoring, and Fraud Detection, we ensure claims are processed faster and more accurately.

#### Human-in-the-Loop Architecture

From Agent to Customer, from Customer to Agent, we ensure claims are processed faster and more accurately.

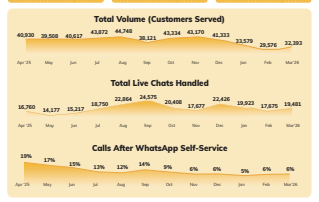
**Automated AI-Driven Motor Claims Validation:** We use AI to reconstruct accidents from customer narration and vehicle imagery, cross-checking impact physics against reported damage. It helps insurers decide claims faster with accuracy. FY25, the system validated **750 private car claims per day** and 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 reminders, claim updates, and other service requests sit a tap away. The result is that customers have to follow up fewer times.

In FY25, 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, our every query ends there. In FY25, the share of customers who used WhatsApp and still called our call center for most-step clarity **dropped sharply to 11%**, down from 29% in FY24, showing stronger end-to-end resolution on WhatsApp.

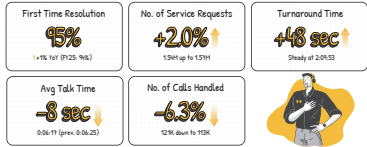
#### Self-Service Model That Resolves, Not Repeats



### Clearing the Ring: First-Time Resolution to 95%

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

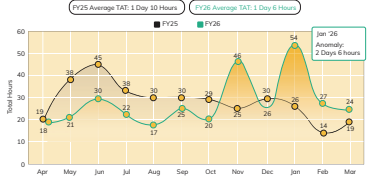
In FY26, we handled **113,550 calls** compared to **121,263** in FY25, while keeping conversations tighter with a lower average talk time of **0:06:17** versus **0:06:25**. Service requests moved from **1,537,856** in FY25 to **1,569,114** in FY26, with TAT staying largely steady at **2:09:53**. **First Time Resolution (FTR) slightly improved to 95%** in FY26, which means customers continued to get closure the first time they reached us.



### 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.



**FY25 Average TAT: 1 Day 10 Hours** | **FY26 Average TAT: 1 Day 6 Hours**

### PROFESSION: FOUNDATION THAT SUSTAINS SCALE & STRENGTH

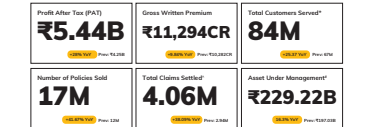
**Profession** in legal acts as the anchor where the world's need for security meets the strength of an enduring business. It is the fact that makes everything else sustainable: the strength that lets an insurer keep promises, keep products affordable, and keep improving experiences.

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



Based on the financials of Digit Insurance Co. Limited. \*Customer service and operations data, which is reported on a quarterly basis, is not audited. All figures are in INR unless specified. All figures are in INR unless specified. All figures are in INR unless specified.

### 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



### CAPTURING OUR GROWTH NUMBERS IN FY 2025-26



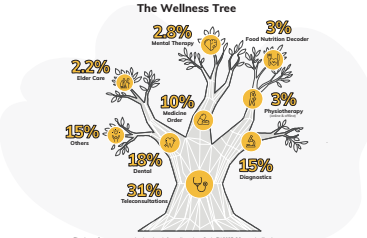
Behind those payouts sits an engine built for volume. Our **2,602 APIs** keep integrations running smoothly across partners and platforms. Our tech ecosystem has helped us **issue 2.26 lakh policies on a peak day** across **12,622 claims in a single day**, cover group medical policies on large as **2.35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

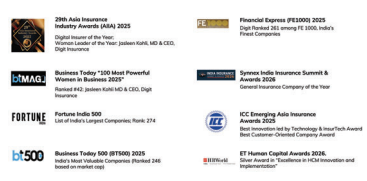
### Wellness Benefits in Action: What Customers Use Most

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.



### AWARDS & ACCOLADES IN H2FY26



Time to wrap this up. Hope the Transparency Report felt like a breezy 13-minute ride. Write to us at [media@digit.com](mailto:media@digit.com) and tell us what worked, what did not, and what you want us to unpack next. We'll be back with the next drop in October. Until then, take care.