Service Quality Gap Analysis: Study on the Claims Experience of Health Insurance Customers

By

Renila Rajan

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Renila Rajan student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Aditya Birla Health Insurance, Mumbai from 6th February 2017 to 6th May 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Asso. Professor
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ADITYA BIRLA
HEALTH

The certificate is awarded to

Renila Rajan

In recognition of having successfully completed her
Internship in the department of

Group Operations

and has successfully completed her Project on

The Service Quality Gap Analysis: A Study On the Claims Experience of Health Insurance Customer

5th May 2017

Aditya Birla Health Insurance, Mumbai

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

Functional Head

Human Resources

Aditya Birla Health Insurance Co. Limited.
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A joint venture with **MMI** Holdings.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Service Quality Gap Analysis: Study on the Claims Experience of Health Insurance Customers And Submitted by Renila Rajan Enrollment No. :IIHMR-U/01/2015-17/0331 under the supervision of Dr. Seema Mehta, Associate Professor,IIHMR University for award of MBA in Hospital and Health Management of the University carried out during the period from 6th February 2017 to 5th May 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled Service Quality Gap Analysis: A Study on the Claims Experience of Health Insurance Customers.

Signature of student

Abstract

Title- Service Quality Gap Analysis: Study on the Claims Experience of Health Insurance Customers

Background-The study is done to measure service quality by using SERVQUAL model. It examines five aspects of service quality-responsiveness, assurance, empathy, tangible and Reliability. Each aspect of claims process is measured on both perception and expectation of the service on a scale of 1 to 5, total number of questions in the questionnaire are 22. The Gap score is calculated by subtracting the expectation score from perception score. A negative Gap indicates that the actual perceived service is less than what was expected and positive GAP identifies areas where marketing strategies can work well

Objective-The study was carried with the objective of understanding the level of gap that exists between expectation and perception among the customer who had health insurance claims in Aditya Birla Health Insurance Company in the content of service quality. Convenience non random sample of 160 claims customer were used to collect the data

Result-The finding of this study showed that there is not a significant Gap between expectation and policy holder's experience with the regards to service quality. Finding of this study is to help bridge the GAP that exist between expectation and perception

I. INTRODUCTION

One of the major challenges faced by Indian Insurance companies posed by financial reforms is customer satisfaction and loyalty. Planning Commission reports on Vision 2020 states that health insurance companies will play a pivotal role in developing the health care system (Planning Commission, 2002). The Insurance Regulatory Commission of India (IRDA) is established to contribute to the industry by keeping up a stable and fair market, ensuring and keeping in mind purchaser's interest, making private insurance company more reasonable and controlling the premium charged in accordance with the benefits offered by health insurance companies

'Policy lapse' is one such common practice by the customers when there is dissatisfaction in the quality of service, the providers recognize that customers who insist on improvements in quality of services have many other alternatives and, therefore, may more readily change providers. Health insurance players have started realizing that their business depends on customer and customer satisfaction and also, increasing competition in recent years and coming up of more public and private insurance companies has improved the customers' knowledge and awareness of health insurance services leading to higher expectations. Customer driven marketing and innovative product can affect customer's expectations.

Gartner 2015 reports that 50% of private companies are planning to invest more in customer experience strategies. The Customer 2020 report indicates that customer experience will overtake price and product as the key differentiator among health insurance market. These insights have emphasized on the value of designing customer experience strategies to stand out in the crowd and have a competitive advantage, and for this they need to consider how to create a satisfied customer base that will not be eroded even when there is fierce competition.

Offering the services with high quality, especially in this more competitive business world has advantage:

1. The high level of service quality will lead to customer satisfaction then will increase the customer loyalty and at last will increase market share. Quality is a key determinant of market share and return on investment as well as cost reduction (Zeithmal& Parasuraman, 1985**).**
2. Homogeneity and similarity of insurance products, has raised the quality of service offered to customers as the main factor that should be analyzed in competitive strategies, so it is an essential element in customer relationship marketing. Therefore having competitive advantages through the service quality requires recognition of quality requirements of customer perspective. (Wang& Sohal, 2000).

Defining and measuring quality in services might be difficult due to the intangible nature of the service offering. The researches on service quality have been carried out within the framework of widely accepted service quality SERVQUAL instrument, (Parasuraman et. al. 1988).

The competitive innovations have made insurance company customers more concerned about their money value. In fact, customer expectations rise with the use of latest technology, like on-line services or e- services of insurance company, inspiring them to explore the alternatives available to them. The efficiency of insurance sector depends upon how best it can deliver services to its target customers and how far expectations of customers are met. In order to survive in this competitive environment and provide continual customer satisfaction, the insurance services are now required to persistently improve the quality of services

Claims in Health Insurance

The traditional health insurance market three main stakeholders have been characterized which are closely associated with each other, these are- Policyholders, Health insurance companies, and Medical service providers are such as Hospitals. Claims process can run smoothly if there is a proper integration and coordination between Hospital, TPA and Health Insurance

A satisfied customer's base will have a direct benefit in terms of customer retention. Insurers use their claims performance as a differentiator in– establishing their reputation in the market (especially on social media) as an insurer that is committed to settling claims fairly, transparently and at faster pace. That subsequently will lead to customer retention and higher chances of acquiring customers who are looking for a new provider

Research Question

Is Aditya Birla Health Insurance providing quality service in claims process and meeting customer's expectation?

Research objectives

1. To evaluate customer's general expectation of claims process by an insurance company in respect to the SERVQUAL dimension.
2. To evaluate customer's general perception of claims process by Aditya Birla hEalth Insurance Company in respect to the SERVQUAL dimension.
3. To find out the gap between perceptions and expectations of the customers, regarding the claims service provided by Aditya Birla Health Insurance

II. REVIEW OF LITERATURE

Service quality has aroused considerable interest in the literature because of the difficulties in both defining and measuring it. Parsuraman et al. (1985, 1988) positioned and defined service quality as a difference between consumer/customers expectations of 'what they want' and their perceptions of 'what they receive'. He developed SERVQUAL model to assess customer loyalty for service industries. Their measurement involved the difference between customers' perceptions and expectations based on five generic aspects of service for assessing customer perceptions of service quality in service and retailing organizations. The five comprehensive dimensions are tangibility, reliability, responsiveness, assurance and empathy.

Reza Pashaie et al (2013) The main objective of the study was to evaluate customers' general expectation and perception of insurers in terms of services offered at the insurance service counter(Insurance Service Counter). The study suggested bringing innovative solutions to client while making them realize the value of those services provided

Bhatti (2011) conducted a study on the relationship of perceived value, service quality and repurchase intention It was found that service quality in private sector insurance companies ranked far higher than the public sector insurance companies.. **Uppal and Mishra (2011)** studied the gap between actual and expected satisfaction level of customers through SERVQUAL, the results showed that expectations were very high for all the dimensions in comparison to the actual use.

Singh and Khurana (2011) studied the level of service quality provided by insurance company s to satisfy their customers with the help of SERVQUAL scale. with the help of descriptive analysis that private sector insurance company s were providing services to the customers below their expectations.

Hanzaee and Salehi (2011) designed a model to evaluate customer's perception of service quality in Iranian private sector insurance company and to identify the important factors of satisfaction for the customers for choosing an insurance

company, the study was conducted to understand the business strategy where everyone emphasizes on improving the quality of products rather than the customers..

Lehtinen and Lehtinen (1991) bifurcated quality into input and output. The output consists of total service offerings and the input includes both tangibles and intangibles elements. The output is what the customer pays for, which is to a large extent intangible and difficult to quantify. Because the organization knows what services the customers want, providing better services to customer will make them repurchase and influence others by spreading their positive word of mouth.

Hereby it increases the organization ability to provide services efficiently to the customers, leading to increase in market share which in turn will increase the revenue, which means the old methods of doing business won't have the efficiency they used to have. The main key to success is that the philosophy of the company matches the expectations of its customers by being committed to present products and services and offering more than what is expected by their customers.

In Accenture research, customers are generally satisfied with the way their claims are handled. In a global survey of nearly 8,000 auto and home insurance customers, only 14% was the dissatisfaction in the way claims were handled. Out of these 14 fully 83% either plan to switch to a new provider or have already done so. And the claim itself is a trigger for switching, no matter how satisfied customers are with the experience. The mere fact of having filed a claim increases the customer's likelihood of switching from 22% to 41%. The two most important factors that influence customer satisfaction are the speed and transparency of the claims process (both identified by 94% of respondents who had filed claims) followed by customer's ability to contact the insurer anytime to find out the status of their claim, and timely and upto date communication to keep the customer informed (both 90%). Empathetic interactions with the insurer's staff are also an important factor (86%), as is the ability to engage with the insurer using the preferred channels (80%).

While the claims experience plays a powerful role in influencing customers' decisions to switch providers, other factors are also important. For example, 44% of respondents said that they would switch providers if their preferred digital channels were not available for actions such as first notice of loss, checking the status of a claim and checking on the status of repairs or replacement.

Customers are also quick to turn to social media, either to report on a good claims experience or to complain about a bad one; 29% of respondents said they had either posted or planned to post about a positive experience, while 30% said they had either posted or planned to post about a negative experience. And 44% either read or plan to read such reviews.

Service is work that one party is doing to another one.(Perrealt, 2003). Service is activity and benefit that one party offer to another party which essentially is intangible without any ownership. Result may or may not become a tangible product.(Kotler & Armestrang, 2001). Most of the studies on the quality concept have been examined through two perspective; provider and consumer. Therefore most of the definitions are related to customer orientation. For example, Lewis, Moore and Creedon have defined the quality as acting equal or more than the customer expectations.(Ghobadian, 1994,49). Expectation is the image in customer's mind from what the customer will receive while purchasing. Some elements impress the customer expectations such as; word of mouth, advertising activities, mind image and price. (Ghobadian, 1994,49). Many authors have discussed about the service quality components and the main factors they have noted are: process quality, outcome quality, physical quality, interactive quality and corporate quality.(Harrison, 2000, 244-245).

Process quality: Its related to quality of process and production methods of service delivery. Usually the customer evaluates the service quality while the service is being delivered because of simultaneous production and consumption character of service. Outcome quality: Technical quality product will be evaluate after the service delivering. Physical quality: It refers to product support and supportive items of the products and services. Financial and insurance services or products have limited physical dimensions and yet elegant. So physical evidences often used for evaluating service quality are decoration, facilities at the branches and so on.

Interactive quality is interactions between customers and service deliveries. Interactions occur maybe through the different methods like; face to face or by electronic tools like telephone and internet. Therefore organization must ensure that their interactions with their customers are effective.

Corporate quality: This is refers to mind image and comprehensive perception of the organization. Organization is the one intangible dimension. So it can be perceived that quality of the organization is probably based on all factors have mentioned above. It must be acknowledged that service quality is very subjective and that each of these factors how much affects on customers perceptions of overall quality is probably different . For some customers overall quality probably is more under effect of interaction with branches employees, whiles for some another customers probably is more under affect on reliability of equipment and technology.

SERVICE QUALITY DIMENSIONS

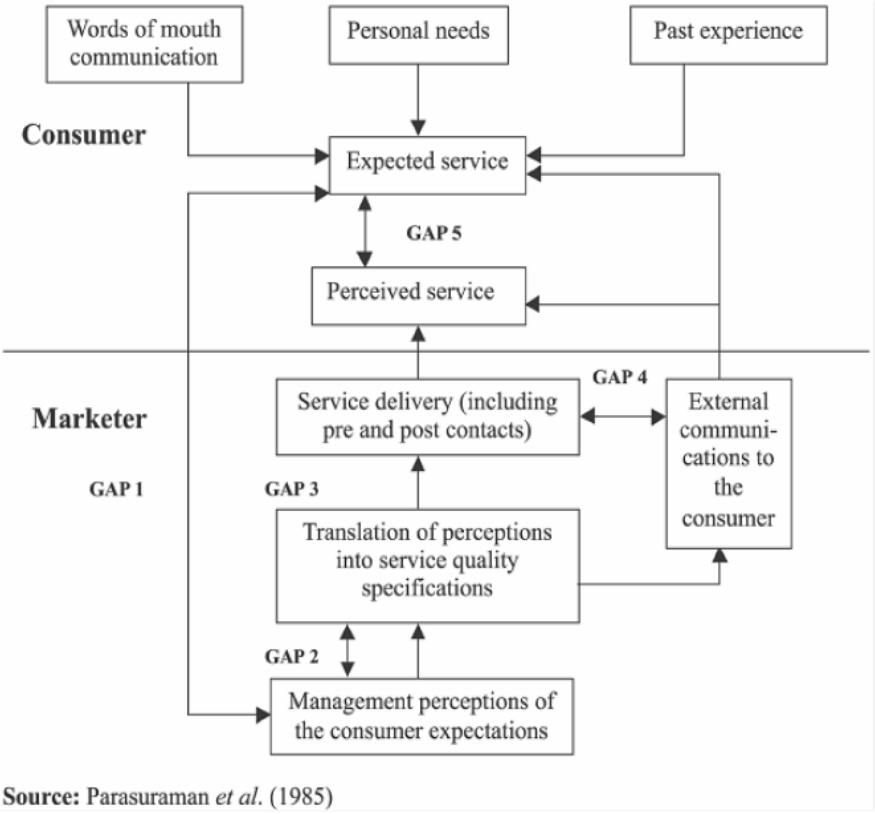
Regarding to service quality dimensions, researchers have presented more list of quality components and affective factors on them. It can be noted to two groups of researchers. (Johnston, 1997, 111-112) Parasuraman and et al(1985) introduced the service quality dimensions such as; 1- Access. 2- Communications. 3- Competence. 4- Courtesy. 5- Reliability. 6- Responsiveness 7- Security. 8- Apperceive. 9- Tangibles. 10- Assurance. Parasuraman et al. 1990; "although the relative importance of dimensions from one service sector to another probably is more deferent, but we believe that most (but not all) service quality dimensions of consumption service industries have mentioned here." Johnston and et al.1990; they studied and did comprehensive experiments of service quality dimensions that parasuraman et al have been offered at 10 building services in England. Although their analysis generally supported those 10 dimensions, but they were suggested 12 factors. Finally this group have been offered 18 factors with more research in this field. 18 factors are such as follow: 1- Access; The physical access to the service provider address, including the ease of finding ways on service provider location. 2- Aesthetic; The acceptance and utility service components are provided to the customer, including appearance and service space environment, how to provide service facilities, the person who is offering service and offered service. 3- Attentive/Helpfulness; The help of service amount, help of service provider to the

customer or transfer the feeling to customer that the service provider is interesting to satisfy customer properly. 4- Availability; Availability of service provider himself and service facilities to the customer or availability of employees and allocating the amount of time to each customer. Service facilities means quantity and variety of services provided by company to customer. 5- Care; Interest, regard, consultation, patience were shown to the customer including amount of comfortable feeling emotionally, Cleanliness/ Tidiness; Clean appearance, decorous and tidy of visible components of services, including service environment, facilities, service himself and provider himself. 7- Comfort; Physical and comfort facilities of service. 8- Commitment; Apparent commitment to work by employees, including honor, glory, pride, satisfaction and employees diligence on his duty and work. 9- Communication; Ability to rendering service and communicate with customers in a way that he understands, including clarity, complete and correct oral and written information given to the customer, also ability to listen to the customer and understand him. 10- Competence; The skills, proficiency and professionalism on rendering service like doing the correct procedure, the correct implementation of customer orders, giving correct information to customer and ability of service presenter to do his duty and job properly. 11- Courtesy; Courtesy and respect that is shown to the customer by service provider. 12- Flexibility; Strong correlation found between the ability, understanding and willingness of service employees. Then they have been combined them in to two parameters such as assurance and empathy. (Johneston,1997,111) 13- Friendliness; Customer access to service not physically, especially to service provider himself including ability to satisfy the customer. 14- Functionality; Service capabilities and suitability with organization goal and service quality. 15- Integrity; Honesty, equity and trust that the service provider has in relationship with the customers. 16- Reliability; The reliability and performance consistency of service facilities, service itself and provider himself including rendering service on time and ability to do what the provider promised to do for customer. 17- Responsiveness; Quick and timeliness of services including service ability to Respond promptly to customer wants with minimal waiting. 18- Security; Customer personal safety and his possessions at the time of the service process including maintaining confidentiality issues.

SERVQUAL MODEL

In this model, the quality is a function of gap between expectation and performance. Therefore, in this model, we try to find and remove the gaps which lead into customer's dissatisfaction of service quality. The gaps in presenting services are the most critical issue, because the overall evaluation of customer from what he expected to receive is in comparison to what he has received. The final goal in improving quality of services is to decrease such gaps as much as possible. That is why the service providers need to decrease or remove such gaps. Service quality is the difference between customer perceptions & expectations. In this study service quality will represent by the SERVQUAL scale is constructed by Parasuraman, Zeithaml and Bitner (1996). Defining and measuring quality in services might be difficult due to the intangible nature of the service offering. The researches on service quality have been carried out within the framework of widely accepted service quality SERVQUAL instrument. (Parasuraman et. al.(1985, 1988, and_1991). Since then, many researchers have used the 22-items scale to study service quality in different sectors of the service industry including financial institutions (Gounaris et. al. 2003; Arasli et. al. 2005).

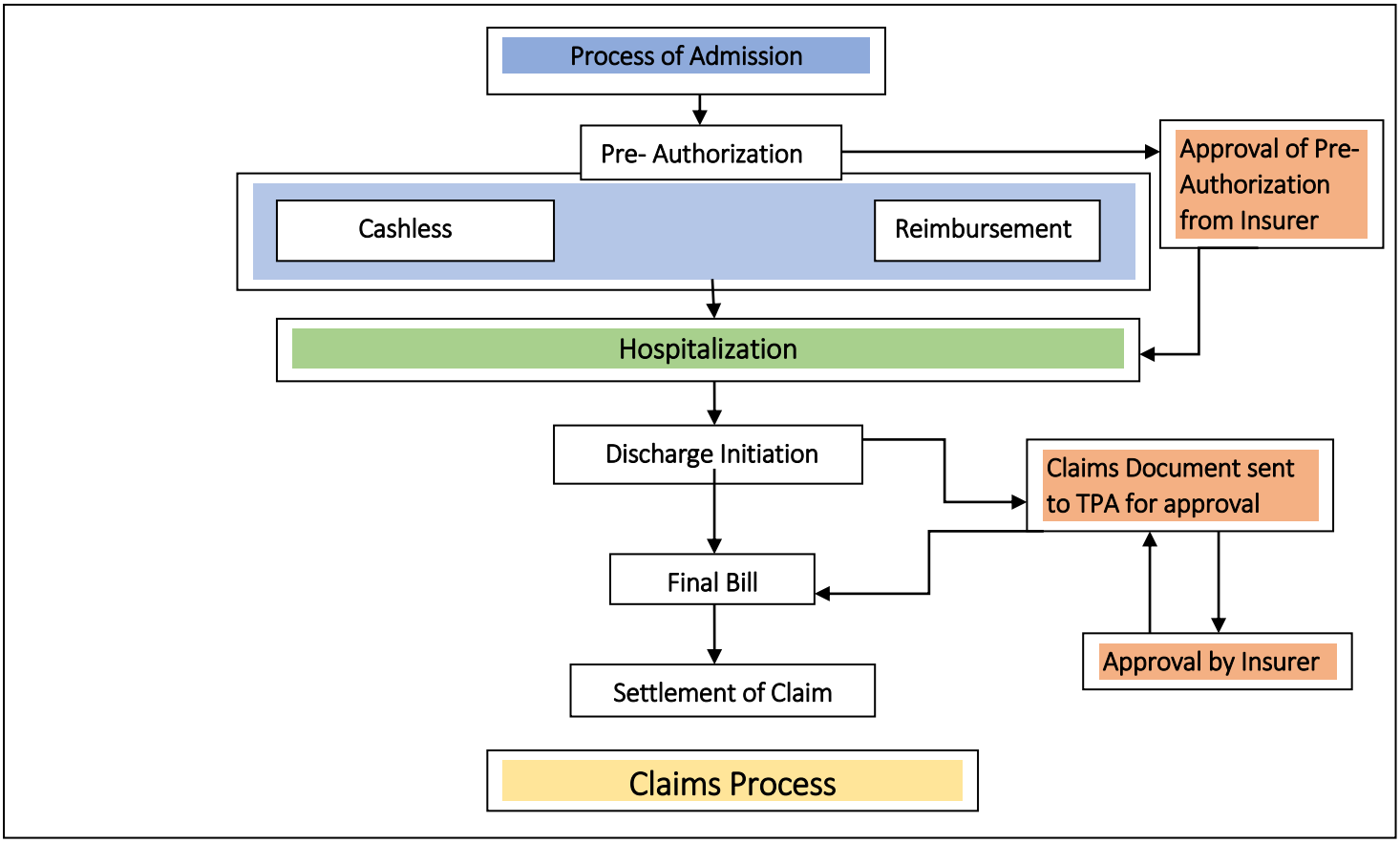
Tangible factors, Reliability, Responsiveness, Assurance and Empathy as a basis tools to evaluate the service quality. This scale have five dimensions and 22 components as sub dimensions to measure customer expectations and perceptions of service quality dimensions.(Zeithaml & Bitner,1996, 152153). In compare model of service quality, first the respondents have been asked to rank the component of model in terms of their expectations among the services according to five point Likert scale. At the second time same respondents have been asked to rank their perception of actual company actions according to same characters. The mean frequency of each dimension was calculated for all respondents. However, if perceived performance was below than customer expectations, quality was poor if the performance was more than expectations then the service quality level on the study was in high level.(Robeinson.1999,21).



Source: Parasuraman *et al*. (1985)

The potential gaps identified in the quality of services are:

1. Gap 1 (Understanding)/ positioning gap: the difference between what customer expects and what the management perceives as customer expectations.
2. Gap 2 (Service Standards): the difference between specifications of service quality and management perceptions of consumer expectations.
3. Gap 3 (Service Performance): the difference between specifications of service quality and the service actually delivered.
4. Gap 4 (Communications): the difference between what is communicated about the service to customers and what service has been delivered
5. Gap 5 (Service Quality): The difference between customer expectation of service quality that he'll get and customer perception of the organization's performance.



Silvesteri & Johnston(1990) introduced three kind of factors for satisfaction like; Hygiene factors(unsatisfied), Enhancing (satisfied) and dual- threshold factors(both unsatisfied and satisfied). According to them unsatisfied factors are the factors when they are available, therefore they will lead customers become unsatisfied, although their absence does not lead to satisfaction. Satisfied factor have a positive effect on customer perception but if they do not exist or exist on very weak situation, Do not reduce the customers perception of service quality. Another example; The employee is not know the customer at second meeting time, Maybe it won't lead the customer become unsatisfied, Even though employee know the customer with name also won't lead the customer become full satisfied. Dual-threshold factors are those factors that can make customers satisfied or unsatisfied, therefore every changing in performance can have positive and negative effects. Moneli et al. her colleagues(2014) studied the policyholders' satisfaction in Life insurance companies. The results demonstrated that there is a relationship

significantly between the factors such as; exaggeration on advertisement, customer real expectations and innovation. Cadotte & Turgon(1988)have introduced the fourth category of factors under the neutralizing factors name. These factors have least sensitive to the all changes in performance. Every changing on the performance level of these factors have least effects on customer perceptions. Johnston through his studies on these area has concluded that unsatisfied factor necessarily isn't the other side of satisfied factor coin. He has been introduced the helpfulness, Responsiveness, Care and friendliness as the main sources of satisfaction, And called impeccability, Reliability, Responsiveness, Access and functionality as main source of un-satisfaction.(Harrison, 2000, 178).

III. RESEARCH METHODOLOGY

Study Area: Aditya Birla Health Insurance Company, Mumbai

Study Design: Descriptive Study

Study Population: Customers who had Claims experience in network hospitals of Aditya Birla Health

Sampling Method: Convenience Non random Sampling

Sample Size: 160 health insurance claims customer

The primary and secondary data have been used in this research. Parasuramans' SERVQUAL questionnaire has been provided in three parts as follow:

1. First part includes demographic specificities of the respondents such as; gender, age, education level, income, and time period of interaction with the company.
2. Second part includes twenty two statements for evaluating the health insurance policyholder expectations based on the 5-point Likert scale.
3. Third part includes 22 statements for evaluating health insurance policyholder perceptions based on 5-point Likert scale.

Validity Analysis: For the present study, the content validity of the instrument was ensured as the service quality dimensions and items were identified from the literature and exploratory investigations, and were reviewed by professionals. Alpha Cronbach test have been calculated in order to evaluate the questionnaire reliability and credibility. The output results from the first sample showed that the questionnaire was reliable. Cronbach's Alpha Coefficient was (0.83). The population of this research was Aditya Birla Health Insurance customers who have had claims experience. Questionnaire was distributed among 200 samples and the response rate was 80%, so only 160 samples were collected.

QUESTIONNAIRE DESIGN

SERVQUAL questionnaire (22 items) developed by Parasuraman et al. (1985) was used for the present study. When designing the questionnaire some modifications and adaptations were made to selected questions to make them more relevant to

Aditya Birla Health insurance Company services at Mumbai. This questionnaire consists of 22 questions in five dimensions: tangibility, reliability, responsiveness, assurance and empathy. The questionnaire has an 'expectations' section with 22 statements and a 'perceptions' section consisting of a set of matching statements. The statements in both the expectations and perceptions sections were grouped into the five dimensions. A 5point Likert scale was used for the scoring system with 1 representing Strongly Disagree and 5 representing Strongly Agree and also making sure that the question asked should be state positively or negatively worded to avoid artificial results

IV. RESULT

Analysis of SERVQUAL Questionnaire

Table .1

Demographic Characteristics of the Sample(N=160)

Description		Frequency	Percentage%
Gender	Male	83	52
	Female	77	48
Age	25-30	24	15
	31-40	90	56
	41-50	46	29
Education	Graduation	20	13
	Post Graduation	131	82
	Post Graduation and above	9	6
Marital Status	Married	157	98
	Unmarried	3	2

Respondents' demographic characteristics are shown in table 1 and it showed that 52% of the respondents were male and 48% were female. In terms of age, 15% of respondents are between 25 to 30 years. 56% of respondents are in 31 to 40 years, 29% of them are in 41 to 50 years. 82% of respondents have master degree and above. Married respondents are 98% in this study. In the table number 1 the

respondents' demographic characteristics have been described. According to this table some demographic features such as gender, age, and education have a serious impact on health insurance buyer's behavior. Gender percentage of respondents show the equality and participation of women and men today's in Indian society. Must health insurance buyers in this study (56% of the respondents) are between 31-40 years so it shows the impact of life experience and responsibility of respondents against his/her and their family members.

Table 2.

Mean Score of expectation and perception of claim service for tangibility

Item	Number	Expectation	Perception	GAP=Perception-Expectation
T1	160	4.99	4.6	-0.39
T2	160	4.98	4.63	-0.35
T3	160	4.96	4.81	-0.15
T4	160	4.95	4.6	-0.35
Total Service Quality Tangible Gap		4.97	4.66	-0.31

The study showed there is (-0.31) gaps exist between service quality Tangibility for expectation and experience of health claims.

Table 3.

Mean Score of expectation and perception of claim service for Assurance

Item	Number	Expectation	Perception	GAP=Perception-Expectation
A1	160	4.96	4.8	-0.16
A2	160	3.71	4.81	1.1
A3	160	4.96	4.78	-0.17875
A4	160	4.86	4.77	-0.085
Total Service Quality Assurance Gap		3.69	4.7	1.004

The study showed there exist no gap between service quality Assurance for expectation and experience of health claims.

Table 4.

Mean Score of expectation and perception of claim service for Reliability

Item	Number	Expectation	Perception	GAP=Perception-Expectation
R1	160	4.9	4.7	-0.2
R2	160	4.9	4.8	-0.8
R3	160	4.8	4.2	-0.6
R4	160	4.87	4.9	0.03
R5	160	5	4.88	-0.12
Total Service Quality Responsiveness Gap		4.894	4.696	-0.198

The study showed there is (-0.198) gaps exist between service quality Reliability for expectation and experience of health claims.

Table 5.

Mean Score of expectation and perception of claim service for Responsiveness

Item	Number	Expectation	Perception	GAP=Perception-Expectation
R1	160	4.7	5	0.3
R2	160	5	5	0
R3	160	4.82	4.74	-0.08
R4	160	5	4.6	-0.4
Total Service Quality Assurance Gap		4.95	4.83	-0.12

The study showed there is (-0.12) gaps exist between service quality responsiveness for expectation and experience of health claims.

Table 6.

Mean Score of expectation and perception of claim service for Empathy

Item	Number	Expectation	Perception	GAP=Perception-Expectation
E1	160	3.78	4.2	-0.42
E2	160	5	5	0
E3	160	4	3	1
E4	160	4	4.75	-0.75
E5	160	5	4.63	0.37
Total Service Quality Reliability Gap		4.35	4.45	-0.1

The study showed there is (-0.1) gaps exist between service quality Empathy for expectation and experience of health claims.

Table 7

GAP score of Service quality Dimensions

Dimensions of Service Quality	Perception	Expectation	GAP Score
Tangibilty			
Responsiveness			
Reliability			
Assurance			
Empathy			

V. DISCUSSION

VI. CONCLUSION

Delivering customer satisfaction is at the heart of modern marketing, which is a post-purchase judgment of the consumers. The analysis of responses reveals that there is not much perceptual difference among customers regarding overall service quality provided by Aditya Birla Health. With regard to gap analysis of customers' expectations and perceptions, the dimension of reliability accounted for highest gap score. So from current study it can be concluded that the customers are highly satisfied by the services provided by Adity Birla Heath Insurance Company.. The analysis of this study is very useful for Aditya birla health insurance company as it sets a benchmark the insurance industries

VII. RECOMMENDATIONS

1. Dealings of insurance companies need to be translucent and truthful.
2. E-services should be provided to the customers because today's customers are technology driven.
3. Employees of insurance industry should be more upfront in giving feedbacks to the customers
4. The insurance companies should follow up quickly with the customer to avoid anticipation.

VIII. LIMITATIONS OF THE STUDY

1. The data for the study was collected for Mumbai only. However, a more extended geographical sample may produce different results.

2. Due to time and accessibility constraints the sample of respondents was just 160, further study can be conducted by taking larger sample.
3. This study was conducted only for cashless claims as they were able to avail service of network hospital.
4. Further comparative study of private and public sector insurance company can be conducted to find out the gap of expected and actual satisfaction level of customers.

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6. Niriender Kumar Piaralal, (Raj Dulari Company, Kuala Lumpur, Malaysia)
7. Ariff Syah Juhari, (Faculty of Business and Management, Open University Malaysia, Kuala Lumpur, Malaysia)
8. Citation:
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