SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

DIGITAL TRANSFORMATION IN THE INSURANCE SECTOR: THE ROLE OF AI AND CHATBOTS IN CUSTOMER ENGAGEMENT

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Article DOI: https://doi.org/10.36713/epra26471
DOI No: 10.36713/epra26471

ABSTRACT

Artificial Intelligence (AI) technologies are being used more frequently to improve client interaction and operational efficiency as a result of the insurance industry's rapid digital transformation. Artificial intelligence (AI)-powered chatbots and virtual advisers have become crucial instruments for enhancing the client experience in the Indian insurance industry in recent years. This study looks at how major insurance companies in India are changing their client contacts, service delivery, and claims administration procedures as a result of AI-powered conversational technologies. Insurers from the public and commercial sectors that have aggressively incorporated AI technologies into their customer service frameworks are represented by these organizations. According to the research, chatbots driven by AI greatly enhance customer contact by instantly responding to consumer inquiries and delivering round-the-clock support via digital channels including websites and mobile apps. These chatbots assist clients in choosing policies, compare insurance plans, and offer tailored suggestions based on their unique requirements and budgetary preferences. By offering automated advisory services that help policyholders comprehend complicated insurance products and make wise selections, virtual advisors and robo-advisory systems significantly improve the customer journey. By automating repetitive customer support duties, the incorporation of AI-based conversational solutions also aids insurance businesses in lowering operating expenses. Insurance companies can use AI systems to handle thousands of consumer interactions at once rather than depending entirely on human agents. In addition to increasing productivity, this frees up customer support workers to concentrate on more difficult and valuable duties. Additionally, by providing multilingual support and streamlined digital interfaces, AI-driven platforms increase client accessibility and make insurance services more user-friendly and inclusive. Overall, the report finds that virtual advisors and chatbots powered by AI are revolutionizing the Indian insurance industry. Higher levels of customer satisfaction, increased transparency, quicker service delivery, and enhanced customer engagement have all resulted from its use. AI-enabled solutions are anticipated to become more crucial for insurance firms looking to stay competitive and provide customer-focused services as digital technologies continue to advance. In order to improve customer satisfaction and operational effectiveness in the insurance sector, the study emphasizes the significance of ongoing technological innovation and the strategic application of AI tools.

KEYWORDS. *Chatbot, Insurance Sector, Customer Services, Customer Experience.*

INTRODUCTION

Policy sales, risk management, and claims settlement were the main focusses of the insurance industry, which has generally been perceived as a transactional and product-driven sector. In the past, there was little focus on the complete customer experience and consumer interactions were restricted to buying policies, paying premiums, and submitting claims. As a result, the industry was frequently seen as opaque, complicated, and bureaucratic. Due to their interactions with digital-first businesses like banking services and e-commerce platforms, modern consumers demand speed, convenience, and personalisation. They call for proactive communication, expedited claim settlements, and simpler policy information. Customers' interactions with insurers have changed as a result of the use of digital tools including chatbots, AI-driven advisors, mobile apps, and self-service portals. Among the various AI applications, chatbots—autonomous conversational agents—are increasingly deployed by businesses to provide real-time, personalized, and scalable customer service. By using technology to improve accessibility, expedite procedures, and provide real-time support, insurers are greatly enhancing the client experience. Insurance firms have historically concentrated on marketing their goods to consumers. These days, the focus is on comprehending client demands, offering customised solutions, and establishing enduring connections. The trend towards customer-centric company models is reflected in this change. Trust is crucial in determining the client experience because insurance entails both risk coverage and financial stability. In order to improve consumers' perceptions of insurers, regulators have also placed a strong emphasis on fair practices, grievance redressal procedures, and transparency. Customer experience is now a fundamental business strategy rather than an add-on in the current insurance market. Businesses that offer smooth, sympathetic, and proactive customer service have a higher chance of keeping clients, fostering recommendations, and lowering attrition rates. Customers now have several options thanks to the advent of several private

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companies in addition to public insurers. Customer loyalty can no longer be guaranteed by competitive pricing alone; personalised experiences and high-quality service are now essential differentiators.

Growing Role of Chatbots and Conversational AI in Policy Servicing, Claim and Customer Communication

The Interaction begins with the chatbot welcoming the user and asking about their insurance requirements, encouraging them to specify the type of policy they seek, such as health, life, vehicle, or travel insurance. Subsequently, the chatbot gathers crucial information necessary for an accurate quote, including the user's age or date of birth, gender, location or pincode, income (if applicable), health conditions for health or life insurance, and vehicle details for motor insurance. Once the information is collected, the AI evaluates the inputs and presents a range of policy options, detailing the premium amount, coverage, key benefits, and the insurance provider, along with a feature to compare different plans. The chatbot then requests essential documents for verification, which may include identification proof (like Aadhaar or PAN), income verification for term life insurance, and any pertinent medical reports. After the documents are submitted, the chatbot ensures a secure payment process for the premium. Finally, the user receives a confirmation of their purchase, along with a copy of the policy and a digital ID.

Chatbots play a crucial role in collecting and verifying user information, such as names, policy numbers, and identification proof, during the processes of claim filing and policy updates. They promptly identify any incomplete or inconsistent data, ensuring accuracy from the outset. When connected to backend systems, these chatbots can monitor for patterns such as repeated claims within a short timeframe, unusual treatment costs, and claims submitted from non-network hospitals. If any discrepancies are found, the chatbot escalates the claim for manual review, effectively preventing double-claim fraud by checking for previously filed claims with identical details. Additionally, the chatbot observes user behavior for signs of irregularities, such as inconsistent answers or altered document submissions, flagging any suspicious activity for further investigation.

OBJECTIVES

1. To evaluate the effectiveness of chatbots in handling various customer service tasks.
2. To Investigate the role of chatbots and AI in increasing operational efficiency and reducing costs.

REVIEW OF LITERATURE

Sutantri (2025) found that chatbots work best when they are integrated into omnichannel platforms, where they provide seamless dialogue flows and are supported by human agents for complex queries. However, they still face challenges such as limited context understanding, data privacy risks, and the need for continuous training to ensure accuracy. **Salammagari & Srivastava (2024)** With the use of machine learning, natural language processing, and continuous learning, adaptive chatbots have the potential to revolutionize industries like digital help, customer service, and education. However, obstacles to their development include the requirement for robust unsupervised learning systems, privacy and security concerns, and issues in comprehending human language. **Sharad et al. (2025)** Although AI chatbots improve consumer connection, high-quality service requires a hybrid approach that combines AI and human help. Data security, user confidence, and ongoing chatbot training are important issues. **Riikkinen et al. (2018)** The study highlights chatbots' value through AI, service logic, and reverse use of customer data, enabling deeper support in customers' own processes. A proposed framework categorizes chatbot services by AI level and their ability to enhance customer value creation. **Patil & Kulkarni (2019)** Chatbot advisors offer cost-effective, 24 hours investment guidance with lower fees and scalability, making them ideal for low-budget investors. However, they lack human accountability, motivation, and effectiveness in complex financial situations or large portfolio management. **Shareef et al. (2025)** AI chatbots enhance banking by boosting customer satisfaction, service improvement, and engagement, with satisfaction being the most influential. Accurate, efficient, and personalized responses make banking more accessible, reliable, and user-friendly.

RESEARCH DEIGN

The study uses a descriptive and analytical research design and is entirely dependent on secondary data. In order to comprehend how AI-driven chatbots and virtual advisers improve customer experience in the insurance market, it looks at existing literature, corporate disclosures, company websites, as well as industry research.

Case Studies of Indian Insurance Companies

1. **Hdfc Life**

Artificial intelligence (AI) is becoming a major enabler of customer-centric services in India's rapidly evolving insurance industry Beginning with SPOK (an email bot) in 2017 and subsequently Elle (a chatbot), HDFC Life Insurance is credited with being the first insurance firm in India to implement AI-driven advisers and chatbots for customer service. The use of these technologies has produced notable and quantifiable advantages. Through multiple AI solutions, including voice assistants, analytics-driven reliability, service chatbots, and employee back-end support tools, HDFC Life has greatly improved the customer experience. By using AI-powered chatbots and virtual assistants for both clients and staff, HDFC Life has become a leader in the Indian insurance sector. Through the provision of 24/7 help, increased personalisation, enhanced fraud detection, and effective question response, these advances have revolutionised the service landscape.

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AI and Chatbot Initiatives at HDFC Life

- Chatbots that interact with users- Etty: A multilingual chatbot for websites and WhatsApp that can accurately answer over 650 questions with a 94% accuracy rate. It has handled more than 35 lakh queries and helped more than 6.5 lakh people. Elle: An NLP-based chatbot that handles more than 35,000 distinct conversations every month on the HDFC Life website. Neo and SPOK: AI-powered email bots (SPOK) and Twitter-based bots (Neo) that classify and promptly reply to consumer enquiries, cutting down on staff workload and turnaround time.
- Internal Virtual Assistant: InstA is a knowledge platform for sales and service personnel that is built on AI and NLP and serves over 90% of workers and partners. provides real-time product knowledge, first-time resolution (FTR), and over-the-counter answers to more than 11 lakh requests per month. increases worker productivity, allowing frontline employees to provide clients with accurate, timely, and reliable help.
- Voice Assistants Ezra: Google Assistant integration allows for safe voice-based enquiries, including fund value checks. Elsa: A service assistant powered by Alexa. offers tech-savvy and mobility-constrained customers convenience, accessibility, and personalisation.
- AI in Operations and Risk Management Face Sense is a payment facial authentication solution that processes about 600 cases a day and enhances fraud detection. Deployment of more than 250 cognitive bots for claims administration, sentiment analysis, retention, and underwriting. enhances processing efficiency, lowers the chance of fraud, and fosters trust through security.
- Using AI Tools to Engage Customers 44,880 engagements and 85% positive comments were recorded for the Interactive Health and Finance Quiz (Haptik IVA). Promotes consumer involvement, instruction, and product knowledge.

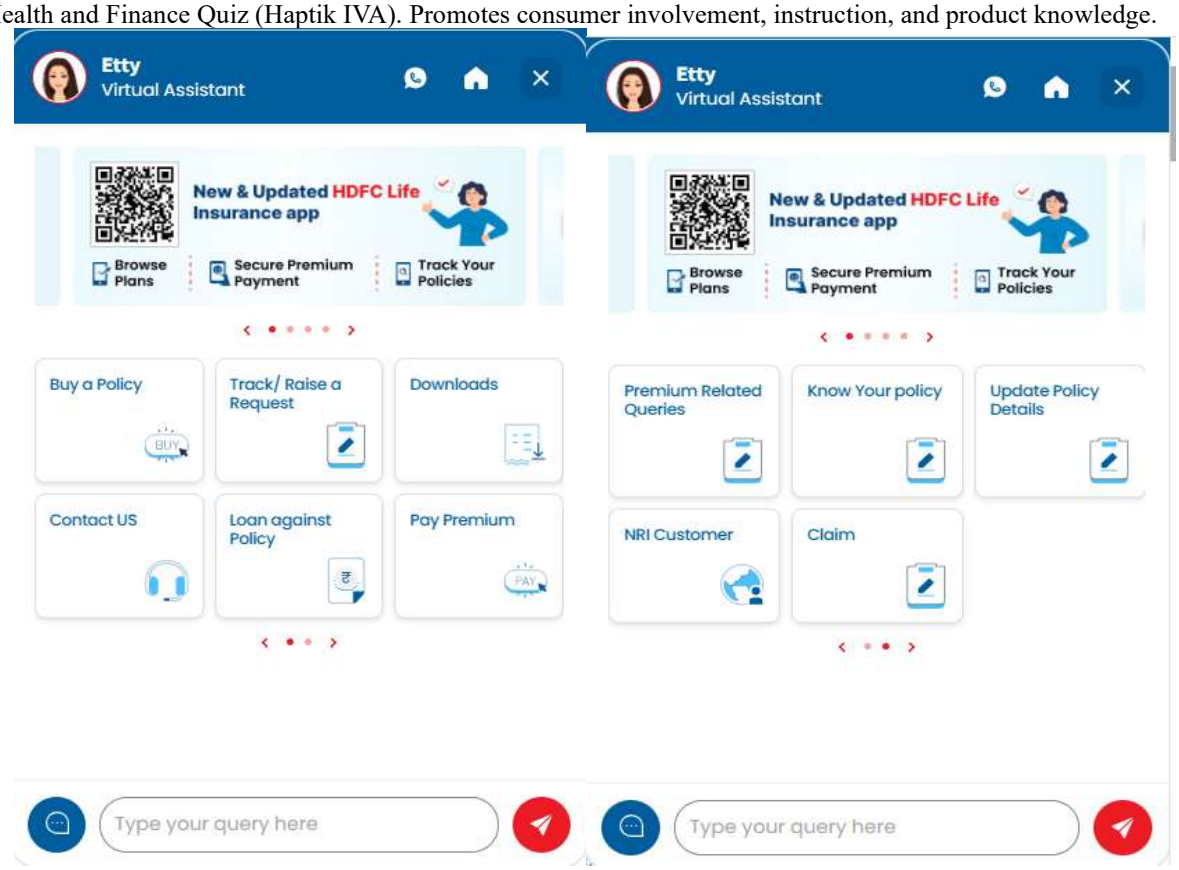


Figure 1&2. HDFC life chatbot. Adapted from HDFC life website (https://www.hdfclife.com/).

2. ICICI Prudential

Artificial intelligence (AI) has emerged as a driving force behind customer-centric innovations in the insurance industry in India, which has witnessed a substantial digital shift. In order to increase client engagement, improve service quality, and streamline operations, ICICI Prudential Life Insurance, one of India's top private life insurers, was a pioneer in using AI-driven technology including chatbots, Robo-advisors, and digital assistants. ICICI Prudential Life Insurance has effectively transformed client interactions and operational operations by utilising chatbots and artificial intelligence. Faster services, more individualised solutions, more security, and higher customer satisfaction have been the outcomes of the implementation of "Ask iPal," Robo-advisors, voice/WhatsApp chatbots, and AI-based claims processing.

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AI and Chatbot Initiatives at ICICI Prudential

- AI-Driven Chatbots Ask iPal: ICICI Prudential has incorporated a conversational AI chatbot into their mobile app and website. It responds to enquiries on policy servicing, including fund values, statements, claim status, and premium due dates. Easy accessibility for clients is made possible by round-the-clock availability and multilingual support. increased client convenience, quicker turnaround times, and less need for human interaction.
- Robotic Financial Guidance Advisory Robo-advisors powered by AI offer tailored suggestions for investing, insurance, and savings products. The system recommends appropriate policies and premium structures based on goals, income, and consumer profiling. decreases misselling, increases trust, and provides clients with data-driven guidance.
- AI in Operations and Customer Service Machine learning-powered automated underwriting for speedier policy issuance. AI-powered claims evaluation instruments for effective and open claims handling. algorithms for detecting fraud to improve security and lower risks. increases consumer trust, guarantees a quicker response, and boosts productivity.
- Engagement and Retention of Customers Artificial intelligence (AI) tools track client mood and feedback to enhance service quality. AI analytics-driven personalised communication campaigns increase policy renewal rates and product cross-selling. Enhances.

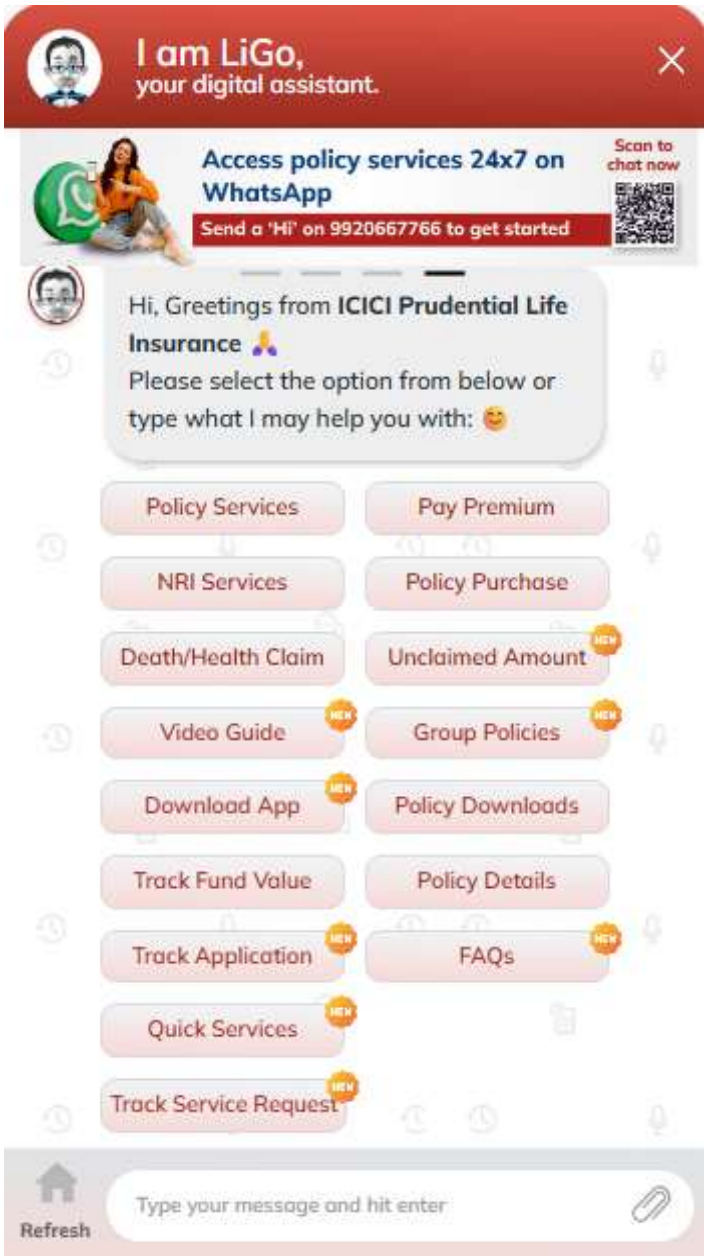


Figure 3. ICICI Prudential life chatbot. Adapted from ICICI Prudential life website (https://www.iciciprulife.com/).

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3. Life Insurance Corporation (LIC)

The Life Insurance Corporation of India (LIC), the country's biggest life insurer, provides coverage to more than 29 crore subscribers. It has been difficult to guarantee prompt service, transparency, and client interaction with such a large customer base. In order to modernise customer service and enhance service delivery, LIC has embraced digital transformation in recent years by implementing chatbots, digital advisers, and artificial intelligence (AI) solutions. By integrating chatbots and artificial intelligence, the Life Insurance Corporation of India, which has long been renowned for its vast offline network, has dramatically updated its customer care environment. Efficiency, convenience, and transparency have been improved by initiatives like the LIC Mitra chatbot, WhatsApp services, AI in claims, and automated IVR systems.

AI and Chatbot Initiatives at LIC

- LIC, an AI-powered chatbot Mitra On its website and mobile platforms, LIC has implemented chatbots such as LIC Mitra. For questions about policy specifics, premium due dates, loan availability, and claim status, it offers immediate support. The chatbot is accessible to clients throughout India and is available in several languages. minimises client wait times, provides round-the-clock assistance, and streamlines policy servicing.
- Services Based on WhatsApp In 2021, LIC introduced customer service via WhatsApp. Premium reminders, policy information, statement downloads, and claim updates are among the services offered. lessens reliance on in-person branch visits and offers convenience to consumers who are active online.
- AI in Policy Servicing and Claims LIC has started incorporating machine learning (ML) into the process of issuing policies and settling claims. Automated tools facilitate rapid fraud detection and document verification. reduces turnaround times for policyholders, guarantees transparency, and builds trust.
- Integration of Voice and Call Centre To address common questions, LIC has implemented AI-powered IVR systems in customer service. Future plans call for using AI and voice assistants to provide individualised financial guidance. increases accessibility, especially for rural and non-technical clients.
- Digital Engagement and Customer Education LIC creates customised customer communication campaigns and renewal reminders by utilising AI-driven insights. Chatbot-supported online self-service portals let users pay premiums, download receipts, and keep track of claims on their own. decreases workload at the branch level and increases consumer empowerment.

4. Reliance General Insurance

One of the top private general insurers in India provides a broad range of products, such as house, health, travel, and auto insurance. RGI has made strategic investments in AI and chatbot-based services to streamline claims administration and save operating costs in response to growing competition and a tech-savvy clientele. In the general insurance industry, Reliance General Insurance has been a leader in utilising chatbots and artificial intelligence. RGI has effectively improved customer experience, increased service efficiency, and strengthened trust with initiatives including the RIVA chatbot, AI-based motor claims evaluation, health claim analytics, and WhatsApp services. The RGI instance demonstrates how general insurers may use AI to provide individualised, dependable, and quick services in a fiercely competitive insurance market, in addition to reducing operational bottlenecks.

AI and Chatbot Initiatives at Reliance General Insurance

- Reliance Interactive Virtual Assistant, or RIVA On its website and mobile app, RGI unveiled RIVA, its AI-powered chatbot. Customers can purchase policies, calculate premiums, receive renewal reminders, check the status of claims, and file grievances with RIVA. provides immediate responses around-the-clock, lessens reliance on call centres, and improves consumer convenience.
- AI in Claims for Auto Insurance AI-powered picture recognition has been used by RGI to evaluate vehicle damage. Through the app, customers may input accident images, and AI promptly calculates the claim amount. improves customer happiness and trust by cutting the time it takes to settle claims from weeks to hours.
- AI analytics and health insurance By comparing hospital records and policy terms, AI-powered systems validate medical claims. High-risk claims and possible frauds are detected by predictive analytics. increased customer transparency and quicker approvals for legitimate claims.
- Support for Voice and Multiple Languages AI-powered voice assistants aid clients with policy servicing and claims in local languages. extends the availability of digital insurance to rural and semi-urban regions. enhances client satisfaction and inclusion across a range of populations.

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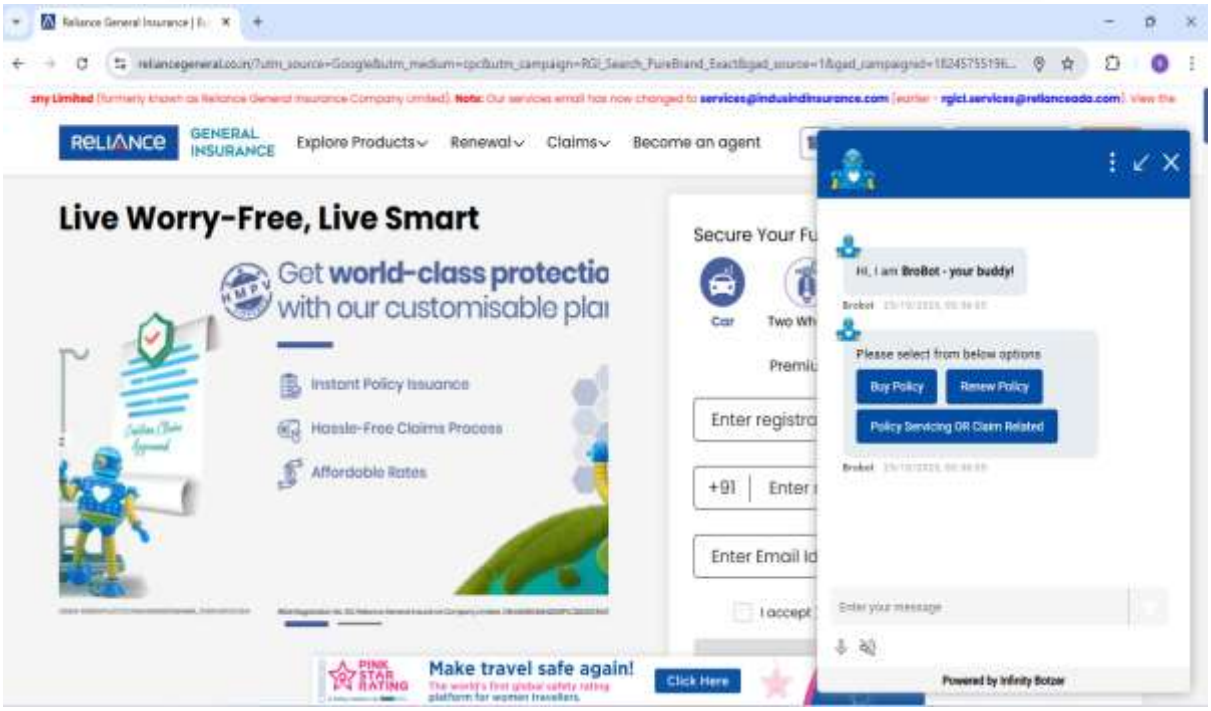


Figure 4. Reliance general Ins. chatbot. Adapted from Reliance general Ins. Website (https://www.reliancegeneral.co.in/).

5. The Oriental Insurance Company

The Oriental Insurance Company Ltd. provides a broad range of insurance products, such as commercial, health, travel, auto, and agricultural insurance. With a sizable clientele dispersed throughout both urban and rural India, the business must simultaneously provide accessibility and provide effective, transparent services. OICL has implemented chatbot-based systems and artificial intelligence (AI) technology in recent years to enhance customer service, claims processing, and consumer contact. The Oriental Insurance Company serves as an example of how a public sector general insurer can improve customer service in a cutthroat insurance market by utilising chatbot-driven technology and artificial intelligence. OICL has increased service speed, transparency, and accessibility by implementing technologies including AI chatbots, WhatsApp services, motor claim automation, and AI-driven analytics in health claims.

AI and Chatbot Initiatives at Oriental Insurance

- AI-Powered Chatbot (Virtual Assistant for Customers) On its website and mobile platform, OICL launched chatbot services powered by artificial intelligence. Customers can ask the chatbot questions about purchasing a coverage, calculating premiums, renewing a policy, checking the status of a claim, and addressing grievances. offers round-the-clock support, cuts down on client wait times, and improves convenience.
- AI in Claims for Auto Insurance In auto insurance, AI-powered solutions are utilised for processing claims and assessing damage. Consumers can upload photos of accidents, and the AI system assists in rapidly estimating repair costs. lowers paperwork, increases transparency, and shortens the claim settlement period.
- AI analytics and health insurance OICL has begun utilising AI and data analytics to cross-check hospital records, policy terms, and prior claim history in order to validate health insurance claims. Risk assessment and fraud detection are aided by predictive models. greater fraud control and quicker approvals for legitimate claims.
- Using AI to Engage Customers CRM systems with AI capabilities assist in sending customised campaigns, reminders, and notices of renewal. In order to reach more customers, particularly in semi-urban and rural areas, multilingual help is being implemented.

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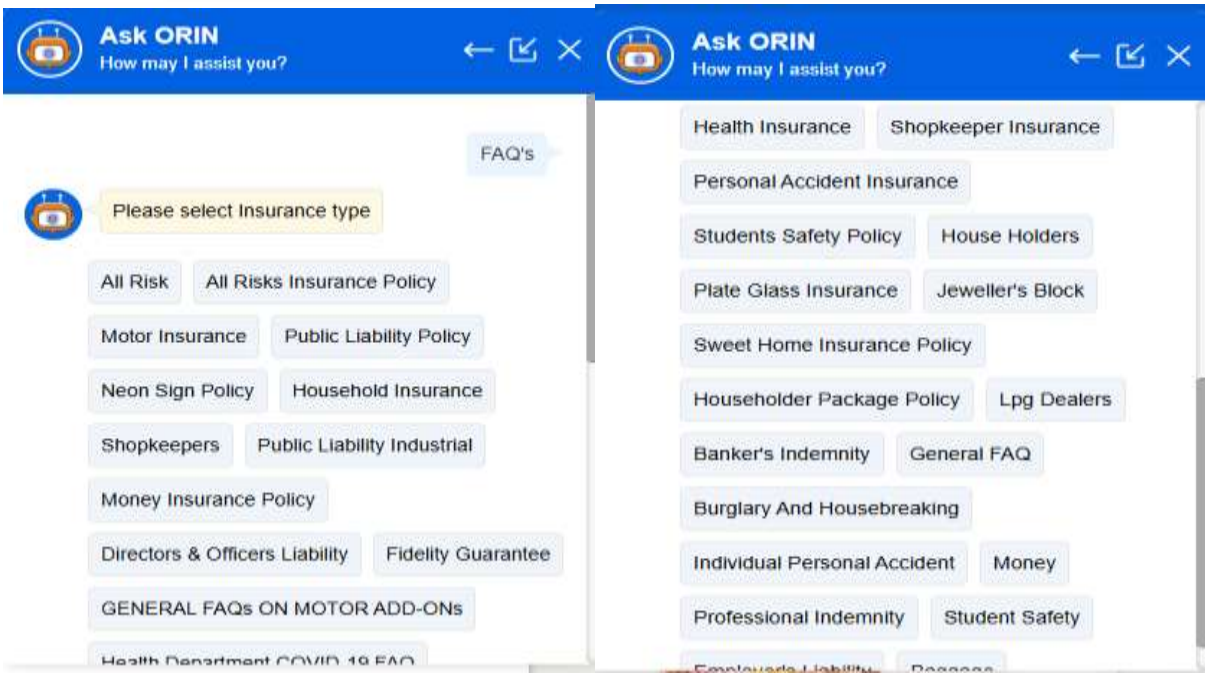


Figure 5&6. Oriental Insurance chatbot. Adapted from Oriental Insurance Website (https://orientalinsurance.org.in/).

6. Star Health

The top independent health insurance company in India is Star Health and Allied Insurance Co. Ltd., which was founded in 2006. Star Health caters solely to health-related insurance products such Mediclaim, personal accident, and abroad trip health insurance, and their clientele includes individuals, families, and corporations. Star Health has made significant investments in chatbots, artificial intelligence (AI), and digital platforms to improve customer experience in order to meet the growing needs for healthcare and guarantee prompt services. Star Health and Allied Insurance serves as an example of how a speciality health insurer might use chatbots and artificial intelligence (AI) to improve customer service. Star Health has improved its standing as a client-focused insurance by integrating AI into cashless claims processing, fraud detection, consumer engagement, and preventive health services.

AI and Chatbot Initiatives at Star Health Insurance

- A chatbot driven by AI (Star Health Virtual Assistant) accessible via the business's mobile app and website. Answers frequently asked questions by clients, including as those on policy purchases, renewals, claim status, hospital networks, and grievance assistance. Offers round-the-clock client service and eases the strain on call centres.
- Using AI to Process Cashless Claims AI-powered algorithms are used by Star Health to validate hospital pre-authorization requests. Verifies medical documents, policy terms, and prior claim history in order to expeditiously process legitimate claims. Improves patient happiness and trust by cutting the time it takes to settle claims from days to a few hours.
- Using Predictive Analytics to Identify Fraud AI-powered programs examine trends in exaggerated or fraudulent claims. Aids in minimising monetary losses and identifying high-risk claims. Increases effectiveness, guarantees that legitimate claims are resolved more quickly, and fortifies openness.
- Digital Interaction via Mobile Applications AI capabilities are integrated into the Star Health mobile app to provide wellness tracking, renewal alerts, and personalised policy information. Increases convenience, particularly for clients who are tech-savvy and young.
- AI in Preventive Healthcare and Wellness In addition to insurance, Star Health advises clients on preventive health practices through telemedicine capabilities and AI-powered apps. To keep policyholders interested, personalised fitness advice, food tracking, and health reminders are distributed. Enhances long-term client connections and raises knowledge of health issues.

7. Aditya Birla Health Insurance

One of the fastest-growing independent health insurance providers in India is Aditya Birla Health Insurance (ABHI), which is a division of the Aditya Birla Capital Limited company. Since its founding in 2015, the company has prioritised wellness and preventive healthcare in addition to providing health insurance. ABHI has used chatbots, digital health-tech platforms, and artificial intelligence (AI) into its operations to offer a comprehensive health experience. This has made customer support more efficient, wellness-focused, and personalised. Aditya Birla Health Insurance serves as an example of how chatbots and artificial intelligence are changing health insurance in India. ABHI has developed a distinctive offering that goes beyond conventional health insurance by incorporating AI into client service, claims, fraud detection, and wellness initiatives.

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AI and Chatbot Initiatives at Aditya Birla Health Insurance

- Active Health Assistant, an AI-powered chatbot implemented on whatsapp, the ABHI website, and the mobile app. Support for policy details, premium payments, renewals, claim status, and wellness program enquiries is available around-the-clock. Decreases reliance on physical branches or call centres and increases client accessibility.
- AI in Pre-Authorization and Cashless Claims use claim verification technologies powered by AI in network hospitals. Cross-checks policy terms, prior claims, and patient medical information to automate pre-authorization. Quicker approvals for legitimate claims and more seamless hospital stays.
- Using AI Analytics to Track Health and Wellbeing The company's Activ Health App tracks steps, fitness levels, and patterns of healthy living using analytics driven by artificial intelligence. Customers that embrace better lives receive premium discounts and benefits. Increases consumer involvement by associating financial gains with well-being.
- Using Predictive Analytics to Manage Fraud and Risk Artificial intelligence (AI) tools examine claim data to identify exaggerated or fraudulent claims. When pricing policies, predictive models aid in a more accurate risk assessment. Ensures equitable claim resolution and fosters client confidence.
- Digital Channels & WhatsApp chatbots can be used by policyholders for grievance resolution, policy renewal, hospital locating services, and quick claim notification. Including multilingual support guarantees accessibility for a wide range of clients. Offers ease, particularly to younger and tech-savvy clients.

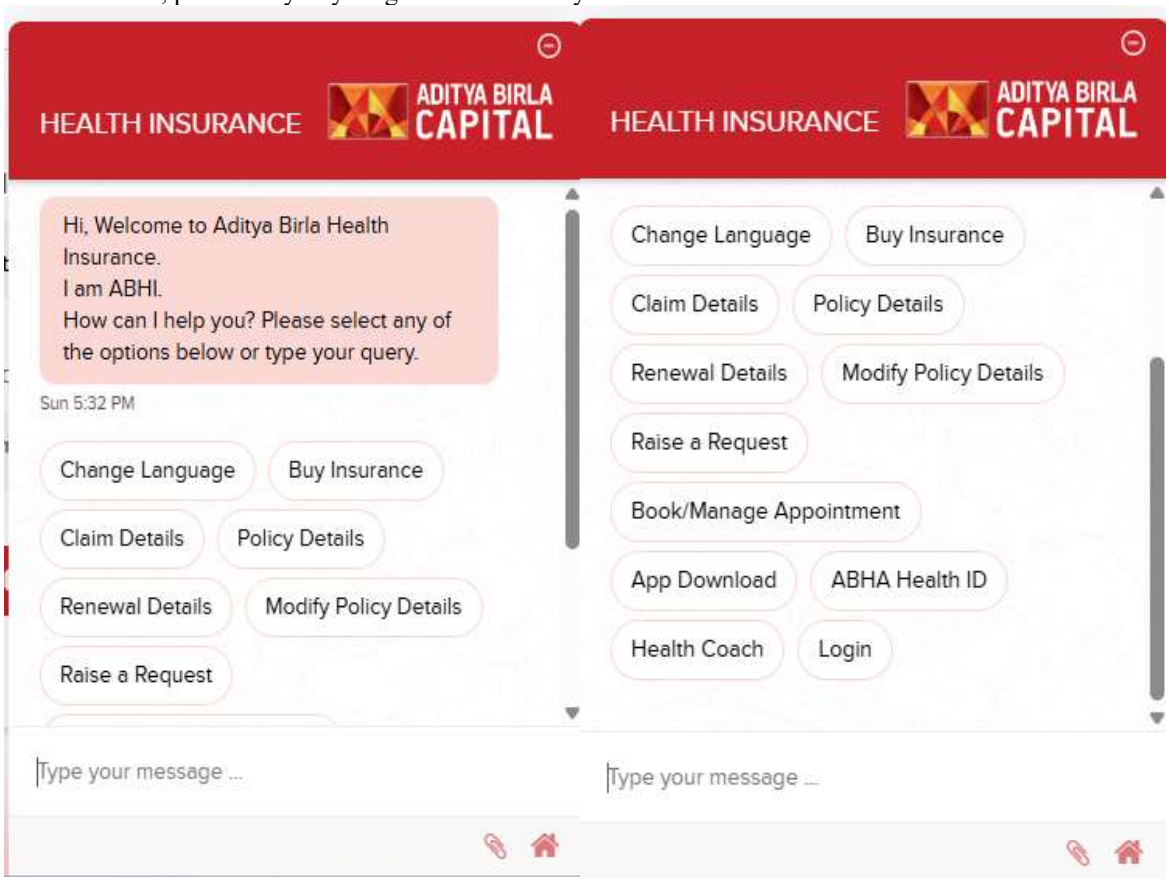


Figure 7&8. Aditya Birla Health Insurance chatbot. Adapted from Aditya Birla Health Insurance Website (https://www.adityabirlacapital.com/).

CONCLUSION

Life Insurance Corporation of India (LIC), ICICI Prudential Life, HDFC Life Aditya Birla Health Insurance, Star Health and Allied Insurance Co., The Oriental Insurance Company and Reliance General Insurance are just a few of the insurance companies that were studied. This shows how important AI-driven chatbots and virtual advisors are becoming to improving customer service in India's insurance market.

Every insurer has incorporated AI technologies in ways that complement their clientele and business strategy.
The first AI-powered chatbots and robo-advisors for life insurance were developed by HDFC Life and ICICI Prudential Life, which provide individualised policy recommendations, claim updates, and premium reminders. Their early adoption demonstrates how the private sector prioritises client contact through digital means. As the biggest public sector life insurer, LIC has adopted AI chatbots to handle scalability, speed up client inquiry processing, and increase accessibility to rural and semi-urban areas. Trust and service

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inclusivity have increased as a result. The Oriental Insurance Company has concentrated on AI for general insurance claims administration, particularly for health and auto insurance, where fraud detection and immediate claim notification greatly increase efficiency and fairness. In the fiercely competitive general insurance market, Reliance General Insurance stands out by utilising AI in customer care through automated claims, self-service portals, and WhatsApp bots, which enhances transparency and shortens turnaround times. As a leader in health insurance, Star Health and Allied Insurance has used AI chatbots and claim automation systems to offer smooth pre-authorization services and quicker hospitalisation approvals, directly addressing consumer concerns during medical emergencies. By connecting AI with wellness-driven engagement, Aditya Birla Health Insurance takes things a step further. It demonstrates how AI may turn insurance into a preventive and participative service by allowing users to track their health and rewarding healthier lifestyles with financial incentives through its Activ Health App. These technologies drastically reduce labour and operational costs by automating repetitive processes, managing high customer query volumes, and reducing the need for extended human support. AI also lowers expensive errors by processing data more quickly and accurately.

When taken as a whole, these case studies show that chatbots and artificial intelligence have advanced from experimental adoption to become crucial instruments for the customer-centric transformation of the insurance industry. The effects can be seen in:

- Claims management effectiveness (Oriental Insurance, Reliance General, Star Health)
- Accessibility (LIC, HDFC Life)
- Individualisation and proactive involvement (Aditya Birla Health, ICICI Prudential)
- Transparency, reducing cost and trust (all insurers, through quicker, more precise services).

Although each company has a different level of sophistication, all have seen an increase in engagement, a decrease in service delays, and an improvement in customer happiness. This demonstrates that AI-powered chatbots and advisers are not merely technical accessories but are instead turning into key facilitators of innovation, trust, and competition in the Indian insurance market.

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