



Reimagining general insurance with AI—moving from experimentation to measurable ROI

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Foreword

Every transformative technology demands more than adoption—it demands trust. Artificial intelligence (AI) is no exception. As AI makes its way into the fabric of the insurance value chain, the critical question is no longer whether to invest, but how to do so responsibly, structurally and inclusively. Trust is not a byproduct of AI implementation—it is its foundation, shaped by the strength, clarity, and rigor of the governance frameworks that underpin it.

In the general insurance segment, AI is accelerating from experimentation to enterprise-grade transformation. For this transition to succeed, accountability and measurable, sustainable outcomes must be non-negotiable with people firmly at the centre: practitioners, customers, distributors, regulators, and the communities being served.

However, the path to scale is far from uniform. Structural realities such as infrastructure disparities risk limiting AI's reach and impact. While 62% of India's new insurance premiums in FY25 originated from Tier 3 cities¹ and smaller towns, AI systems optimised for 5G environments may fail to deliver comparable experiences in regions operating on a 3G network. Solutions built for urban ecosystems risk excluding a significant and growing market.

Equally, the human dimension cannot be overlooked. Apprehension among agents and brokers, coupled with customer mistrust of AI-driven communication can slow adoption or lead to outright rejection of AI initiatives, limiting scale and restricting the feedback loops essential for continuous model improvement. At the same time, many AI investments struggle to demonstrate tangible returns, making it difficult to progress beyond pilot stages. This is further compounded by an evolving regulatory landscape, particularly around data localisation and consent under the DPDP Act 2023 where interpretation and operationalisation remain in progress.

The path forward is not more AI but more disciplined AI. One that places equal emphasis on accuracy and trust, enabled through clear ownership, robust governance, strong accountability, and rigorous measurement of outcomes.

This report outlines a structured, holistic, five-layered management framework designed to translate AI experimentation into tangible business value built on investment discipline, strong foundational infrastructure, thoughtful use case selection, measurable outcomes, and a continuous feedback loop. The imperative is clear: organisations must resist the urge to pursue AI in isolation or without strategic clarity. Instead, they must anchor their efforts in well-defined outcomes, with trust as a foundational principle. This enables prioritisation of use cases based on business value, rigorous cost-benefit evaluation, and the establishment of governance models that drive accountability. Once a use case enters the delivery phase with designated ownership, a feedback system must be embedded for continuous enhancement and learning.

What lies ahead is not simply the adoption of AI. It is the operationalisation of AI at scale, and in a way that drives tangible results, earns stakeholder confidence, and scales responsibly and beneficially across the entire general insurance ecosystem.



Amit Roy
Partner and Leader, Insurance and Allied Businesses
PwC India

1. <https://www.businessworld.in/article/tier-3-cities-contribute-62-of-new-insurance-premiums-in-fy25-559246>





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01

The role of AI in India's general insurance industry: The story so far

To understand the progression of AI it is important to understand traditional AI, GenAI and agentic AI, the capabilities each wave introduces and how the industry has adapted and found the new ways to use the technology with advancement in each field.

Traditional AI in insurance focused primarily on machine learning (ML) algorithms around pattern recognition and prediction. It involved detecting, predicting, and classifying data to make decisions. The initial application of AI started with propensity-based models being used for churn identification, lead generation, optical character recognition (OCR) and intelligent character Recognition (ICR)-driven digitisation for efficient data capture, a rule-based engine for better accuracy in underwriting decision making and straight-through processing, and basic bots for query handling. While some of these measures were successful to reduce manual efforts and hence brought speed and profitability to business, the true power of intelligence was yet to be unlocked.

GenAI shifted the paradigm from simple structured prediction to complex unstructured data understanding, content creation and delivering AI-powered experience across the processes by augmenting the power of traditional AI/ML capabilities. It enabled insurers to process unstructured data such as medical reports, claims documents and customer interactions at a large scale. Therefore, new age propensity models started generating deeper and strategic recommendations, OCR capabilities transformed into intelligent document processing for extraction, interpretation, and summarisation and decision-making engines operating beyond static rules. Customer interactions became multi-lingual, contextual, and more effective.

Agentic AI represented the transition from assistance to autonomous execution, where end-to-end workflows were possible to be handled independently. For instance, a motor insurance claim can be registered, checked, fraud-scanned, and settled within a few minutes. Adoption of agentic AI will be useful in achieving zero-touch operations, leading to better efficiency and improved customer experience in insurance.



02

Application of AI in general insurance industry: Present adoption and future implementation

While AI adoption in the general insurance industry is maturing over time, customer interaction, underwriting and claims processing continue to remain major use cases where investments and adoptions are growing over time.

Customer interaction: AI plays a significant role in improving customer satisfaction across the general insurance value chain. Insurers are utilising AI-powered sales assistants, chatbots, voice bots and virtual assistants to offer round-the-clock customer support for queries, renewals, claims status updates, document uploads, claim dispute management, thereby reducing the dependency on call centres, improving the response turnaround time, reducing cost of sales and customer service, and improving customer satisfaction.

Underwriting: A major shift is happening towards continuous underwriting, where AI can be used to adjust the risk profile throughout the policy lifecycle using real-time data from wearables, the internet of things (IoT) devices, and health reports. This paves the way for a long-envisioned connected journey from lead generation to conversion, retention, operation and closure. By using AI-driven insights, insurers can offer more relevant services, customised products, and accurate risk-based pricing. As a result, personalisation is increasingly becoming a key differentiator for insurers.

Claims: AI is actively used to streamline claims and prevent fraud in motor insurance. Video and image-based damage estimation models have helped leading insurers reduce their claim assessment turnaround to a great extent.

Simultaneously, the AI-led fraud detection is being scaled to address India's ₹50,000 crore fraud exposure.² Usage-based insurance (UBI) and usage by telematics is also gaining traction to enable dynamic pricing.

2. <https://www.businesstoday.in/opinion/columns/story/indias-general-insurance-industry-509971-2026-01-08>

AI is also used to enhance the speed of claim processing in health insurance as well. Automated pre-authorisation occurs in a few minutes while adjudication and repudiation reviews help in resolving potential disputes proactively before the escalation to the ombudsman.

While core insurance value chain will continuously be incentivised by advanced AI interventions, the industry is also experiencing some emerging risk areas where relevance of AI cannot be ignored any more.

Cybercrime: Cybercrimes in India have risen sharply. There is a steep rise in cybercrime driven by mass digitisation of financial services through UPI and BNPL platforms and addition of internet users with low digital literacy across rural and semi-urban areas. A conventional cyber underwriting process, based on industry benchmarks, annual questionnaires and historical loss triangles is too retrospective for today's threat landscape. Insurers may need AI-driven real time detection, assessment and response instead of manual processes.

Climate change: Climate risks are rising higher in terms of frequency and intensity. But the claims process for agriculture and property insurance is still not fast enough to provide timely relief. When settlements are delayed, it can lead to a liquidity crisis for farmers and small businesses. When this happens repeatedly, it reduces trust in insurance. Insurers may use AI to close this gap with accelerated, data-driven loss assessment and faster claim settlement.

Geopolitical risks: As geopolitical risks increase, so does the insurance exposure in aviation, marine, cargo and other sectors. Recent geopolitical shifts have demonstrated how a regional shift can impact global insurance markets and lead to a rapid repricing action. To manage such circumstances, insurers could implement AI-enabled what-if modelling, live tracking, and stress testing to determine whether their portfolios can withstand price shocks as traditional models might not be able to handle emerging risks.

While business leaders focus on the internal functions of insurance and profitability, there may be a need to monitor the external factors and the ecosystem readiness. AI can be leveraged to balance the situation from inside and outside; the question remains whether AI is being treated as a disciplined investment with clear accountability for measurable outcomes or is still merely an experiment.



03

The execution gap: AI is not scaling—but why?

While the implementation of AI intervention across insurance value chain is picking up, there are two fundamental aspects which require more careful examination by the practitioners—including insurers, insurtech organisations, and system integrators.

- 1.** Are AI interventions ready to operate at scale while adhering to compliance and regulations and limit financial, security, and reputational risk for customers, distributors, shareholders, and the organisation?
- 2.** Are the investments yielding sustainable and measurable business benefits?

Most organisations report using AI solutions, but the core issues such as claims and customer complaints, dependency on manual efforts, and overflowing human errors continue to remain. It has been difficult to visualise a measurable difference in business earnings or clearly attribute or quantify it against AI investments. The real question is not whether to invest in AI but how structurally it may be done. Most of the high-value enterprise use cases are still in their pilot stages. Challenges include difficulty in scaling use cases, availability of a ready infrastructure for AI, and scarcity of talent and proper frameworks for realisation of value. Achieving this balance might require a more disciplined, accountable, outcome-oriented approach democratised at different levels, with a holistic involvement of the ecosystem.

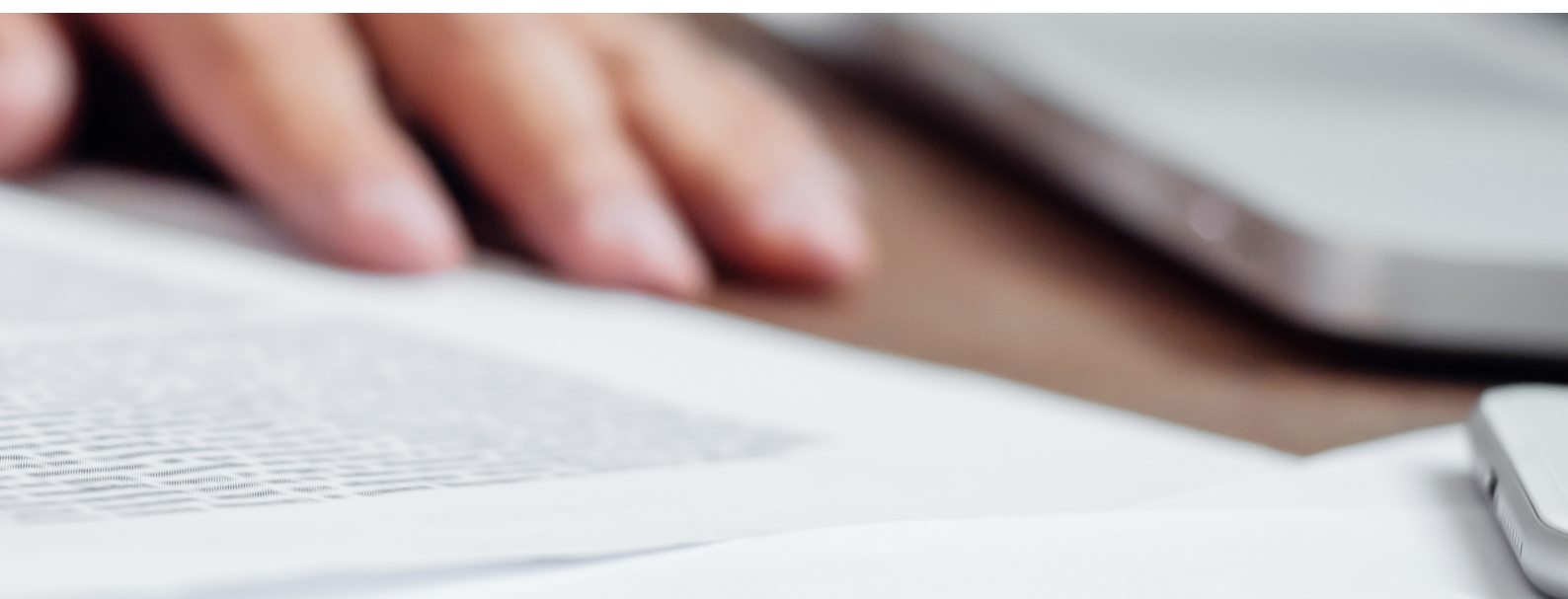


The following section lists some of the challenges related to AI implementation and adoption workflow.

Infrastructure	Fragmentation in use case boundary	
	Observation	Significance
	AI deployments in insurance sometimes tend to be narrow use case oriented, without a clear guideline on how the success of a particular use case will add up to the overall ecosystem efficiency. For instance, a vehicle claim image fraud scoring model on one platform might generate instantaneous efficiency, but the full value will be only unlocked if the outcome of the model is really embedded and trusted by the larger claims adjudication workflow.	Learning may be limited from decisions made by neighbouring systems as real-time data does not flow between systems. Insurers may face challenges trying to scale them across a business line or policy lifecycle.
	Underneath data architecture and quality	
	Observation	Significance
	Legacy policy admin systems, data warehouses may store data in formats modern ML pipelines cannot consume. 80% of the firms report data limitations as primary roadblock in scaling agentic AI. ³	Models trained on incomplete or inaccessible data may not perform well in production. Such models work well in the lab but may fail in the real world, producing false positives, overrides, and loss of trust.
Dependency on user’s infrastructure		
Observation	Significance	
62% of India’s new insurance premiums were contributed by tier 3 cities and smaller towns in FY25. ⁴ An AI system optimised for the 5G infrastructure may not deliver the same experience for a claimant in rural areas on a 3G network.	AI tools designed for urban infrastructure may not perform well in the rural areas, leaving a potential market untapped.	

3. <https://www.businesswire.com/news/home/20220511005403/en/Over-80-Percent-of-Companies-Rely-on-Stale-Data-for-Decision-Making>

4. <https://www.businessworld.in/article/tier-3-cities-contribute-62-of-new-insurance-premiums-in-fy25-559246>



People and culture

Adoption challenge among distribution workforce

Observation	Significance
Agents and brokers have built relationships with their clients over the years. It may be a perception that AI-driven underwriting tools, pricing models, chatbots are a threat to their role, rather than enhancements. In addition, there may not be sufficient training or incentivisation for using them. Similarly, surveyors may have the perception that AI tools are meant to replace them, leading to low adoption rates.	Possible apprehension and fear lead to low adoption or rejection of AI initiatives, which in turn impact the economy of scale and also the possibilities of further refinement of models by collecting real-time execution insights.

Business process re-invention resistance

Observation	Significance
Embedding AI in traditional workflow sometimes overlooks the need of the re-orientation of business process to make it AI first/AI ready.	The operating model/KPI/training requirement at the process level gets ignored/doesn't make it to the measurement framework. Legacy methods of approaching the work prevails without any clear incentive framework for leveraging AI interventions.

Talent silos

Observation	Significance
Sometimes, there are challenges in forming the right team comprising domain experience and engineering capability to build production-ready AI systems.	On the one hand, the lack of real-life experience and specific organisation ontology drives an AI project into pure data science excellence but not an executable and repeatable proposition. On the other hand, pure architectural and engineering limitations restrict the business vision to materialise properly.

Execution and governance

Pilot to production failure

Observation	Significance
Several AI initiatives may be executed as pilots, where a clear path to production deployment and feedback loops may not be well charted.	Without a structured framework, AI investment may not produce returns, making it difficult to take the pilots to the next stage.

Data privacy and ethical concerns

Observation	Significance
Health insurance involves sensitive patient data. Adoption of cloud-based AI tools requires compliance with the Digital Personal Data Protection (DPDP) Act 2023.	The industry is working its way through data localisation and consent requirements under the DPDP Act 2023, while its interpretation and operationalisation is still under development across organisations. Limited awareness and comfort around ethical AI governance may sometimes discourage organisations from exploring AI initiatives with confidence. For instance, some advanced cloud-based large language models and global AI platforms may not yet be fully permitted for use within the Indian insurance sector due to data residency requirements.

Ecosystem enablement		
	Observation	Significance
Operations	<ol style="list-style-type: none"> Ecosystem bottlenecks: The effectiveness of AI is sometimes difficult to realise in silos by only measuring the insurer’s ecosystem. An ecosystem-wide perspective, including the key stakeholders and touchpoints, may be required to unlock its full potential. Customer servicing: Due to fragmentation of data across various systems, a unified view of the policyholder may not be available. Automated communication channels operating on partial information may provide generic answers to customers, leading to unresolved query handling and escalations. 	<ol style="list-style-type: none"> Ecosystem bottlenecks: Customer, distributor, and ops experience is heavily dependent on ecosystem players such as healthcare providers, third party administrators (TPAs), and garages. Hence, an integrated approach to enhance overall data quality, seamless integration, and model adoption have to be considered at an ecosystem level. Customer servicing: Customer queries may remain unresolved, leading to loss of trust on AI-driven communication channels, customer dissatisfaction, and increased escalations.

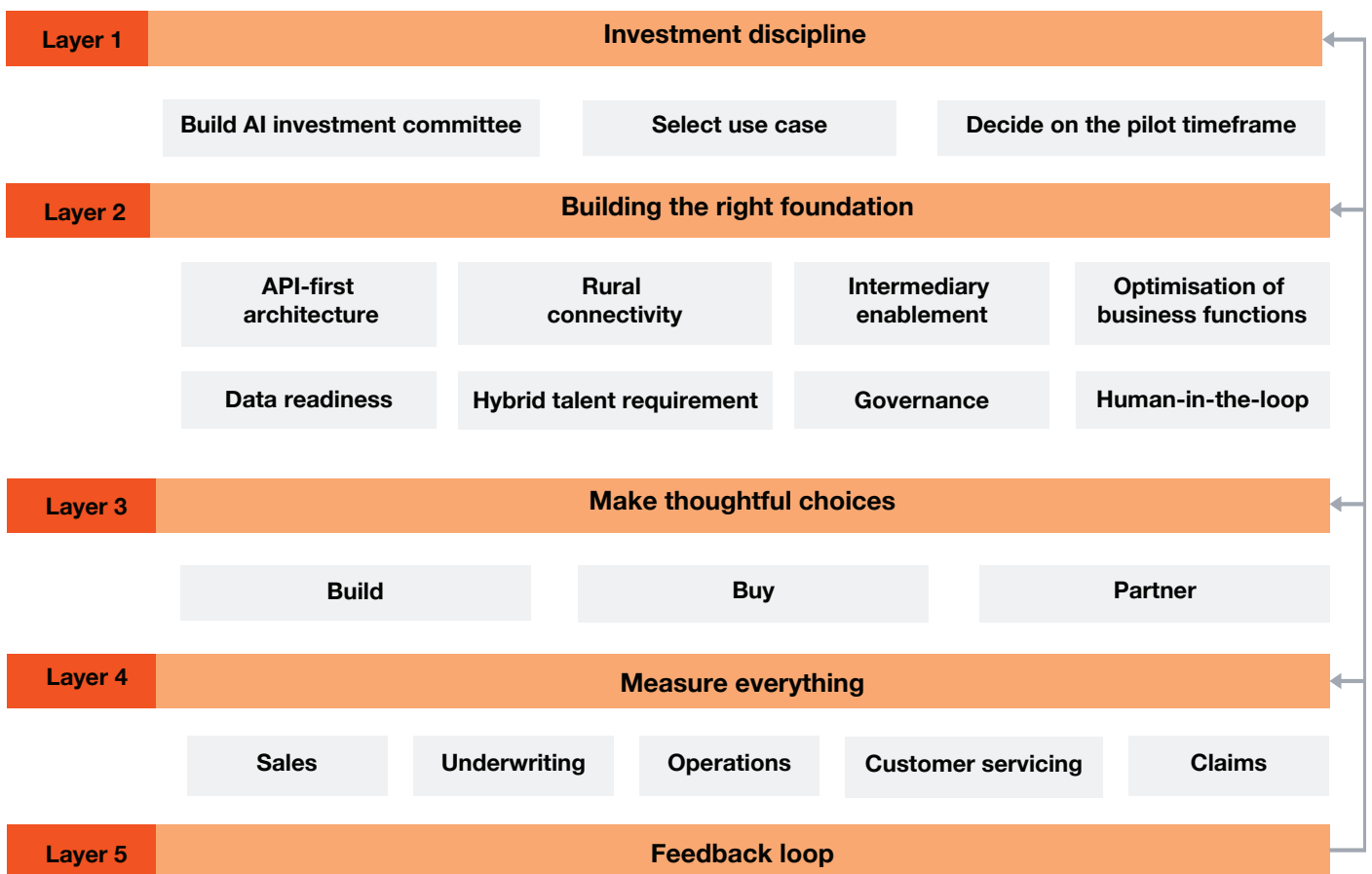
The key insight which can be derived from these points are that the barriers compound each other. Solving one problem in isolation while leaving the other unresolved may not close the execution gap. The industry may consider working towards workforce transformation, capability development, and leadership design.



04

Proposed accountability framework: Deploy AI and measure the returns

The proposed accountability framework outlined in this section is not merely a checklist for governance or compliance with regulations but an attempt to build a five-layered management framework that could transform AI experimentation into tangible business returns for general insurance organisations.



Layer 1: Investment discipline

Across industries, AI is increasingly being adopted as a strategic investment instead of an experimental project. The shift was initiated with a structured funding decision moving away from isolated approvals for specific use cases towards a more unified view of AI spending. Committees comprising members from finance, customer success, and operations have been appointed by many organisations to make the decisions. The larger objective is to align the initiative's ROI with the organisation's strategic imperatives rather than siloed department level goals. A fixed evaluation period is a common part of this approach instead of open-ended pilots. Once the defined period closes, initiatives are reviewed for their scalability, redesign, or termination based on their performance. With investment discipline in place, the outcomes have still not always been meaningful, indicating the need to go deeper and add further layers.

Layer 2: Build the right foundation

Organisations may consider the following components while building the foundation.

API-first architecture: An API-first technology infrastructure enabling real-time data exchange may be worth considering for deploying all AI capabilities. An event-driven API architecture may allow fraud models to respond to real-time signals while providing live claim status visibility to policyholders.

Data readiness: Data readiness, being a primary requirement, may include National Health Claims Exchange integration for health claims exchange, Ayushman Bharat Health Account integration with DPDP-compliant consent management, motor telematics pipelines with standardised data formats, and a unified claims history platform connecting motor, health, and property data.

Rural connectivity: Rural architecture, being an integral part, may be designed in the beginning. Training natural language processing (NLP) models on the local languages, increasing investment in last-mile digital access through Bima Vahak field networks including UPI-based integrations, Aadhaar-linked authentication for low-connectivity environments may be beneficial for insurers.

Hybrid talent requirement: The general insurance industry may require professionals who understand the claims workflow, actuarial risk, etc., while also having the knowledge of machine learning and AI systems. Organisation may train talent in a way such that they understand insurance, AI systems, interpret model outputs, identify the model drift, challenge recommendations, and feed structured corrections for model training.

Intermediary enablement: It is a significant part of the foundation. Agent-focused AI tools may enhance their effectiveness in creating products or plans. To increase adoption, agents may be trained on how to use the tools, show clearly why these tools make them more efficient, and using them may be incentivised.

Governance: AI decisions such as claim rejections, pricing, pre-authorised denials which affect policyholders may ideally be explainable and auditable with respect to a named business owner. If a claim is rejected, the insurer may be able to explain why the AI system rejected the claim with a clear, traceable audit trail. Ombudsman rules now mandate digital audit trails and non-compliance can cost up to ₹20 lacs.⁵ Responsible AI frameworks may be considered by the insurers at the design stage, incorporating fairness in model design, auditability of decisions, and transparency in outcomes to ensure explainability in critical instances such as underwriting and claim rejection.

Optimising business functions:

- **Adoption across the ecosystem:** Effectiveness of AI in insurance may depend on how well the surrounding ecosystem evolves with it. TPAs, hospitals, and surveyors play significant roles in the claims and underwriting process. Maintaining data standards, integration protocols, and workflow design affects the quality of the outcome. Uniform adoption across the ecosystem may drive end-to-end transformation.
- **Customer servicing:** A unified, real-time policyholder data layer connecting sales, underwriting, claims, renewals and complaints may be maintained integrating information across all touchpoints. This could enable the automated communication channels to respond with better context and accuracy. In addition, incorporating Ombudsman decision back into the model could support continuous improvement.

5. <https://economictimes.indiatimes.com/wealth/insure/insurance-ombudsman-reforms-new-penalties-online-complaint-system-and-appellate-authority/article-show/125800196.cms?from=mdr>

Human-in-the-loop: As organisations build the foundation for AI implementation, the role of human judgement may not be ignored. AI tends to be effective where ambiguity is low, data is sufficient, and rules are clearly defined and the pattern is tested multiple times. However, it is not very accurate when it comes to moral judgements, or edge cases for which it is not trained or held responsible for its outcomes. Complicated underwriting risks, high-value and disputed claims, fraud investigations, and ombudsman escalations require interpretive judgement and legal defensibility as AI may not perform consistently at this stage. The most effective AI deployments are those in which AI and human intelligence work together and not in isolation.

Layer 3: Make thoughtful choices in building, buying, or partnering

Mode	Why	Key instances
Build	<ul style="list-style-type: none"> • These are the models for which AI strategy needs to be proprietary to the insurer. Custom-built models may provide competitive advantage. • Insurers can have complete ownership over the roadmap, security, and data structure. 	<ul style="list-style-type: none"> • Product recommendation model • Benefit selection model
Buy	<ul style="list-style-type: none"> • Building these capabilities may delay production by months. • AI capabilities are standard in these areas. Vendors may provide solutions which are quicker, affordable, and more reliable with readiness of future roadmap. • Vendors may ensure their products keep pace with changing insurance laws. 	<ul style="list-style-type: none"> • OCR, ICR, and document processing • NLP to extract text from an unstructured format • AI chatbots for query resolution • Voice bot for several use cases such as renewal reminders, telephonic medical examination report • Email bot for customer servicing • Billing and accounting management
Partner	<ul style="list-style-type: none"> • Collaboration with insurtech may reduce time to market and provide specialised domain expertise. • Insurers may benefit from the AI advancements of the partner service providers. 	<ul style="list-style-type: none"> • Motor telematics platforms for usage-based insurance • Embedded distribution integrations into various digital ecosystems including travel, mobility, housing, health, and retail

However, this is not a one-off decision. An insurer outsourcing telematics data today may decide to internalise the function two years from now once data volumes and unique claim linkages support it. The decision to buy versus build may be driven with an awareness where building is sustainable for competitive advantage, and buying is cost optimal and time sensitive. Whether the decision is to build or to buy, the framework on enterprise-wide AI usage may need to be strategically thorough.

Layer 4: Measure everything

Though insurers may initiate tracking what is most important; however, the real question is, ‘Is AI making the business better?’ Boards are often more concerned about effectiveness rather than efficiency. For instance, processing documents faster is efficiency. Improving the combined ratio is effectiveness. Effectiveness needs benchmarking with and without AI.

The following section highlights sample AI usecases, with some relevant executive metrics to measure the impact.

Time horizon	Function	AI use cases	Executive metrics
Short term (Compatible with current infrastructure requiring limited integration)	Sales	<ul style="list-style-type: none"> Lead scoring and prioritisation AI copilots designed for agents 	<ul style="list-style-type: none"> Is the lead to conversion time going down? Are the agents more productive in selling policies? How much of the agent workflow is AI-assisted?
	Underwriting	<ul style="list-style-type: none"> AI copilots for underwriters STP quote generation within minutes 	<ul style="list-style-type: none"> What is the AI model override rate by underwriters? Has the loss ratio improved? Are we creating quotes faster?
	Operations	<ul style="list-style-type: none"> Automation of regulatory reports 	<ul style="list-style-type: none"> How much of the operations flow is AI-assisted?
	Customer servicing	<ul style="list-style-type: none"> Simplification of policy document 	<ul style="list-style-type: none"> What is the percentage drop in customer queries related to policy terms and coverages?
	Claims	<p>Motor claims</p> <ul style="list-style-type: none"> Automation of First Notice of Loss <p>Health claims</p> <ul style="list-style-type: none"> Medical document processing via extraction and summarisation of information 	<p>Motor claims</p> <ul style="list-style-type: none"> What is the average claim settlement TAT? <p>Health claims</p> <ul style="list-style-type: none"> What is the percentage reduction in claim processing time?
Medium term (Requires moderate amount of data preparation, system integration, alignment within the ecosystem)	Sales	<ul style="list-style-type: none"> Multilingual communication throughout customer journey 	<ul style="list-style-type: none"> What percentage of customer interactions is being handled in the customer's preferred language?
	Underwriting	<ul style="list-style-type: none"> Risk selection and segmentation enabling accurate pricing and better portfolio composition 	<ul style="list-style-type: none"> Is the accuracy of underwriting increasing? What is the quote conversion rate or rejection rate?
	Operations	<ul style="list-style-type: none"> Anomalies in billing and processing Contact centre automation handling routine customer queries through chatbots, voice bots, and email bots 	<ul style="list-style-type: none"> How much of the operations flow is AI-assisted? Are the billing anomalies detected faster? What percentage of customer queries can be resolved without any agent intervention?
	Customer servicing	<ul style="list-style-type: none"> Real-time claim status tracking Proactive grievance management: auto-resolution of simple disputes and prioritisation of complex cases Automated review of rejection before triggering communication 	<ul style="list-style-type: none"> What percentage of policyholders can track claims in real time? Is there a reduction in the volume of Ombudsman complaints per quarter? What percentage of AI-driven repudiations are flagged before reaching the customer? What is the customer satisfaction index?

<p>Medium term (Requires moderate amount of data preparation, system integration, alignment within the ecosystem)</p>	<p>Claims</p>	<p>Motor claims</p> <ul style="list-style-type: none"> • Video- or image-based damage assessment • Auto-adjudication of straight through process claims without human intervention • Real-time flagging of fraudulent claims based on claim patterns, policy holder behaviour <p>Health claims</p> <ul style="list-style-type: none"> • Pre-authorisation automation approves pre-auth requests in minutes • Review of rejected claims • Fraud detection to identify anomalies and duplicate claims across hospital networks 	<p>Motor claims</p> <ul style="list-style-type: none"> • What is the First Notice of Loss automation rate? • How many claims are processed straight through with no human intervention? • What percentage of transactions are fraud? <p>Health claims</p> <ul style="list-style-type: none"> • Is the pre-authorisation taking place in a short span of time? • What percentage of pre-authorisation claim settlement is automated? • How often are rejected claims being overturned? • What percentage of ombudsman escalations is dropping?
	<p>Long term (Requires significant amount of data accumulation and ecosystem maturity)</p>	<p>Sales</p>	<ul style="list-style-type: none"> • 360-degree view of the customer • Embedded distribution
<p>Underwriting</p>		<ul style="list-style-type: none"> • Continuous underwriting using live telematics, IoT devices and ABHA health data • Portfolio optimisation based on concentration risks and unprofitable segments • Predictive loss modelling based on historical patterns and external data 	<ul style="list-style-type: none"> • Is the renewal conversion ratio getting better? • What percentage of concentration risks is declining in the overall book?
<p>Operations</p>		<ul style="list-style-type: none"> • TPA management for monitoring performance • Omnichannel customer experience 	<ul style="list-style-type: none"> • Is the TPA performance improving against SLA benchmarks? • Is the first contact resolution rate improving?
<p>Customer servicing</p>		<ul style="list-style-type: none"> • Bima Bharosa integration to resolve grievance faster 	<ul style="list-style-type: none"> • Is the Bima Bharosa resolution rate improving? • Is there a reduction in the complaints to insurers or TPAs?
<p>Claims</p>		<p>Motor claims</p> <ul style="list-style-type: none"> • Telematics and usage-based insurance enabling dynamic pricing to reward safe driving and penalise risky behaviour • End-to-end service from claims to repair including tie ups with service providers <p>Health claims</p> <ul style="list-style-type: none"> • Ease of early discharge 	<p>Motor claims</p> <ul style="list-style-type: none"> • Is the claim expense ratio decreasing? • What is the loss ratio for usage-based insurance policies versus standard motor policies? <p>Health claims</p> <ul style="list-style-type: none"> • What percentage of cases have discharge approval TAT below a specified limit? • By what percentage have the post-discharge claim disputes reduced?

05

The action agenda

The general insurance industry knows AI's potential. It is now time to move from experimentation to execution—from pilots to solutions that deliver sustained, scalable, and measurable business impact. This paper underlines a fundamental reality—AI is not underperforming because of technology but due to the constraints in the structures around its ownership, governance, accountability, and the ability to measure outcomes effectively. What lies ahead for the industry is operationalising AI in a way that drives tangible results across various departments of organisations.

The way forward requires a shift in how AI is approached. It is important to evaluate the current AI portfolio with precision, review what was originally intended for delivery, and assess whether we are achieving the desired outcome. From here, certain use cases can be prioritised, ranking them according to their business value, followed by a cost-benefit analysis for each, and establishing a strong governance model that provides necessary structure and accountability. Once a use case enters the delivery phase with designated ownership, a feedback system can be implemented for ongoing enhancement.

The journey from experimentation to operationalisation is a leadership decision. With the technology in place and use cases defined, what matters now is the willingness to invest in the right people, integrate governance into the design process, and take responsibility for the outcomes. Organisations that shift from viewing AI as an experiment to adopting it as a serious investment with a proper accountability framework will be the ones that discover its true and lasting potential.



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Contact us

Amit Roy

Partner and Leader, Insurance and Allied Businesses
PwC India
roy.amit@pwc.com

Sayandeb Mitra

Partner, Digital Enterprise—Digital Strategy and Platform Transformation
PwC India
sayandeb.mitra@pwc.com

Ayon Ray

Partner, Financial Services—Digital Strategy and Platform Transformation
PwC India
ayon.r.ray@pwc.com

Contributors

Sneha Nayak, Ishani Mazumder, Siddhant Narwade, Gitika Karagwal, and Vishnupriya Sengupta

Editor

Rubina Malhotra

Design

Kirtika Saxena

pwc.in

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