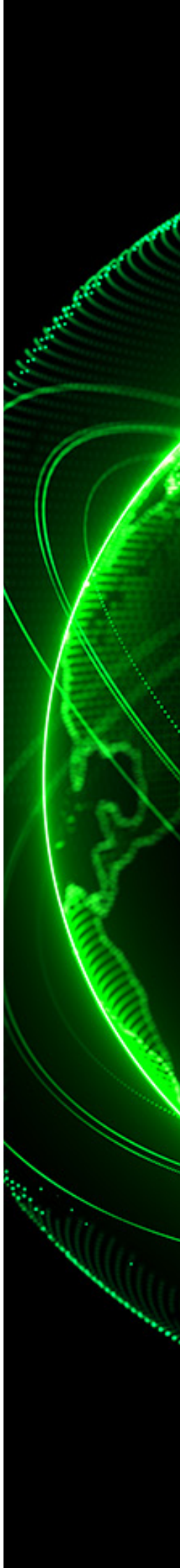




# Claims in the game: London Market Insights

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# Introduction

## A shift is gathering pace in the London Market.

Claims transformation activity is moving rapidly, with increasing digitalisation, artificial intelligence (AI) opportunities and market-wide modernisation initiatives driving a transition away from traditional, labour-intensive ways of working to more efficient and technology-enabled solutions.

At the same time, rising client and broker expectations have contributed to a renewed focus on the claims function and its value proposition. No longer solely positioned as a middle-office cost-centre, claims is increasingly recognised as a key driver of client experience and a source of competitive differentiation. This is particularly true against a backdrop of complex emerging risks, geopolitical uncertainty, macro-economic pressures and in the current soft market, while the elevation of claims management to an additional 'hurdle' principle at Lloyd's has solidified its strategic importance.

Internally, the role and influence of the claims function is expanding across the entire value chain, with claims having an increasingly active voice in executive committee (ExCo) discussions, exposure management and portfolio optimisation, and individual risk decisions. This increased scope and role comes at the price of added strain on existing teams.

In this context, Deloitte surveyed a wide variety of London Market participants, from large established players to new entrants, encompassing syndicates, company market and dual platform carriers. We invited 22 Chief Claims Officers (CCOs) to share their priorities for the next cycle of claims proposition enhancements and explored how these are being realised across business design, talent, technology and AI.

This paper presents our research findings and outlines the key actions we believe London Market carriers must take to keep pace with the evolving claims landscape.



# Executive summary

Our research highlighted five key findings:



**Claims proposition: Into the limelight.** 'Fast and fair' is no longer a differentiator, it is a starting point. Brokers and clients expect speed of service and technical expertise as a matter of course. A much broader role for the modern claims function is now the norm: one where claims professionals support long-term relationships with clients and brokers, play an active role in tenders, are instrumental in guiding effective risk selection, make valuable contributions to pricing and portfolio management decisions, and deliver a differentiating experience in the event of a loss. To succeed in this environment, claims executives must be able to define and deliver their claims proposition. Equally the value this brings needs to be recognised and supported across the broader executive community.



**Business design: The breadth and depth conundrum.** The elevated role of claims puts pressure on existing teams. Clients and brokers expect deep expertise, while simultaneously needing handlers who understand the full picture across an account. Meanwhile, claims may have the potential to enhance risk selection. This cannot be achieved by simply sharing data and regular insights: it requires a much deeper level of integration across the business. To truly meet these new needs, claims executives must develop business designs that foster expertise, flexibility and proximity to internal and external stakeholders, while optimising for long-term cost.



**Talent agenda: In search of next-generation professionals.** Delivering the new claims proposition significantly expands the mix of skills needed in a claims function, emphasising capabilities like commercial and sales skills, technology, data and AI fluency, all built on a solid line of business (LOB) expertise. A constrained mid-level talent pool provides a challenging backdrop to resourcing and leading these broadened teams. As claims takes on a more strategic role, organisations need to reassess the skills required and rethink the traditional models of attracting, retaining and developing talent from entry-level through to leadership.



**Claims technology: Building for the future, dealing with the past.** Technology is a critical enabler of the claims proposition, yet our conversations highlighted significant underinvestment in claims systems fit for the London Market. Handlers are struggling with multiple systems and management is unable to maintain its focus on performance. The bewildering array of technology vendors and uncertainties around upcoming market changes are compounding these issues. Claims must climb the priority list for technology investment within the business to meet current market demands and be future fit.



**AI: Nascency to maturity.** Momentum is growing around the applications of generative AI (Gen AI) and agentic AI in claims across the London Market, building on more familiar applications in automation and machine learning. Data-rich claims functions have the potential to lend themselves to these opportunities and every carrier we spoke to is experimenting, yet there is a fragmented approach to delivery and adoption across the organisation. For AI in all its forms to have a material and sustained impact, carriers need to develop an enterprise-wide framework for selecting and implementing opportunities and put AI on a firm footing for the long run, with the associated backing of strategy, proposition, governance and oversight, business design and technology enablement.

This report explores each of these themes in turn.

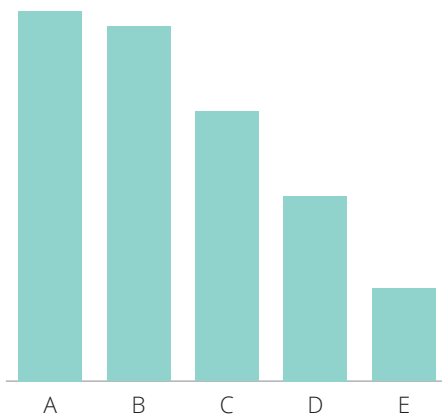
# Claims proposition: Into the limelight

The claims leaders we spoke to expressed optimism and excitement about the evolving role of claims and its potential to strengthen client and broker relationships, while enhancing overall business performance.

Our survey explored CCO priorities within the claims proposition trifecta: broker and client experience, indemnity control and expense control. Ten years ago, claims proposition development would have focused on the rapid confirmation of coverage, efficient settlement agreement and speed of payment. Now, however, speed and accuracy are taken for granted and a broader set of priorities has surfaced.

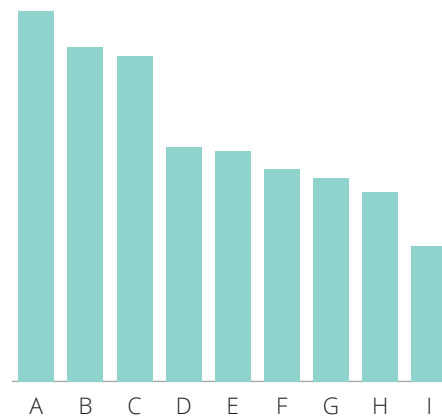
**Figure 1.** What are your claims proposition priorities in the next 12–18 months?<sup>1</sup>

1A. Client/broker experience



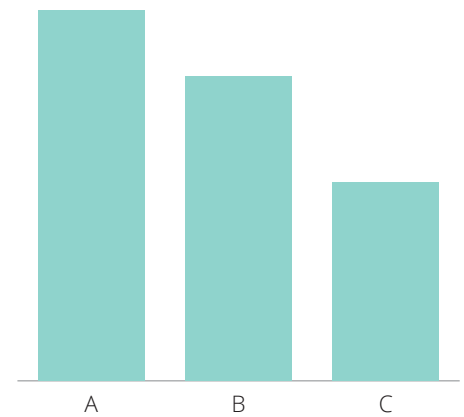
- A | Promotion of claims as a value proposition to your brokers and clients
- B | Enhancements to broker and/or client service experience
- C | Faster agreement and payment of claims
- D | Enhanced insights for your brokers
- E | Enhancing your ESG proposition

1B. Indemnity control



- A | Proactive loss control and/or risk management
- B | Enhanced reserve estimation
- C | Improved accuracy and timeliness of coverage decisions
- D | Enhanced litigation management strategy and control
- E | Tighter allocated loss adjusting expense (ALAE) control
- F | Improved fraud detection and investigation
- G | Identifying and pursuing recovery opportunities more rigorously
- H | Enablement of improved underwriting risk selection and pricing
- I | Oversight of follow claims portfolio

1C. Expense control

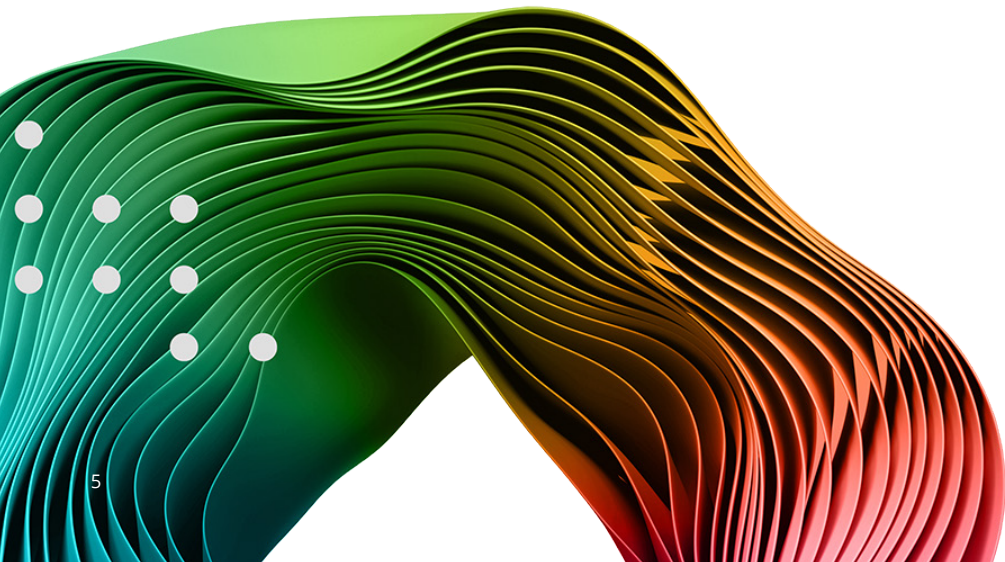
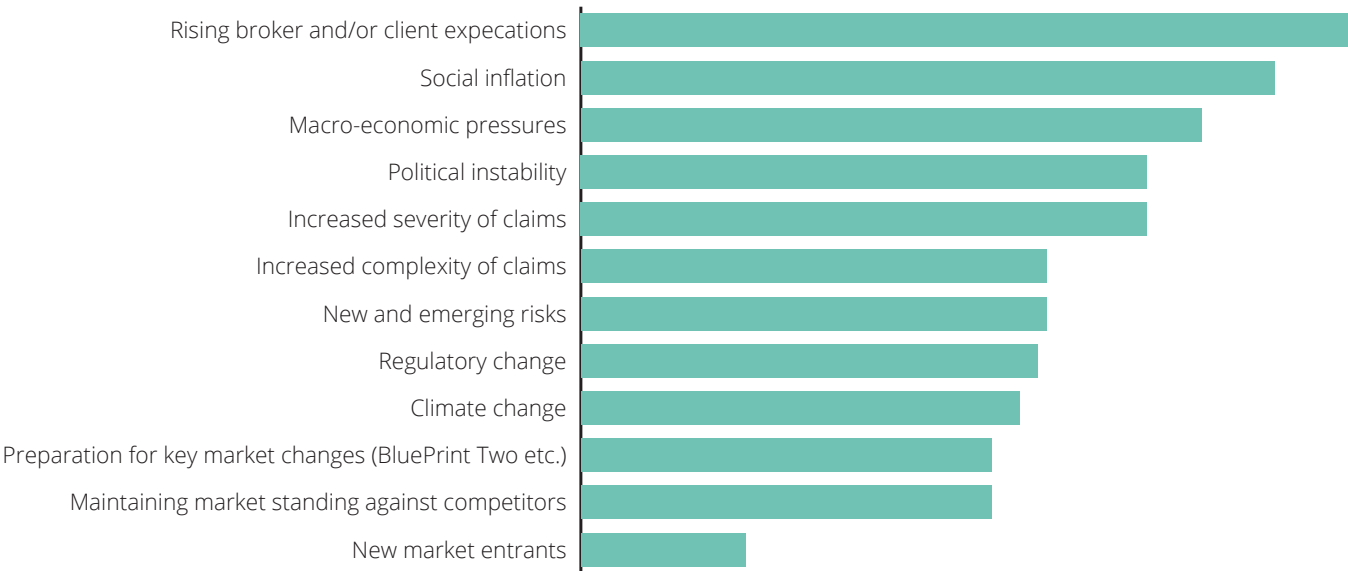


- A | Improved claims service efficiency
- B | Optimisation of claims team capacity
- C | Tighter unallocated loss adjusting expense (ULAE) control

External stakeholder experience

Broker and client experience consistently emerged as a key area of focus over the next 12–18 months. Within this pillar, over 80 per cent of CCOs ranked ‘promoting claims as a value proposition’ and ‘enhancing claims service experience’ as their top two priorities. In conversation, we learned this is primarily being delivered through lead insurers building strong relationships across the life of the policy, and delivering differentiating claims experience in the event of a loss. Meanwhile, follow strategies vary between those that are adopting a low-touch, expense-focused approach to claims expenses and others that seek to ‘think like a lead’ on every claim. What we did hear, however, is the need for a clear follow strategy is becoming increasingly vital, particularly for those playing in the ever-growing fast follow market.

Figure 2. What are the most important external challenges your claims function is facing?<sup>2</sup>







## Internal stakeholder influence

Internally, the claims function is gaining greater visibility and recognition. Leaders outside of claims are looking to the power of a strong claims proposition in building market credibility, attracting and retaining favourable risks, supporting portfolio optimisation and ultimately improving overall performance.

With regard to indemnity and expense control, carriers are placing greater emphasis on increasing their ability to proactively minimise losses and claims escalations, for example, through severity escalation models, reserve and settlement value predictions and actively tracking 'miss lists' of risks that were presented but not bound.

Claims now plays an increasingly vocal role in executive and underwriting committee discussions. While there continues to be a degree of variation across the market, this marks a departure from an earlier perceived pre-eminence of underwriting relative to claims. Through a combination of data, insights and technical expertise, claims has a more influential role than ever before in pricing strategies, exposure management and portfolio decisions. The most entrepreneurial carriers encourage frequent conversations (sometimes multiple times a day) between underwriting, claims and actuarial functions, to make agile and aligned decisions at both the strategic and individual opportunity levels.

## **Pulling the threads together: defining the claims proposition**

While the ambition is clear, defining and delivering the new claims proposition is far from straightforward. The competing demands for quality client experiences, at the same time as rigorous indemnity and cost control, are placing claims leaders under pressure. This is even more acute given the current soft market and the wider business imperative of optimising expense bases to remain competitive. In developing their claims propositions, CCOs must tackle these challenges, meet rising external and internal expectations and deliver measurable results.

To succeed, every carrier must address the foundational issues of business design, talent development, technology, and the potential of AI, which are all central to delivering the evolving claims proposition.

# Business design: The breadth and depth conundrum

Refining claims functions to enable claims to embrace their broader, more strategic role is a significant challenge, particularly given the unique characteristics of the London Market and the competing demands for both breadth and depth of expertise.

Claims leaders face the difficult task of balancing deep technical expertise—described by several CCOs as the ‘DNA’ of their business—with the demands of building that expertise in the context of increasingly diverse risk portfolios, with new and emerging risks and claim types, and heightened claims severity becoming the norm. Furthermore, our conversations

underscored clients and brokers also now expect claims professionals to understand the full context of an account, not just individual policies. At the same time, the internal role of claims now requires much deeper organisational integration across functions like data, technology and AI, as well as underwriting and actuarial, than typically was the case only five years ago. This has profound implications for optimising the claims operating model.

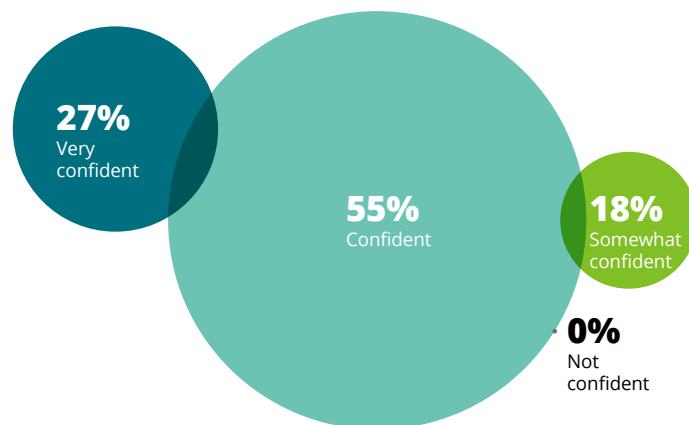
For global carriers, the effective design and role of group-level functions remain in a near-constant state of flux. Striking the optimal balance between global and local capabilities, particularly when markets and business priorities are in constantly evolving, is a challenge. London Market business units are navigating the tension between local agility and global consistency carefully, seeking to balance the market’s specific nuances with their broader organisational goals for consistency, operational efficiency and macro-level insights.

**55% of surveyed CCOs said optimising their operating model was their first business design priority in the next 12–18 months.<sup>3</sup>**

Most of the carriers we canvassed are confident that their operating models can support the delivery of their claims proposition, but feel they need further optimisation. This will be a significant area of focus over the next 12–18 months. Everything from the degree of federation to individual business units, and the ongoing role of traditional outsourcing (and in particular its boundary with AI), to optimising cross-functional interaction patterns across underwriting, claims and actuarial were all firmly on the table as carriers look to achieve this aim.

These optimisation measures aim to focus resource capacity where it really matters, allowing claims to deliver the breadth of its proposition promises while maintaining depth of expertise within the lines of business. Overall, getting this optimisation right will reap benefits across all corners of the claims proposition: be it client and broker experience, indemnity control or expense optimisation.

**Figure 5:** How confident are you that your current business design can support the delivery of your claims propositions?<sup>4</sup>





# Talent agenda: In search of next-generation professionals

Insurance is ultimately a people business—nowhere more so than the London Market, which is built on trust, relationships and specialist expertise. People are particularly central to success in claims, where quality talent has a direct and material impact on client outcomes and indemnity spend.

Delivering the new claims proposition significantly expands the mix of skills required in the team. The increasingly multi-faceted nature of the claims handler role was a consistent theme in our conversations with CCOs. Today's handlers need to work alongside underwriting teams in a sales capacity, interrogate and interpret data for more informed decision-making, effectively articulate insights to internal and external stakeholders, and harness the growing capabilities of new technology and AI-driven tools. Underpinning all of this is the need for an overarching client- and market-focused mindset that emphasises collaboration, continuous learning, open communication and proactive problem-solving.

However, this skills evolution is occurring against a challenging backdrop. Many claims functions are still feeling the effects of an underinvestment in talent and headcount reductions during the last soft market. This has been further exacerbated by repeated pauses in recruitment and an unexpectedly sharp wave of retirements driven by the COVID-19 pandemic. The resulting smaller pool of experienced mid-level talent has driven up wage inflation and made recruitment increasingly competitive.

In this context, carriers are now grappling with how to build claims skill sets rapidly while effectively delivering value and managing their broader portfolio of stakeholders. Larger insurers may be able to group resources with particular skill sets (such as market-facing roles, data analysis or technical expertise), but for mid-sized and smaller firms, resources are far more constrained and individuals are often expected to 'have it all', making workforce planning a complex challenge to navigate.

In response, many are prioritising the retention and development of mid-level talent, while also investing in junior talent pipelines. Some insurers are establishing regional talent hubs around the UK and internationally. Across all our conversations, carriers are continuing to champion diversity, equity and inclusion (DE&I) agendas at all levels of their businesses.

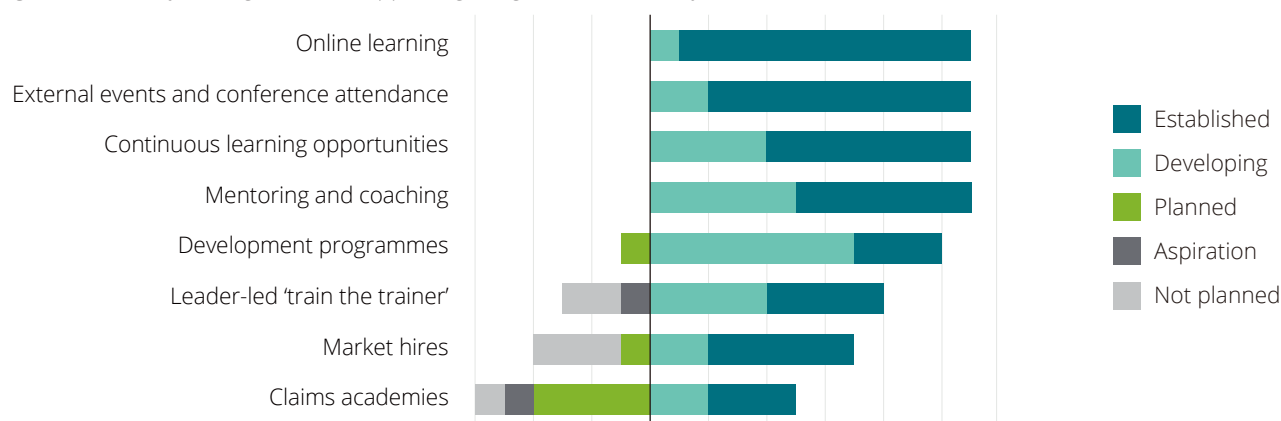
While remote working in the aftermath of the COVID-19 pandemic made the traditional approach of side-by-side learning more challenging to implement, most carriers are now encouraging employees to be in the office an average of three days a week—typically by highlighting the value of professional and social connections around working in the office, rather than mandating attendance.

Insurers are also embracing more structured and accelerated development programmes, offering clearer pathways to progression and skill set development than in the pre-pandemic years. Our research revealed that 64 per cent of CCOs are planning, developing or aspiring to establish Claims Academies within the next 12–18 months, while 27 per cent have already established such programmes.

Carriers that can clearly articulate their employee proposition within claims and offer flexible development pathways that cater to the increased appetite for non-linear career paths will be best placed to attract and retain quality talent. These pathways might include claims professionals shifting between different classes of business, working in adjacent functions such as reserving, or even transitioning across industry.

**9 in 10** surveyed CCOs are actively developing, planning, or aspiring to build claims academies.<sup>5</sup>

**Figure 3:** How is your organisation supporting the growth of skills in your claims function?<sup>6</sup>



# Claims technology: Building for the future, dealing with the past

While technology is a critical enabler of the claims proposition, our conversations revealed a mixed picture of maturity. Some carriers have invested heavily in their core technology platforms, with varying degrees of success, but the majority highlighted sustained underinvestment and systems unsuited to the nuances of the London Market.

Our research highlighted many of the technology challenges that claims professionals are grappling with, each creating barriers to efficiency, insight and value delivery. These include:



**a disconnect between IT strategy and the broader claims vision**, resulting in misaligned investment priorities, diluted returns and limited value delivery



**concerns over the quality and accessibility of data 'locked' in legacy systems**. In addition to impeding performance monitoring, this reduces confidence in reporting and limits the ability to make data-driven decisions



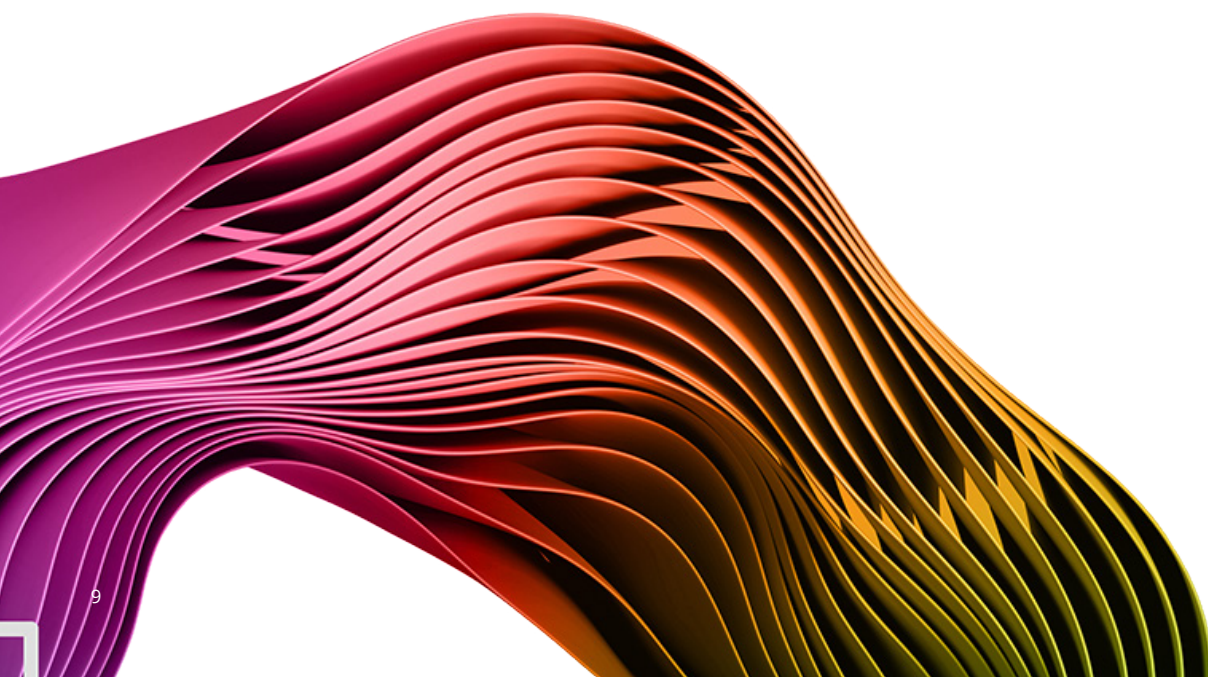
**uncertainty until recently around the impacts of major market changes** (such as Blueprint Two) on existing or future systems, having led to an unwillingness to undertake 'major surgery' on the IT landscape



**the range of technology vendors**, spanning core system providers, niche Insurtechs and emerging technology solutions, such as Claims Workbenches. This makes it difficult for claims leaders to identify appropriate partners, prioritise investments and ensure interoperability across systems



**inefficiencies caused by a fragmented technology landscape**, with claims professionals navigating a wide variety of platforms, including multiple Claims Management Systems (CMS), Policy Administration Systems (PAS), third-party portals and delegated claims management tools including bordereaux (BDX) ingestion and management, as well as loss fund management. This fragmentation hinders workflows, increases the risk of error and adds to training and maintenance burdens.

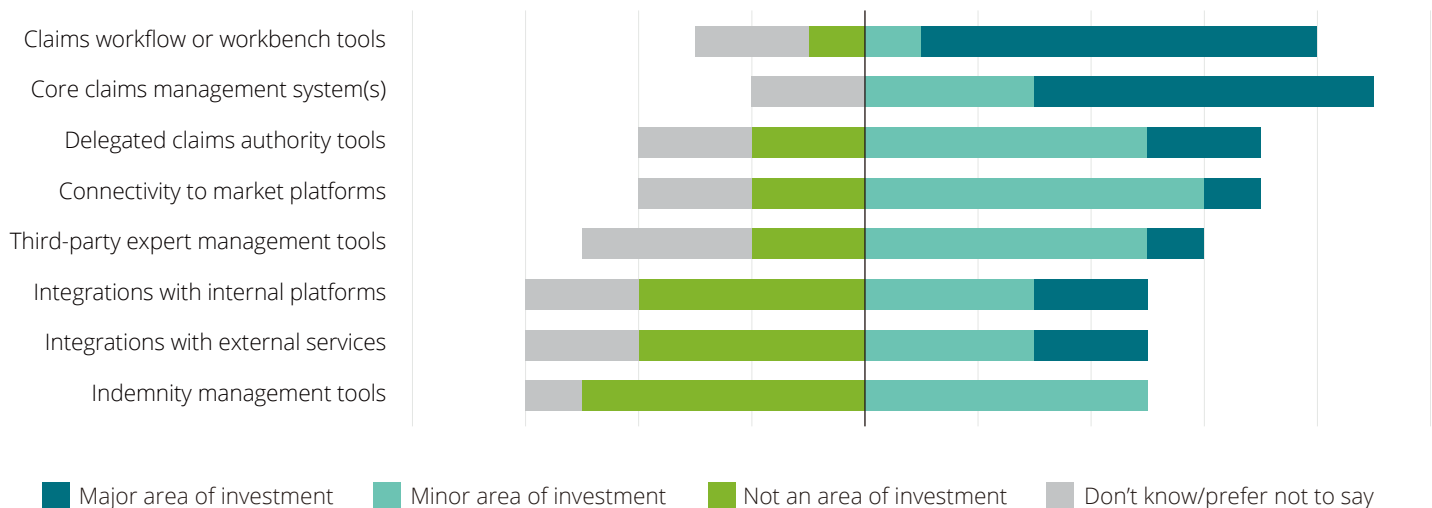


While these challenges persist at the organisational level, there is cautious optimism about market-wide progress. CCOs are broadly aligned in their view that the rollout of the Digital Processing Platform for claims (ICOS) will provide a more stable and consistent basis for digital claims processing. But many also emphasised that additional functionality builds and enhancements will be needed over time. There is a clear appetite for a broader, ongoing

conversation across the market on the future role of market platforms and the scope of functionality they should deliver.

Given the complexity of delivering this change into the market, many claims executives we have spoken to have elected to accelerate their own claims technology enhancements ahead of and in parallel to the broader market enhancements.

**Figure 4:** Which areas of technology are you planning to invest in over the next 12–18 months?<sup>7</sup>





For most carriers, the starting point is acknowledging that the technology supporting claims professionals needs to improve. Claims must rise up the priority list for technology investment, as without significant investment and sustained commitment, insurers risk increasing claims leakage, rising inefficiencies and the risk of losing talent to competitors.

Once that commitment is secured, insurers need to make focused decisions and invest in the technology model that best supports their strategy. Our research has identified three main archetypes emerging in the market.

**78%** of surveyed CCOs said a claims workbench or workflow tool would be a major area of investment in the next 12–18 months.<sup>8</sup>

1

**The subscribers:** These carriers are using Software as a Service (SaaS) platforms hosted by third parties and are working closely with vendors to co-develop features that meet evolving market needs. While this model offers speed and cost-efficiency, flexibility can be limited

2

**The 'bells and whistles' builders:** These players are investing heavily in a centralised CMS to deliver their requirements, often enhanced with additional inbuilt functionality such as workflow support, reserving tools and delegated management capabilities (including BDX and loss fund management). This approach ensures tailored capabilities, but can be resource-intensive and time-consuming to build, scale and maintain

3

**The workbench admirers:** By far the largest group, these insurers have amassed an array of tools and legacy platforms for different LOBs and services. Many are struggling to integrate these legacy platforms, and the prospect of a costly, disruptive root-and-branch overhaul of claims technology is unappealing. For this group, workbench solutions—similar to those deployed in underwriting functions—present a compelling alternative. In fact, around 80 per cent of the CCOs we surveyed plan to make major investments in claims workbench or workflow tools over the next 12–18 months.

A workbench or workflow solution is intended to serve as a 'single pane of glass' that sits above existing tools and technology. It can streamline workflows, guide claims handlers through complex processes and enable seamless interaction across multiple open market and delegated claims systems, underwriting and the wider insurer technology ecosystem. At the executive level, workbenches can provide 'mission control', enabling performance insights to inform strategic decision-making, appetite setting and operational controls. Too often, our conversations revealed that claims leaders lack visibility into the day-to-day activities of their teams, limiting their ability to adjust approaches in a responsive and agile manner. Embedding technology that enables the proactive identification of trends, inefficiencies and opportunities will be crucial as claims continues to evolve into its strategic front of shop role.



# AI: Nascency to maturity

The opportunities presented by all forms of AI in claims are extensive. While predictive analytics and machine learning feel well established across the market, the emerging applications with Gen AI and agentic AI are far less explored but have the potential to be transformational if fully harnessed. Every aspect of the claims lifecycle stands to benefit, with operational efficiency forming the first priority for most of the carriers we interviewed (ahead of other focus areas such as indemnity management or client experience). Nearly all the carriers we spoke to are currently running a variety of AI proof of concepts (POCs), tackling a range of inefficiencies and pain points across the claims ecosystem. Common areas of experimentation include First Notification of Loss (FNOL), claims ingestion, triage and assignment, and the summarisation of both structured and unstructured data.

While these POCs represent logical starting points for this technology, there is growing ambition for more wide-reaching applications across the value chain. Market leaders are beginning to seriously consider the idea of a 'liquid' workforce—a model where AI tools function as virtual claims handlers, taking on time-consuming, repetitive and low-value-added tasks. This enables human handlers to focus on the areas where they add the greatest value: applying experience, commerciality and empathy for complex and severe claims. While the ultimate proportion of claims activity that AI models will absorb remains to be seen, the direction of travel is clear.

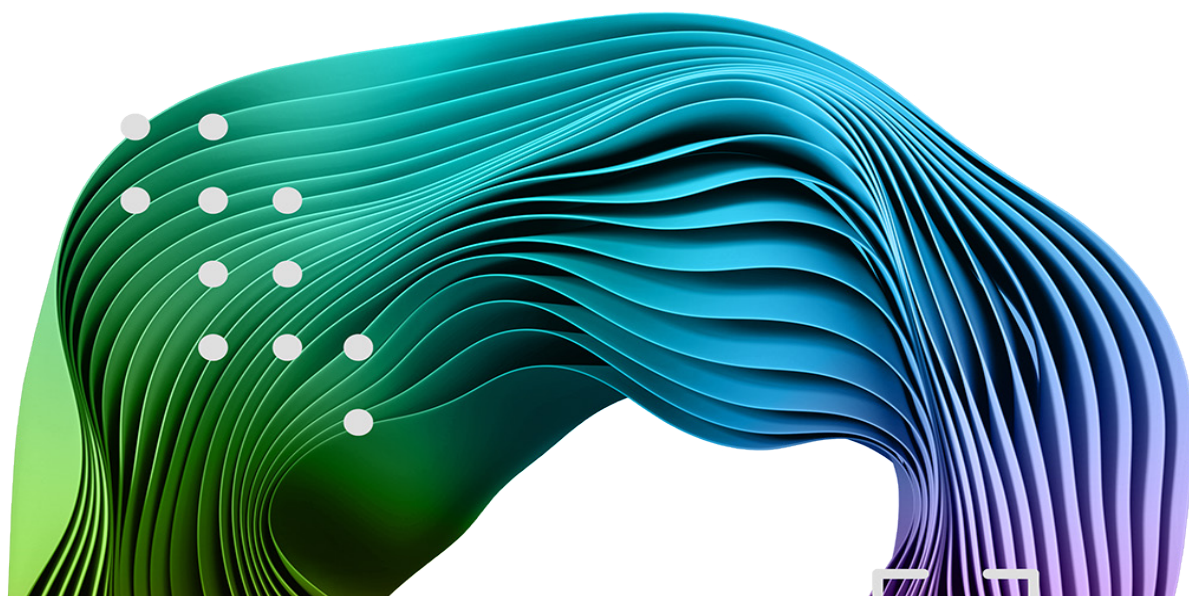
There is no shortage of ideas, tools or vendors to help design, build and deploy these solutions. The real challenge the market faces is twofold. In the short term, insurers need to get better at making AI investment decisions: be that continuing to enhance the machine learning and predictive modelling capabilities already in place, building out Gen AI opportunities (most likely for internal-facing activities in the first instance), and beginning to seriously consider how agentic AI could be applied in the London Market claims

context. Currently, POCs are fragmented and lack an overarching vision and direction, both within claims and the wider organisation. For AI to deliver material and sustained impact, carriers need an enterprise-wide framework for identifying and selecting opportunities, and choosing the right approach to bring them to life. This enterprise-wide framework also needs to be underpinned by clear principles around data protection, governance and accuracy.

In the longer term, insurers must find a way to establish this technology on a stable, strategic footing—similar to the way analytics have become integral to modern insurance operations. This will require alignment across strategy, proposition, business design and technology enablement. Improving data quality and accessibility will also be a key foundational activity for many. As AI matures, those with this solid foundation will be best placed to industrialise its use and realise AI's full value. This, however, is an enterprise-wide need that will require coordination across all the key functions of the business.

While nobody believes AI can or should replace the experience and empathy of the claims professional, the skills mix of the claims function will need to change to derive the benefits of this technology. On the ascent is the ability to harness AI models to access data quickly, perform tasks and coordinate a wide variety of stakeholders. At the same time, the old necessities of rekeying and undertaking repetitive manual tasks will recede.

This shift is positive for the market and for the talent it aims to attract and develop. Carriers that embrace these opportunities will be better placed to offer compelling career paths, serve as credible partners to other market participants and deliver an enhanced claims proposition. In contrast, those that delay risk falling behind, unable to compete for talent or meet rising client and broker expectations.



# Conclusion

Having a clearly defined claims proposition is now non-negotiable. As claims takes a more active role across the entire value chain, claims leaders need to be able to clearly define, voice and execute their value proposition to their internal and external stakeholders.



## **Business design and talent development**

An optimised business design and talent development framework, underpinned and enhanced by key technologies, data and AI tools, will be the defining factors in the success of London Market claims functions of the future. Taking a creative approach to flexible business design and providing claims resources with the tools to focus on truly value-adding areas, will allow teams to offer both the depth of expertise and breadth of services that are being demanded of them.



## **Talent agenda**

Defining and offering a compelling claims employee proposition unique to their organisation should be an imperative for claims leaders. This means being more imaginative about the 'routes to the top' for claims professionals. Defining these flexible pathways and identifying new talent pools, potentially including recruiting outside traditional heartlands, will be key to building sustainable talent bases in the medium term.



## **Technology**

It is also clear that the claims function deserves its fair share in the technology investment roadmap. For insurers struggling with a fragmented legacy claims systems landscape, a claims workbench layer that enables a 'single pane of glass' user experience by co-ordinating underlying systems may well be an attractive option. The accompanying promise of incorporating innovation faster and cheaper than by changing or replacing existing systems is an appealing option for many. Delivering connectivity into new and existing internal and market platforms will be vital if these are to prove transformational for claims professionals.



## **AI**

Meanwhile, for AI, and in particular Gen AI, to scale beyond the existing patchwork of POCs towards business as usual (BAU), carriers need a more robust and methodical approach to prioritising and deploying opportunities and an agreed route to industrialisation. Getting this right will have organisation-wide implications across teams, technology, data, business strategy, governance and oversight. The time to start is now. The market is already in motion, and those that don't commence soon will face an increasingly uphill struggle to keep pace.

Overall, our conversations have revealed a picture of urgency and accelerating change, but also one of optimism and excitement around the emerging and future role of claims in the London Market. From new syndicates to established dual-platform players, everyone is eager to maximise the opportunities presented. It remains to be seen who manages these competing priorities in line with their wider strategy to support outperformance through the next generation of claims propositions.

# Methodology

Deloitte Management Consulting Services ('MCS') interviewed 22 Chief Claims Officers (CCOs) or equivalents from London Market carriers over Q2 and Q3 2025. 48% place Gross Written Premiums (GWP) above £3bn in the London Market; 43% place GWP between £1bn and £3bn in the London Market; and the remainder below £1bn GWP in the London Market. In each case, the executives were asked a range of questions around their developing claims propositions and the impact this is having on business design, talent agenda, data, technology and AI offerings.



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*Thank you for reading this report.* Deloitte's award-winning consulting practice has the market-leading team for claims in the London Market. Our professionals can help across the value chain from strategy definition and capability assessments, through business design and talent proposition development, to technology design and delivery. If you are interested in any of these areas, please contact us to discuss your ideas further.

## Endnotes

- 1 Deloitte London Market Claims Survey 2025. Sum of priority rankings
- 2 Deloitte London Market Claims Survey 2025
- 3 Deloitte London Market Claims Survey 2025
- 4 Deloitte London Market Claims Survey 2025
- 5 Deloitte London Market Claims Survey 2025
- 6 Deloitte London Market Claims Survey 2025
- 7 Deloitte London Market Claims Survey 2025
- 8 Deloitte London Market Claims Survey 2025



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