Date: 18th November 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 ended 30th September 2026.

The above information is being made available on the Company's website at Transparency Report 15.0.

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

Thanking you,

Yours sincerely,

For **Go Digit General Insurance Limited**

Digitally signed by
TEJAS SARAF
Wednesday, November 18,
2026 12:27:11 PM

Tejas Saraf
Company Secretary & Compliance Officer

Digit Insurance Settles Over 6 Lakh Claims in H1 FY27; Health Cashless Approvals Average 25 Minutes

- Over 2,000 Gujarat floods motor claims worth ₹28.5 crore settled at the end of H1FY27.
- Average health reimbursement claims settled in 2.4 days; fastest in 5.4 hours.
- Customer grievances closed in under 2 days on average; 95% resolved in first interaction.

Bengaluru, 16 November 2026: Go Digit General Insurance Limited ("Digit"), one of India's leading new-age insurance companies, today released its **15th Transparency Report**, offering a detailed account of its claims, customer service and financial performance for H1 FY27. During the period, the company **settled over 6.2 lakh claims**, up 32% year-on-year, while cashless health pre-authorisation requests were approved in an average of 25.1 minutes.

The report further revealed that Digit settled 2,109 motor claims following the Gujarat floods, paying ₹28.5 crore by the end of H1FY27. During the same period, average health reimbursement claims were settled in 2.4 days, while customer grievances were closed in under two days on average, with 95% resolved during the first interaction.

On its busiest day in H1 FY27, Digit settled 11,750 claims in a single day. Since inception, the company has served over 9.4 crore customers and settled more than 48 lakh claims, with a cashless network spanning over 23,500 garages and 10,500 hospitals across India.

Here is a snapshot of key insights from the 15th Transparency Report:

- **Health Claims:** Cashless facility approval requests were approved in an average of **25.1 minutes**, compared with 26.9 minutes in H1 FY26. Reimbursement claims were settled in an average of **2.4 days**.
- **Motor Claims:** The largest third-party motor claim paid during the period stood at **₹1.9 crore** for a private car fatal accident and **₹1.4 crore** for two-wheeler.
- **Customer Grievances:** Grievances were closed in an average of **1 day and 23 hours**, while **95% of customers** received a resolution during their first interaction with the call centre.
- **Policy Processing:** Retail motor insurance proposals were processed in **under 30 minutes on average**, while retail health proposals were processed on average in **5 hours 2 minutes**.
- **Peak-Day Capacity:** Digit issued up to **3.5 lakh policies** and settled as many as **11,750 claims** in a single day, demonstrating the scale supported by its operating systems.

The company also transparently highlighted service areas where turnaround times increased during the period. Average vehicle repair approval time rose from **14 hours 44 minutes to 17 hours 39 minutes**, while cashless health discharge approval time rose from **52.5 minutes to 63.6 minutes**. Digit also recorded longer processing times for certain motor policy servicing requests, including registration and nomination changes, identifying these as areas requiring further improvement.

Digit launched its Transparency Report in 2018 to give customers and other stakeholders a clear and open view of how the company performs across claims, service and operational parameters.

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 Sabari Saran (+919711677055) or send an email to sabari.saran@godigit.com/mediarelations@godigit.com.



APPROACHING A DECADE: A CLOSER LOOK AT HOW WE ARE DOING

30-Second Transparency Report Summary

- **Nine years of Digit:** 9.4 crore customers served, 48 lakh claims settled and 90 active insurance products.
- **Our reach:** 84,128 partners, 4,600+ employees, 100+ offices and customers served across 98.5% of India's pincodes.
- **Infrastructure we cover as Lead Insurers:** 200+ engineering workshops, 150+ solar plants, 100+ road projects and 25+ IT parks.
- **Gujarat flood claims:** 2,109 motor claims settled by the end of H1 FY27, representing 72.5% of claims received, with ₹28.5 crore already paid.
- **Peak-day scale:** Highest policy issuance touched 3.5 lakh, while most number of claims settled in a single day peaked at 11,750.
- **Cashless network:** 23,500 garages and 10,500 hospitals across the country.
- **Health cashless approvals** averaged 25.1 minutes, against the 60-minute regulatory timeline.
- **Health reimbursement claims** were settled in an average of 2.4 days, against the 14-day regulatory timeline.
- **Retail motor proposal processing** averaged under 30 minutes, while retail health proposal processing averaged 5 hours 2 minutes.
- **Customer grievances** were closed in an average of 1 day 23 hours, while first-time resolution remained at 95%.
- **What didn't go as well:** Vehicle repair approvals increased from 14 hours 44 minutes to 17 hours 39 minutes; cashless discharge approvals rose from 52.5 minutes to 63.6 minutes; motor registration and nomination changes increased from 10 minutes to 22 minutes; and retail health policy changes rose from 29 minutes to 41 minutes.
- **Recognition:** 12 awards across insurance, fintech, customer experience, technology and people-related categories in H1 FY27.

The simplicity of truth is unnerving. Truth or its manifested form i.e. transparency is just facts without any cake toppers.

When we began publishing our Transparency Report in 2018, the intention was to stay true to one of Digit's core values: **being transparent**. Insurance already has an extensive framework of public and regulatory disclosures. We wanted to complement it by **sharing information customers could more readily relate to:** what happens when they make a claim, how long different processes take, how they are served and what our own experience is teaching us.

As we **approach a decade of operations** and publish our **15th Transparency Report,** there is need to look at that journey holistically.

What We Look Like After Nine Years

In the last nine years, Digit has served **over 9.4 crore customers** through **90 active insurance products.** We today work with **84,128 partners** across the country, have over 4,600 employees across 100+ offices and have served customers in **98.5% of India's pincodes.** We have settled over 48 lakh claims since inception and on peak days, our systems have issued as many as **3.5 lakh policies and settled 11,750 claims in a single day.** Two of our biggest lines of business—motor and health—are strongly supported by a network of **23,500 cashless garages and 10,500 network hospitals.**

Expanding the Insurance Ecosystem

When Go Digit General Insurance Limited began, the idea was to make general insurance simpler. Today, **our promoter ecosystem** spans **Go Digit Life Insurance** and **Valueattics Reinsurance,** India's first private-sector reinsurer (under the revamped regulatory framework).

General insurance protects people and businesses against risks they face today. Life insurance addresses financial responsibilities that may extend across decades, while Reinsurance helps insurers manage and distribute the risks they carry. Together, they reflect a wider view of risk and protection than the one with which the journey began.

Numbers can tell us how far we have come. But they cannot always tell us how well the business is working when tested, where it has improved, or where the experience has fallen short. In this edition, we bring the two together: stories and insights that show what happens in practice, and numbers that present progress and setbacks with honesty.

WHEN SYSTEMS GET TESTED

a. MOTOR CLAIMS SERVICING AT SCALE

Gujarat floods: Responding when many customers need help at once

Gujarat faced two rounds of flooding, affecting **more than five districts.** Our focus was to reach customers and keep claims process moving. While some claims remained in progress, by the end of H1 FY27, we had settled **2,109 claims, accounting for 72.5% of the motor flood claims, and paid ₹28.5 crore.**

- **Biggest challenge:** High claim volumes across two floods, inaccessible roads, immovable vehicles and crowded garages, with earlier claims still in process.
- **What helped:** 65+ claims team members, field and back-office processing, home surveys for 45% of customers, towing assistance, automated RC verification through Vahan/Parivahan, and no mandatory licence checks for parked vehicles.
- **What still caused delays:** For total-loss claims involving hypothecated vehicles (those under an active loan), settlement required additional coordination with lenders, which took some time. Documentation for non-repair claims and parts shortages affecting ongoing repairs also added to the timelines.
- **What can improve:** Better parts visibility, closer coordination with financiers and workshops, and clearer updates in case of repair delays.



A similar approach helped us promptly settle flood-related claims in Assam and parts of Maharashtra during H1 FY27.

b. WHEN TIME IS OF IMPORTANCE, IT AFFECTS LIFE

Malaysia to Bengaluru: An air medical evacuation across borders

After a jet-ski accident in Malaysia, a travel insurance policy the customer bought for a little over **₹2,000** became his biggest lifeline when he wanted to be medically evacuated to continue his treatment in Bengaluru.

- **Biggest challenge:** Safe ICU-to-ICU transfer across countries, aircraft availability, permits, medical clearances and coordination with multiple service providers.
- **What we did:** Arranged air and ground ambulances, medical escorts, travel for his companion, secured the required documents, and settled a claim amounting to **₹62.2 lakh for evacuation.**
- **What helped:** Close coordination between both hospitals, medical teams, our third-party administrator and the evacuation provider.

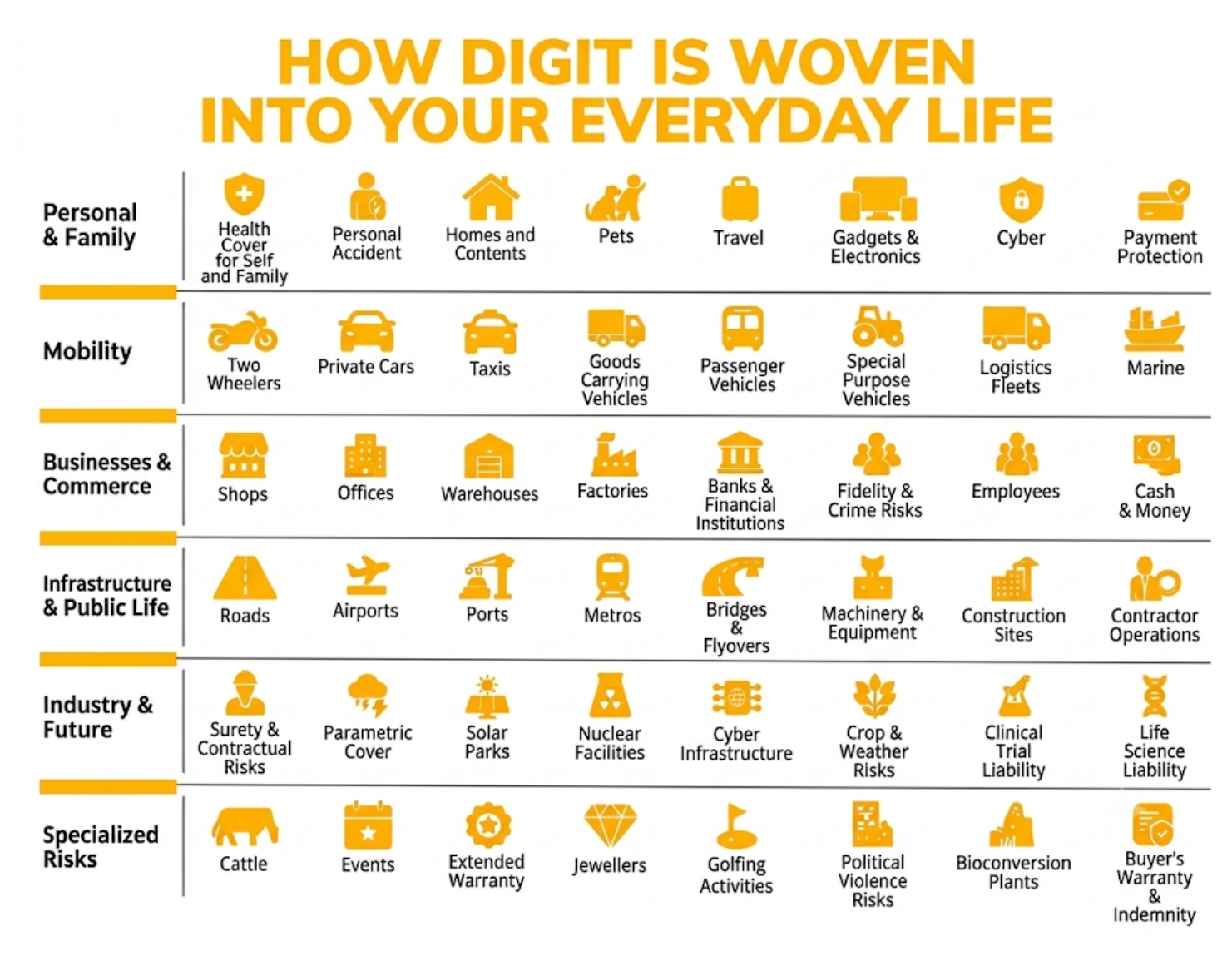


- **The outcome:** The customer travelled with his companion and medical escorts from Langkawi to a Bengaluru hospital of his choice for continued treatment.

In Gujarat, the test was responding to thousands of claims amid wide spread disruption. In Malaysia, it was coordinating a time-critical medical evacuation across borders. In both, what mattered was whether people, partners, technology and processes could work together when customers needed them most.

PROTECTING HOW INDIA LIVES, WORKS AND BUILDS

A family's protection needs are different from those of a farmer, a manufacturer or a major infrastructure project. Building a broader insurance portfolio means understanding those differences.



Digit now has **90 active insurance products** across personal, commercial and specialised risks. These include protection for cattle, jewellery stock, cyber risks, clinical trials, industrial machinery, oil and gas drilling equipment, and construction projects.

The breadth is best understood through what those covers protect. For a household, it may be a home or a vehicle. For a business, it may be stock, equipment or liability. For a large project, it may be the infrastructure through which people travel, goods move or energy is generated.

A SHARE OF THE RISK BEHIND ESSENTIAL INFRASTRUCTURE

SOME RISKS WE COVER AS LEAD INSURER

- **200+** Engineering Workshops
- **150+** Solar Plants
- **10+** Hydro Projects
- **25+** IT Parks
- **25+** Windmill Projects
- **10+** Large Pharma Plants
- **5+** Tyre Manufacturing Plants
- **5+** Airports

Note: The offerings referred to are active during H1 FY 2026-27 and are covered under various filed products, including Digit Standard Fire and Special Perils, Digit Industrial All Risk, and Digit My Business.

As lead insurer on some risks and participating insurer on others, Digit today covers **200+ engineering workshops, 150+ solar plants, 100+ road projects and 25+ IT parks,** along with **10+ risks each across hydropower, wind energy, pharmaceuticals and logistics.** Our portfolio also extends to tyre manufacturers, FMCG businesses and other large industrial operations.

Beyond this, we are also a participating insurer for various metro networks across India, major airports, one of the country's largest floating solar projects, renewable-energy and hydro projects, semiconductor facilities, data centres, UAV drones, battery energy-storage plants and emerging EV-battery manufacturing projects. We also participate in the insurance of India's first deep-water container transshipment port and specialised engineering and energy risks, including nuclear plants.

Each of these carry a different scale and complexity of risk. Our role also differs, depending on whether we lead the insurance arrangement or participate alongside other insurers.

COVERING RISKS BEYOND INDIA: As Indian businesses expand across countries, their need for protection travels with them. Digit covers assets located across international territories, including **pharmaceutical plants, steel plants, hydropower projects and high-speed rail infrastructure,** spanning both the **construction phase and ongoing operations.**

A CLOSER LOOK AT OUR CLAIMS PERFORMANCE

Context that matters: Insurer-level claims turnaround times are rarely available publicly. Customers therefore have little industry data to judge whether the time taken at different stages of a claim is good, poor or somewhere in between. That is why we believe these numbers should be shared.

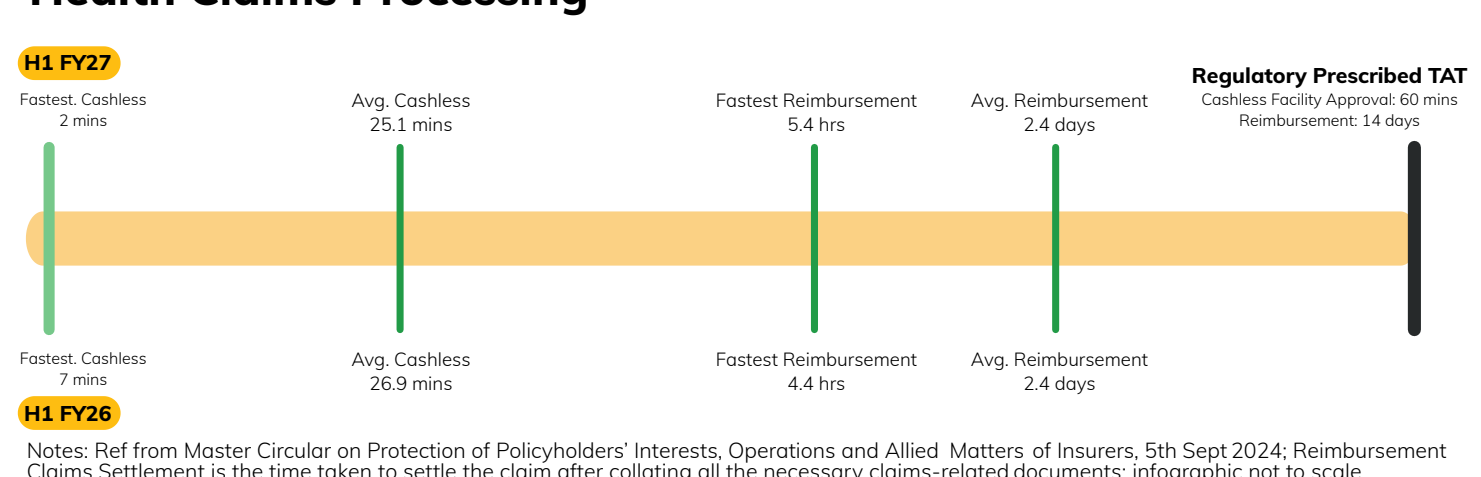
We are sharing our claims processing timelines alongside our claims statistics and largest claims paid in **H1 FY27.** Where relevant, the timelines are compared with **H1 FY26** and viewed against the turnaround times prescribed by the regulator. Together, these numbers offer a wider view of how our claims systems performed.

I. WHEN HEALTH INSURANCE NEEDS TO MOVE WITH YOU

Why This Data Matters

At the start of hospitalisation, quick cashless approval reduces uncertainty around eligible expenses and upfront payment. For reimbursement claims, faster assessment after receiving all required documents means customers get eligible expenses back sooner.

Health Claims Processing



Notes: Ref from Master Circular on Protection of Policyholders' Interests, Operations and Allied Matters of Insurers, 5th Sept 2024; Reimbursement Claims Settlement is the time taken to settle the claim after collating all the necessary claims-related documents; infographic not to scale.

Cashless facility approval averaged **25.1 minutes in H1 FY27,** compared with **26.9 minutes in H1 FY26,** and remained within the **60-minute regulatory timeline.** Reimbursement claims were settled in an average of **2.4 days** in both periods, against the **14-day regulatory timeline.**

II. HOW CLAIMS TRANSLATED INTO SETTLEMENTS

Why This Data Matters

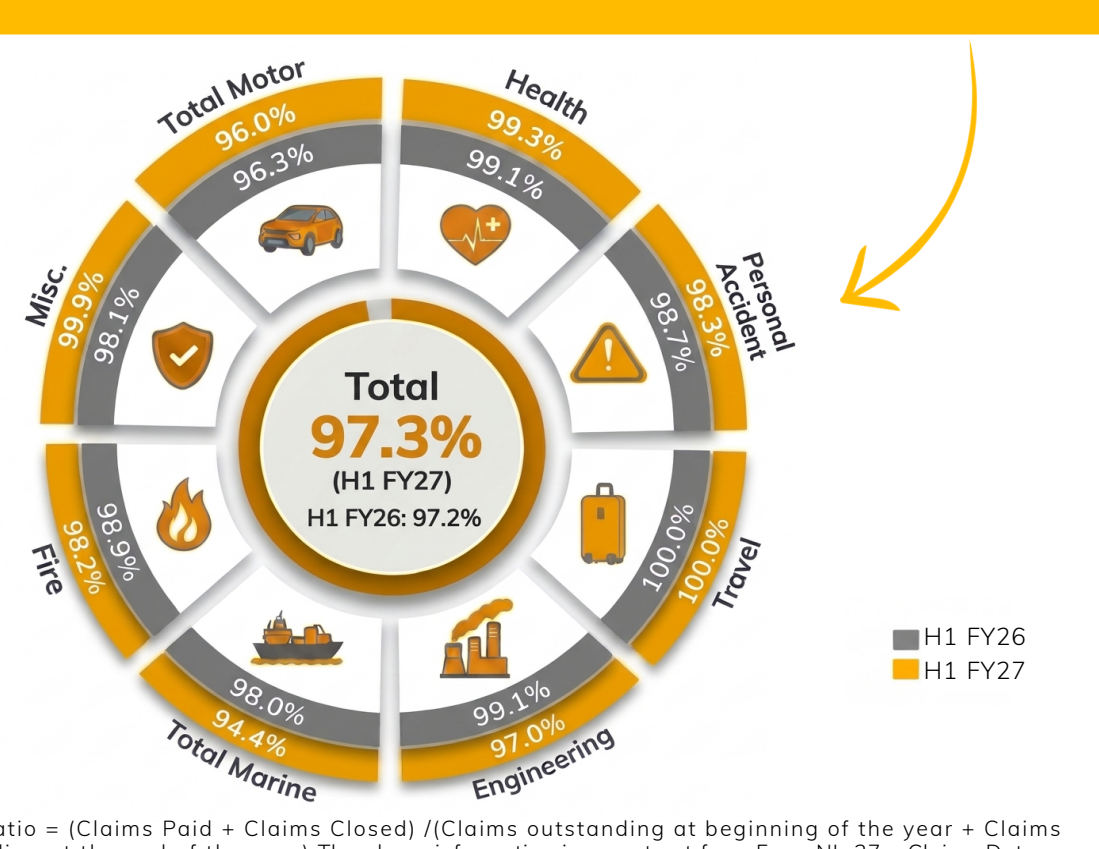
The claims experience indicates how many claims were settled during the period. Breaking it down by line of business helps customers see the outcome across different types of insurance, rather than relying only on one overall number.

Here is a look at Digit's Claims Experience across LOBs

Form NL-37-CLAIMS DATA
As at 30 September 2026

	Claims Experience	Fire	Total Marine	Total Motor	Personal Accident	Health	Travel	Engineering	Miscellaneous	Total
1	Claims O/S at the beginning of the period (A)	166	560	36,183	945	7,573	288	150	344	46,897
2	Claims reported during the period (B)									
	(a) Booked During the period	283	809	4,17,111	1,599	2,12,457	7,096	183	13,976	6,73,455
	(b) Reopened during the Period	16	14	936	37	1,919	45	14	84	3,219
	(c) Other Adjustment	-	-	-	-	-	-	-	-	-
3	Claims Settled during the period (C)									
	(a) Paid during the period	183	432	3,79,573	1,223	2,02,982	6,258	120	13,489	6,24,030
4	Claims Repudiated during the period (D)	4	30	16,150	25	1,399	0	5	19	17,644
5	Claims closed (E)	41	75	6,372	210	9,551	941	43	304	17,583
6	Unclaimed (Pending claims which are transferred to Unclaimed A/c. after the mandatory period as prescribed by the Authority	-	-	-	-	-	-	-	-	-
7	Claims O/S at End of Period (F)									
	Less than 3months	117	467	30,538	408	7,064	213	97	376	39,980
	3 months to 6 months	44	231	3,580	266	553	4	39	122	4,985
	6 months to 1 year	21	91	3,443	287	219	4	23	43	4,155
	1year and above	55	57	14,574	162	181	9	20	51	15,194

Claim Settlement Ratio



Notes: Claims Settlement Ratio = (Claims Paid + Claims Closed) /(Claims outstanding at beginning of the year + Claims Reported - Claims outstanding at the end of the year).The above information is an extract from Form NL-37 – Claims Data as at 30 September 2026 and does not constitute the complete Form NL-37 disclosure. Please refer to the complete Form NL-37 on Company website for detailed information.

HOW WE PAID THE BIGGEST CLAIMS

Why This Data Matters

The biggest claims paid show the extent of financial protection insurance provides when an accident, illness or loss has serious consequences. These are not typical claim amounts, but they show how substantial the financial impact can become.

Biggest Claims Paid in H1 FY27

Across various lines of business

- **Private Car, third party** — Fatal Accident; Uttar Pradesh; AMOUNT PAID **₹1.9 crore**
- **Two-wheeler, third party** — Fatal Accident; West Bengal; AMOUNT PAID **₹1.4 crore**
- **Health insurance** — Road accident treatment; Maharashtra; AMOUNT PAID **₹90 lakh**
- **Private car, own damage** — Vehicle repair; Telangana; AMOUNT PAID **₹72.4 lakh**
- **Two-wheeler, own damage** — Total loss; Maharashtra; AMOUNT PAID **₹23.6 lakh**
- **Travel insurance** — Emergency treatment and medical evacuation; Malaysia; AMOUNT PAID **₹62.1 lakh**

SERVICE TIMELINES WE BELIEVE CUSTOMERS SHOULD SEE

Let us begin with a caveat: Most of these service timelines are prescribed by the regulator, but insurer-level performance against them is not commonly available in the public domain. That leaves us without a benchmark to say whether our timelines are good, poor or somewhere in between. We are sharing them because customers should be able to see how long these interactions take, compare our performance over time and hold us accountable when it moves in the wrong direction.

I. HOW LONG DID WE TAKE TO DECIDE ON YOUR PROPOSAL

Why This Data Matters

Once you have submitted a proposal and the required information, you should not be left waiting without clarity. These timelines show how long we took to decide whether a proposal could be accepted, required more information or could not be taken forward.

Policy Proposal Processing Timelines

Prescribed Benchmark: 7 Days across all applicable requests*

Service Request	Regulatory Prescribed TATs	H1 FY26		H1 FY27	
		Fastest	Average	Fastest	Average
Proposal Processing - Motor Retail	7 days	1 min (Real Time)	<30 mins	1 min (Real Time)	<30 mins
Proposal Processing - Non-Motor Retail	7 days	Instant	3 days	Instant	3 days
Proposal Processing - Health Retail	7 days	Instant	7 hrs 41 mins	Instant	5 hrs 2 mins
Proposal Decisioning - Motor Retail	7 days	Instant	40 mins	Instant	40 mins
Proposal Decisioning - Non-Motor Retail	7 days	Instant	3 days	Instant	3 days
Proposal Decisioning - Health Retail	7 days	3.8 hrs	4.6 days	4 hrs	3.9 days

Note: 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.

II. HOW QUICKLY WE COMPLETED THE CHANGE YOU ASKED FOR

Why This Data Matters

Your policy may need to change as your circumstances do. Whether it is correcting a detail, updating personal information or making another policy-related change, a routine request should be completed without repeated follow-ups or uncertainty about its status.

Post-Policy Service Operations
(Corrections & Updates)

Prescribed Benchmark: 7 Days across all applicable requests*

Parameter	Retail Health TAT		Retail Motor TAT		Retail Non-Motor TAT	
	H1 FY27	H1 FY26	H1 FY27	H1 FY26	H1 FY27	H1 FY26
Change of Address (KYC norms to be compiled)	32 mins	26 mins	Immediately	Immediately	Immediately	Immediately
Registration/Change of nomination & assignment	28 mins	38 mins	22 mins	10 mins	1.3 hrs	1.4 hrs
Alteration in Original Policy conditions (where applicable)	32 mins	28 mins	38 mins	1 hr	2.5 hrs	2.5 hrs
Any other non-claim related changes	41 mins	29 mins	21 mins	21 mins	3.8 hrs	6.2 hrs
Cancellation of policy & refund of Premium	29 mins	30 mins	5 hrs	7 hrs	2 hrs	2 hrs
Change of location of risk	N/A	N/A	N/A	N/A	1.8 hrs	1.8 hrs

Note: TATs are measured in working hours and exclude motor ownership transfer cases. The data includes both Straight Through Processing (STP) and Non-Straight Through Processing (NSTP) cases. STP cases proceed directly from submission to a final outcome without intermediate processing steps, whereas NSTP cases may involve one or more additional steps, including document verification, approvals, customer clarification, pre-inspection, premium payment or KYC completion, as applicable.

III. SOLVING CUSTOMER CONCERNS: HOW QUICKLY WE RESPONDED

Why This Data Matters

When something has not gone as expected, receiving an acknowledgement is only the first step. What ultimately matters is how quickly the concern is acted upon, whether it is properly resolved and whether you need to approach us again for the same issue.

Grievance Handling & Customer Support

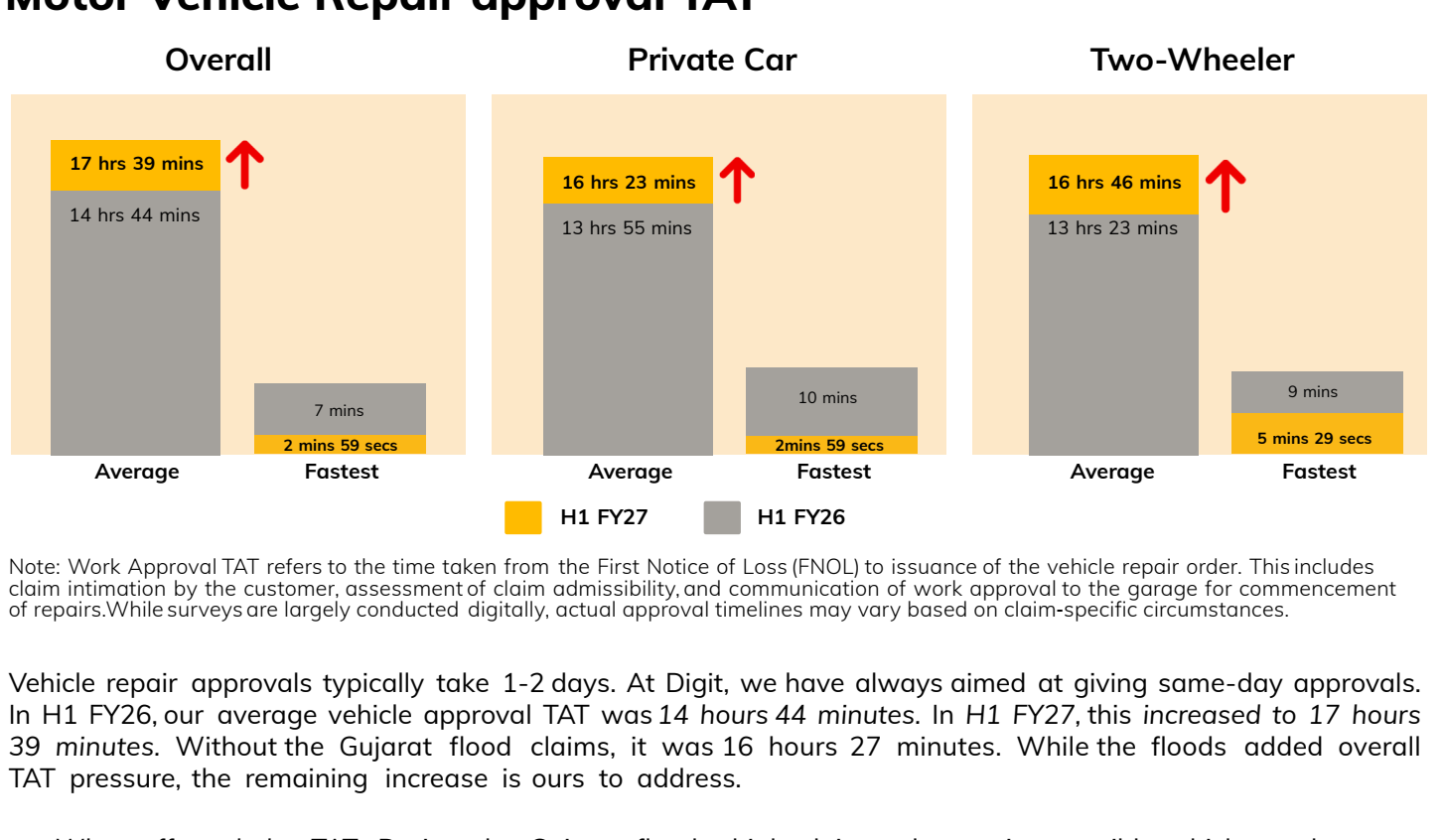
Category	Service	Regulatory Prescribed TAT	H1 FY26		H1 FY27	
			Fastest TAT	Average TAT	Fastest TAT	Average TAT
Grievances	Acknowleging a Grievance*	Immediately	Immediately	Immediately	Immediately	Immediately
	Action on Complaint** & Intimation of Decision to Complainant	14 days	34 mins 50 secs	2 days 4 hrs	31 mins 23 secs	1 day 23 hrs
Social Media	Social Media First Response	N/A	4 mins 48 secs	6 mins 14 secs	4 mins 14 secs	5 mins 55 secs
	Social Media Closure	N/A	17 hrs	23 hrs 34 mins	18 hrs	22 hrs 17 mins
Call Centre	First Time Resolution	N/A	N/A	95%	N/A	95%
	Average Talk Time	N/A	N/A	6 mins 10 secs	N/A	6 mins 20 secs

*A grievance is an expression of dissatisfaction by a policyholder requiring redressal. It does not include general enquiries or routine policy service requests. **TAT for grievance actioning is calculated from the original date of receipt of complaint.

WHAT DIDN'T GO AS WELL & WHAT WE ARE DOING ABOUT IT

1. WE TOOK LONGER TO APPROVE VEHICLE REPAIRS

Motor Vehicle Repair approval TAT



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.

Vehicle repair approvals typically take 1-2 days. At Digit, we have always aimed at giving same-day approvals. In H1 FY26, our average vehicle approval TAT was *14 hours 44 minutes*. In *H1 FY27*, this increased to *17 hours 39 minutes*. Without the Gujarat flood claims, it was 16 hours 27 minutes. While the floods added overall TAT pressure, the remaining increase is ours to address.

- What affected the TAT: During the Gujarat floods, high claim volumes, inaccessible vehicles and garage congestion increased physical surveys and travel time. More broadly, a higher share of claims required physical surveys, while parts shortages and ongoing repairs added slight delays.
- What we are doing: We have introduced AI-enabled speech-to-text during vehicle inspection. For straightforward claims, this would help us complete assessments faster and issue work orders at the garage, helping reduce the overall wait time.
- What we need to deliver: Making straightforward claims approvals faster and ensuring similar turnarounds even when claim volumes rise cyclically due to nat-cat events.

2. OUR CASHLESS DISCHARGE APPROVAL TAT ROSE BY 11 MINUTES

Our average cashless discharge approval time increased from 52.5 minutes in *H1 FY26* to 63.6 minutes in *H1 FY27*, largely due to higher volumes. This remains well ahead of the regulatory-prescribed three hours, but our aim is to keep the average below one hour, even as volumes rise.

- What affected the TAT: Higher volumes increased the average approval time by *11.1 minutes*.
- What we need to deliver: Bring the average back below one hour and sustain it as volumes grow.

3. MOTOR TAT FOR REGISTRATION CHANGES ROSE BY 12 MINUTES

For retail motor policies, the average TAT for registration and nomination changes increased from 10 minutes in *H1 FY26* to 22 minutes in *H1 FY27*. This remains well ahead of the regulatory-prescribed seven days.

- What affected the TAT: A change in hypothecation requires verifying documents like NOC from the previous lender, etc and those cases slightly pushed our processing timelines higher.
- What we need to deliver: Complete these checks without adding unnecessary wait time for customers.

4. RETAIL HEALTH TAT FOR NON-CLAIM RELATED CHANGES ROSE BY 12 MINUTES

For retail health policies, the average TAT increased from 29 minutes to 41 minutes in *H1 FY27*, although it remains well ahead of the regulatory-prescribed seven days.

- What affected the TAT: A small number of requests took significantly longer, pushing up the average.
- What we are doing: Building a human-assisted OCR flow combining AI-led document reading with human validation.
- What we need to deliver: Bring down outlier processing times and the overall average.

FINANCIALS H1 FY27 vs H1 FY26

Insurance Revenue** **₹5,386 cr** (+5% YoY; H1 FY26: ₹5,152 cr)	No. of policies sold **8.8 M** (+22% YoY; H1 FY26: 7.2 M)	Total customers served* **94 M** (+24% YoY; H1 FY26: 76 M)
Total claims settled^ **0.6 M** (+32% YoY; H1 FY26: 0.4 M)	Profit After Tax **5.2 B** (-3% YoY; H1 FY26: 5.4 B)	Asset Under Management# **243.7 B** (+16% YoY; H1 FY26: 210.2 B)

Data for the period H1 FY2026 and H1 FY2027; *Cumulative count of all customers/lives onboarded and includes without limitation persons who availed / to whom insurance coverage was extended under various insurance policies since inception. ^Claims settled since inception; #Assets Under Management includes all investments at book value plus cash and bank balance as at September 30, 2026 and as at September 30, 2025; **Insurance Revenue – Gross Earned Revenue.

BUILDING FOR WHAT LIES AHEAD

The circumstances around an insurer will keep changing. Risks will evolve, expectations will rise and some events will arrive with little warning. We cannot control all things. But what we can do is try to control the quality of the decisions we make in response to various things that come our way.

For us, that means underwriting with discipline, maintaining financial strength and deploying capital thoughtfully. It means continuing to invest in people, technology and service, while remaining clear about what is working and willing to change what is not.

Some decisions show their value immediately. Others quietly strengthen the business over time, becoming most important when circumstances turn difficult and the systems behind an insurer are truly tested.

As we move towards our tenth year, our focus remains on what is within our hands: learning from experience, making considered choices and building a Company that can meet its commitments today while remaining prepared for what lies ahead.

It's almost time to wrap up the report. Let's look at the Awards we won in the last 6 months.

RECOGNITION ALONG THE WAY

During H1 FY27, Digit received **12 awards** across insurance, fintech, customer experience, technology and people-related categories. These included recognition for Jasleen Kohli at the Global Fintech Awards and the Best Fintech Insurance Award at the FE Best Banks Awards 2026.

- **Fintech Person of the Year (Female) Jasleen Kohli** — Global Fintech Awards 2026
- **Best Digital Insurer** — Insurance Asia News Country Awards for Excellence 2026
- **Digital-only Insurer of the Year** — Asia Consumer Insurance Awards 2026
- **Best L&D Strategy** — India HR Summit & Awards 2026
- **India's Leading Startups and Unicorns** — CII Unicorn Summit 2026
- **Digital Transformation Initiative of the Year – India; Employee Engagement Initiative of the Year – India** — Insurance Asia Awards 2026
- **Best Digital-First Insurance Company** — India InsurTech Summit 2026
- **Best HR Tech Implementation** – Rewards & Recognition – Internal Communication Strategy – Learning Management System — BW Businessworld PeopleTech Future Awards 2026
- **Best Fintech Insurance Company** — FE Best Banks Awards 2026

That's it in this edition. Have a question, suggestion or something you would like us to explain in the next edition? Write to **mediarelations@godigit.com**

Our next Transparency Report will be live in **May 2027**.

Note: Count of Network Garages, Network Hospitals, Employees, Active products, as of 30 September 2026. Count of all partners as on 30.09.2026 including POSPs, Individual Agents, Insurance Intermediaries and Motor Insurance Service Providers. Pincode List in India (Source: India Post)