(August 2026) A Comparative Study of Customer Satisfaction with Public- and Private-Sector General Insurance Companies in Kerala
International Journal of Economic Perspectives, *20*(08) 84-94
ISSN: 1307-1637 ABDC
Retrieved from https://ijeponline.com/index.php/journal

A Comparative Study of Customer Satisfaction with Public- and Private-Sector General Insurance Companies in Kerala

Susmin James[1], Dr.S. Kavitha [2]
[1] Part Time Research Scholar, PG and Research Department of Commerce, J.J. College of Arts and Science(Autonomous),Affiliated to Bharathidasan University Thiruchirappalli, Pudukkottai-622422,Tamil Nadu, India susminphd@gmail.com

[2] Professor and Research Supervisor, PG and Research Department of Commerce, J.J. College of Arts and Science(Autonomous),Affiliated to Bharathidasan University Thiruchirappalli, Pudukkottai-622422,Tamil Nadu, India. jjckavitha@gmail.com

Abstract
The study compared customer satisfaction among policyholders of public-sector and private-sector general insurance companies in Kerala. A comparative descriptive design was employed. Primary data were obtained from 300 policyholders, comprising 150 customers each from public-sector and private-sector general insurers, through a structured questionnaire. The instrument measured overall customer satisfaction, claim-settlement satisfaction, staff behaviour and personal service, responsiveness and communication, accessibility and convenience, and grievance handling. The scale responses were recorded on a five-point Likert continuum. The data were coded, classified, tabulated, and analysed using EDUSTAT statistical software. Mean, standard deviation, independent-samples t test, 95% confidence interval of the mean difference, and Cohen's d were used. The claim-settlement comparison was based on 210 respondents who had made a claim during the preceding three years. Private-sector policyholders reported significantly higher overall satisfaction, claim-settlement satisfaction, and service-quality ratings in every examined dimension. The largest sector differences were observed in responsiveness and communication, and in accessibility and convenience. The study concluded that the quality of customer-facing service processes, especially timely communication, convenient access, transparent claim handling, and effective grievance redressal, was central to customer satisfaction in the general insurance sector.
Keywords: *Claim settlement; Customer satisfaction; General insurance*

Introduction

Insurance is a significant component of household and business risk management because it transfers specified financial risks from the policyholder to the insurer. General insurance, commonly described as non-life insurance, includes motor, health, personal accident, travel, property, and other risk-protection products. The usefulness of such products is not evaluated only at the time of purchase. Policyholders form their views through recurring interactions associated with premium payment, policy issue and renewal, clarification of coverage, service requests, claim processing, and grievance redressal. The quality of these interactions shapes the customer's assessment of the insurer and of the insurance product itself.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

International Journal of Economic Perspectives, *20*(08) 84-94
ISSN: 1307-1637 ABDC
Retrieved from https://ijeponline.com/index.php/journal

Customer satisfaction has therefore become a strategic concern in insurance services. It represents the policyholder's overall evaluative judgement after comparing actual service performance with prior expectations. The expectation-disconfirmation model explains satisfaction as the outcome of the comparison between expected and perceived performance (Oliver, 1980). In an insurance context, expectations are likely to concern the clarity of policy terms, the fairness of premium and benefits, ease of contacting the insurer, quality of staff support, communication during the policy period, and the handling of a claim when an insured event occurs.

Service quality offers an important explanatory framework for understanding these evaluations. The SERVQUAL model identifies reliability, responsiveness, assurance, empathy, and tangibility as broad dimensions through which customers evaluate service encounters (Parasuraman et al., 1988). Although insurance is largely intangible, service delivery is experienced through visible and relational channels such as branch offices, agents, call centres, websites, mobile applications, network hospitals, garages, and claims personnel. Consequently, the customer's satisfaction with an insurer is influenced by both the technical outcome of the insurance contract and the manner in which services are delivered.

Previous research has shown that service quality is closely related to satisfaction and subsequent behavioural intentions in insurance settings. In the Indian life insurance sector, Ramamoorthy et al. (2018) reported that customer-perceived service quality was associated with satisfaction and behavioural intentions. In a broader insurance-sector study, Ali and Tausif (2018) also documented the relevance of service quality for customer satisfaction. These findings indicate that insurers seeking retention and positive word-of-mouth need to attend to operationally controllable aspects of service delivery rather than focusing solely on product features.

India's insurance regulatory framework also recognises the centrality of policyholder protection, claims management, and grievance redressal. The IRDAI Master Circular on Protection of Policyholders' Interests, 2024 places emphasis on fair treatment, policy servicing, claims, and grievance processes (Insurance Regulatory and Development Authority of India [IRDAI], 2024). In this context, comparing the satisfaction experiences of policyholders served by public-sector and private-sector insurers is relevant for identifying where service improvements are needed.

Background of the Study

The general insurance market in India includes public-sector insurers with long institutional histories and private-sector insurers that have expanded service networks, technology-enabled platforms, and product choices. Both groups operate within a common regulatory environment, but customers may experience differences in service design, access channels, response time, interaction quality, and claims support. Public-sector insurers may benefit from institutional credibility, established branch networks, and the confidence associated with long-term market presence. Private-sector insurers may differentiate themselves through streamlined processes, digital engagement, and integrated customer support. However, ownership category by itself does not determine

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

satisfaction; it is the policyholder's direct experience with the service process that is likely to shape evaluation.

Customer satisfaction in general insurance is multidimensional. Overall satisfaction captures the policyholder's broad assessment of whether the insurer has met expectations and delivered value for the premium paid. Staff behaviour and personal service concern courtesy, professional competence, willingness to assist, and the ability to explain policy matters in understandable language. Responsiveness and communication relate to the speed of reply, quality of information, timely reminders, and clarity regarding coverage, exclusions, renewal, and service requests. Accessibility and convenience include the ease of reaching service points, using digital channels, making payments, and completing routine transactions. Grievance handling reflects the customer's ability to register a complaint and obtain a timely, fair, and intelligible response.

Claim settlement is a particularly important part of the policyholder experience because it is the point at which the insurer is expected to honour the protection promised under the policy. Claimants typically judge the insurer on the clarity of the procedure, reasonableness of documentation requirements, staff guidance, frequency of claim-status updates, speed of processing, transparency, and satisfaction with the final settlement. Kadyan et al. (2022) identified the claim-settlement process as a critical setting in which policyholder grievances can arise and showed that several claim-related service factors were linked with satisfaction. This reinforces the need to examine claim experience separately rather than treating it as only one element of broad service quality.

Digital service delivery has added another dimension to the insurance experience. Customers increasingly obtain information, renew policies, make payments, download documents, track claims, and register complaints through websites and mobile applications. Research on private insurance web areas has shown that perceived digital quality, including usefulness, information, and technology, has an important relationship with customer experience and satisfaction (Méndez-Aparicio et al., 2020). Therefore, accessibility and convenience are not peripheral service features; they are part of the core value perceived by contemporary insurance customers.

Despite the continuing relevance of customer satisfaction to policyholder retention, direct comparative evidence across public-sector and private-sector general insurers remains context dependent. Evidence from life insurance, health insurance, or other regions cannot be assumed to apply automatically to general insurance policyholders in Kerala because the mix of products, service channels, and customer interactions may differ. The present study addressed this context by comparing public-sector and private-sector general insurance policyholders in Kerala across overall satisfaction, claim-settlement satisfaction, and four customer-facing service-quality dimensions.

The study was designed as a focused journal paper rather than an exhaustive sectoral survey. It therefore concentrated on the dimensions most immediately linked to the research objectives and avoided extensive demographic profiling that did not directly contribute to the comparative tests.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

The findings are useful because they identify the service processes in which the two insurer categories differed most strongly and provide an empirical basis for targeted customer-service improvement.

Research Questions

1. Is there any significant difference in the overall customer satisfaction of policyholders of public-sector and private-sector general insurance companies in Kerala?
2. Is there any significant difference in customer satisfaction with claim-settlement services between public-sector and private-sector general insurance companies in Kerala?
3. Is there any significant difference in customer satisfaction with service quality, including staff behaviour, responsiveness, accessibility, and grievance handling, between public-sector and private-sector general insurance companies in Kerala?

Research Objectives

1. To compare the overall customer satisfaction of policyholders of public-sector and private-sector general insurance companies in Kerala.
2. To compare customer satisfaction with claim-settlement services offered by public-sector and private-sector general insurance companies in Kerala.
3. To compare customer satisfaction with service quality, including staff behaviour, responsiveness, accessibility, and grievance handling, between public-sector and private-sector general insurance companies in Kerala.

Hypotheses

H_{01}: There is no significant difference in the overall customer satisfaction of policyholders of public-sector and private-sector general insurance companies in Kerala.

H_{02}: There is no significant difference in customer satisfaction with claim-settlement services between public-sector and private-sector general insurance companies in Kerala.

H_{03}: There is no significant difference in customer satisfaction with service quality, including staff behaviour, responsiveness, accessibility, and grievance handling, between public-sector and private-sector general insurance companies in Kerala.

Methodology

The study adopted a comparative descriptive, cross-sectional survey design. The purpose was to compare the satisfaction experiences of policyholders of public-sector and private-sector general insurance companies in Kerala at a single point of data collection. The unit of analysis was the individual policyholder. The population comprised individual customers holding general insurance policies, including motor insurance, health insurance, personal accident insurance, travel insurance, property insurance, and related non-life insurance products, from public-sector and private-sector insurers operating in Kerala.

A total of 300 policyholders constituted the sample. Stratified sampling was used with the type of insurance company as the principal stratum so that the two comparison groups were equally represented. The sample included 150 policyholders of public-sector general insurance companies

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

International Journal of Economic Perspectives, *20*(08) 84-94
ISSN: 1307-1637 ABDC
Retrieved from https://ijeponline.com/index.php/journal

and 150 policyholders of private-sector general insurance companies. The equal allocation ensured that the sector comparison was not affected by an imbalance in group size and enabled the use of independent-samples t tests.

Data were collected using a structured questionnaire prepared for the study. The questionnaire first captured basic insurance-related information such as the sector of the insurer, type of policy, duration of association, and whether the respondent had made a claim during the preceding three years. The scale component consisted of 44 statements rated on a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. Eight items measured overall customer satisfaction; eight items measured claim-settlement satisfaction; and 28 items measured staff behaviour and personal service, responsiveness and communication, accessibility and convenience, and grievance handling. Higher mean scores represented higher levels of perceived satisfaction.

Claim-settlement satisfaction was relevant only to respondents with direct claim experience. Accordingly, this analysis was restricted to the 210 respondents who had made at least one claim during the preceding three years. The claimant sub-sample comprised 105 policyholders from the public-sector group and 105 from the private-sector group. The 90 non-claimants were not included in the claim-settlement comparison because they had no recent direct experience on which to assess the claim process.

The internal consistency of the multi-item scales was examined using Cronbach's alpha. The coefficients ranged from .81 to .90 across the six scales, indicating good internal consistency for the measures used in the study. The responses did not contain personal identifiers, and the data were presented only in aggregate form for academic reporting.

The data were coded, classified, tabulated, and analysed using EDUSTAT statistical software. Mean and standard deviation were used to describe the satisfaction scores of the two groups. Independent-samples t tests were used to test the three null hypotheses. To improve the substantive interpretation of the group differences, mean difference, 95% confidence interval of the mean difference, and Cohen's d were also reported. The level of statistical significance was fixed at .05. No analysis of variance was required because each hypothesis involved a comparison between only two independent groups.

Data Analysis and Interpretation

The analysis compared the mean satisfaction scores of policyholders of public-sector and private-sector general insurance companies. Since each hypothesis involved two independent groups, independent-samples t tests were appropriate. The results are reported with descriptive statistics, mean differences, 95% confidence intervals, significance values, and effect sizes. For Cohen's d, values around 0.20, 0.50, and 0.80 are conventionally interpreted as small, medium, and large effects, respectively; the effect sizes are reported to indicate the practical magnitude of the observed sector differences.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

Table 1

Comparison of Overall Customer Satisfaction of Policyholders of Public-Sector and Private-Sector General Insurance Companies

Measure	Public M (SD)	Private M (SD)	MD [95% CI]	t (df)	p	d
Overall customer satisfaction	3.19 (0.42)	3.76 (0.40)	0.58 [0.49, 0.67]	12.33 (298)	< .001	1.42

Note. The mean difference was calculated as private-sector mean minus public-sector mean. CI = confidence interval.

Table 1 shows that policyholders of private-sector general insurance companies reported higher overall customer satisfaction (M = 3.76, SD = 0.40) than policyholders of public-sector general insurance companies (M = 3.19, SD = 0.42). The mean difference of 0.58 was statistically significant, t(298) = 12.33, p < .001, and the 95% confidence interval for the difference ranged from 0.49 to 0.67. The effect size was large (Cohen's d = 1.42), indicating that the difference was not only statistically significant but also practically substantial. Therefore, the null hypothesis stating that there is no significant difference in overall customer satisfaction between the two groups was rejected.

Table 2

Comparison of Claim-Settlement Satisfaction of Policyholders of Public-Sector and Private-Sector General Insurance Companies

Measure	Public M (SD)	Private M (SD)	MD [95% CI]	t (df)	p	d
Claim-settlement satisfaction	3.14 (0.48)	3.75 (0.51)	0.62 [0.48, 0.75]	8.99 (208)	< .001	1.24

Note. Only respondents who had made at least one claim during the preceding three years were included. The mean difference was calculated as private-sector mean minus public-sector mean.

Table 2 indicates that private-sector claimants had higher satisfaction with claim-settlement services (M = 3.75, SD = 0.51) than public-sector claimants (M = 3.14, SD = 0.48). The mean difference of 0.62 was significant, t(208) = 8.99, p < .001, with a 95% confidence interval from 0.48 to 0.75. The large effect size (Cohen's d = 1.24) showed that the difference in claimant satisfaction was meaningful in practical as well as statistical terms. Therefore, the null hypothesis stating that there is no significant difference in customer satisfaction with claim-settlement services between public-sector and private-sector general insurance companies was rejected.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

Table 3

Comparison of Service-Quality Satisfaction of Policyholders of Public-Sector and Private-Sector General Insurance Companies

Dimension	Public M (SD)	Private M (SD)	MD [95% CI]	t	p	d
Staff service	3.37 (0.44)	3.71 (0.40)	0.34 [0.24, 0.43]	6.96	< .001	0.80
Responsiveness and communication	3.02 (0.43)	3.82 (0.39)	0.80 [0.71, 0.90]	16.94	< .001	1.96
Accessibility and convenience	3.00 (0.46)	3.79 (0.40)	0.79 [0.69, 0.88]	15.81	< .001	1.83
Grievance handling	3.12 (0.46)	3.61 (0.40)	0.49 [0.40, 0.59]	9.96	< .001	1.15
Overall service quality	3.13 (0.41)	3.73 (0.36)	0.60 [0.52, 0.69]	13.56	< .001	1.57

Note. N = 150 in each group. df = 298 for all comparisons. Mean differences were calculated as private-sector mean minus public-sector mean.

Table 3 demonstrates that private-sector general insurance companies received significantly higher mean ratings in every service-quality dimension. The smallest difference was observed in staff behaviour and personal service (Mean Difference = 0.34, Cohen's d = 0.80), which nevertheless represented a large effect. The largest differences were found in responsiveness and communication (Mean Difference = 0.80, Cohen's d = 1.96) and accessibility and convenience (Mean Difference = 0.79, Cohen's d = 1.83). The overall service-quality difference was also large and significant, t(298) = 13.56, p < .001, Cohen's d = 1.57. Therefore, the null hypothesis stating that there is no significant difference in service-quality satisfaction, including staff behaviour, responsiveness, accessibility, and grievance handling, between the two categories of general insurance companies was rejected.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

International Journal of Economic Perspectives, *20*(08) 84-94
ISSN: 1307-1637 ABDC
Retrieved from https://ijeponline.com/index.php/journal

Discussion of the Results

The study found a consistent pattern across the three hypotheses: policyholders of private-sector general insurance companies reported higher levels of overall satisfaction, claim-settlement satisfaction, and service-quality satisfaction than policyholders of public-sector general insurance companies in Kerala. The consistency of this pattern across the general satisfaction measure and the separate service-quality dimensions suggests that the observed difference was associated with the total customer-service experience rather than with one isolated contact point.

The result relating to overall satisfaction indicated that private-sector policyholders were more positive about the insurer's capacity to meet expectations and deliver value. From an expectation-disconfirmation perspective, this result implies that private-sector customers perceived the actual service received as more closely aligned with, or more favourable than, their pre-service expectations (Oliver, 1980). However, the study was comparative and cross-sectional; it did not establish that ownership category itself caused satisfaction. Differences in operational practices, product mix, service channels, customer segment characteristics, or prior expectations may also have contributed to the observed sector differences.

The significant difference in claim-settlement satisfaction is particularly relevant because the claim stage transforms insurance from a promised benefit into an experienced benefit. Private-sector claimants reported greater satisfaction with the claim process, a result that may reflect clearer procedures, more regular communication, faster updates, more accessible support, or more convenient documentation processes. This interpretation is consistent with Kadyan et al. (2022), who highlighted the claim-settlement process as a central source of policyholder evaluation and potential grievance. For general insurers, claim management should therefore be treated as a major relationship-building process rather than a back-office transaction.

The service-quality results supplied more precise information about where the sector differences were strongest. Responsiveness and communication showed the largest mean difference and the largest effect size. This indicates that customers attached considerable importance to prompt replies, timely policy-related information, reminders, and clear explanations of policy conditions and service procedures. Accessibility and convenience also produced a very large difference, suggesting that the ease of reaching a service channel, using online services, making payments, and completing routine transactions substantially influenced satisfaction.

The prominence of responsiveness, communication, accessibility, and convenience is consistent with both service-quality theory and recent insurance research. Service quality is generally understood as a multidimensional construct in which reliable and responsive interactions influence customers' judgments (Parasuraman et al., 1988). In Indian insurance research, service quality has also been shown to be related to customer satisfaction and behavioural intentions (Ramamoorthy et al., 2018). Moreover, the digital-insurance literature demonstrates that perceived quality of web-based services, including useful information and technology, contributes to customer experience

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

and satisfaction (Méndez-Aparicio et al., 2020). The present findings extend this discussion to a comparative general insurance setting in Kerala.

Although public-sector insurers received lower mean scores, the results should not be interpreted as suggesting that public insurers lack customer confidence or market relevance. Public-sector insurers may retain strengths such as long-standing institutional presence, established trust, and wide service reach. The results instead point to a service-improvement opportunity. Strengthening response time, proactive communication, digital accessibility, claim guidance, and grievance follow-up could help public insurers translate institutional credibility into a more consistently positive service experience.

The magnitude of the observed differences also merits attention. The Cohen's d values were large for overall satisfaction, claim settlement, responsiveness, accessibility, grievance handling, and overall service quality. Hence, the differences were not merely a result of the sample size. The practical importance of the results supports the need for insurers to monitor satisfaction not only through overall ratings but also through specific service-process indicators that reveal where customers encounter effort, uncertainty, or delay.

The study has certain interpretive boundaries. It used a cross-sectional design and self-reported satisfaction scores, so causal claims should not be made. The study did not control for company-specific product features, premium amounts, policy type, complexity of claims, or customer demographic characteristics. Further research could use multivariate modelling, longitudinal customer data, and company-level service indicators to determine the relative contribution of these factors. Nevertheless, the equal sector allocation and claimant-only comparison provided a clear basis for the focused tests undertaken in this paper.

Implications of the Study

The findings have direct implications for the management of general insurance companies in Kerala. The largest satisfaction gaps concerned responsiveness and communication, and accessibility and convenience. Insurers should therefore treat customer-contact processes as measurable operational priorities. Clear response-time standards for enquiries, service requests, complaints, and claim updates can reduce uncertainty and demonstrate accountability. Monitoring response time, first-contact resolution, and communication completeness can help organisations identify the points at which customers experience avoidable delay.

Claim-management systems require particular attention. Insurers should provide claimants with a clear step-by-step explanation of the claim procedure, a practical checklist of required documents, named or easily reachable contact channels, and periodic status updates. Claims communication should explain the reason for any additional document request, delay, deduction, or settlement decision in simple language. Such practices can improve transparency, reduce customer anxiety, and strengthen trust even when a claim requires more time or careful verification.

The findings also imply that digital service quality should be integrated with human support rather than treated as a substitute for it. User-friendly websites and mobile applications can make policy

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

renewal, premium payment, document access, claims tracking, and grievance registration easier. At the same time, customers should be able to obtain timely assistance when they encounter an unfamiliar policy term, a technical difficulty, or a stressful claim situation. The relationship between digital service quality and insurance satisfaction reported by Méndez-Aparicio et al. (2020) supports the importance of combining useful technology, clear information, and reliable customer support.

Staff and intermediary training is another practical implication. Employees and authorised agents should be equipped to explain coverage and exclusions accurately, guide customers through service and claim procedures, communicate professionally, and direct complaints to the appropriate channel. Insurers can strengthen the service experience by providing standard communication templates, claims-support protocols, and customer-service training that focuses on clarity, empathy, and problem resolution.For public-sector general insurers, the findings suggest the value of combining existing strengths in credibility and branch reach with faster, more integrated service processes. Digital platforms, service-level monitoring, customer-relationship systems, and accessible grievance channels can assist in improving the areas where the present study found the largest differences. For private-sector insurers, the results indicate the need to sustain their service advantage while maintaining transparency and fairness in claims and grievance redressal. High satisfaction should be supported by consistent process quality, not only by speed or convenience.

The findings are also relevant to regulators and consumer-protection bodies. The IRDAI policyholder-protection framework emphasises fair treatment, claims, and grievance management (IRDAI, 2024). Customer feedback and satisfaction metrics can complement compliance reporting by revealing how policyholders experience formal processes in practice. Periodic sector-wise benchmarking of customer satisfaction, claims communication, access channels, and grievance outcomes may help insurers and regulators identify areas needing targeted improvement.

Conclusion

The study concluded that customer satisfaction differed significantly between public-sector and private-sector general insurance companies in Kerala. Private-sector policyholders reported higher overall satisfaction, higher satisfaction with claim settlement, and higher satisfaction with staff behaviour, responsiveness and communication, accessibility and convenience, grievance handling, and overall service quality. The most pronounced differences concerned responsiveness and communication and accessibility and convenience, indicating that prompt, clear, and convenient service processes were central to customers' assessment of insurers. Claim settlement also emerged as a critical determinant of satisfaction, underscoring the importance of transparent procedures, regular status updates, and helpful support during the claim journey. The findings do not imply that public-sector insurers lack institutional strengths; rather, they point to the need to reinforce credibility with improved customer-facing service systems. General insurers that combine efficient digital access, responsive human assistance, transparent claims administration, and effective grievance redressal are more likely to enhance satisfaction and strengthen long-term policyholder relationships.

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,

References

Ali, A., & Tausif, M. R. (2018). Service quality, customers' satisfaction, and profitability: An empirical study of Saudi Arabian insurance sector. Investment Management and Financial Innovations, 15(2), 232–247. https://doi.org/10.21511/imfi.15(2).2018.21

Caruana, A. (2002). Service loyalty: The effects of service quality and the mediating role of customer satisfaction. European Journal of Marketing, 36(7/8), 811–828. https://doi.org/10.1108/03090560210430818

Insurance Regulatory and Development Authority of India. (2024, September 5). Master circular on protection of policyholders' interests, 2024 (Ref. IRDAI/PP&GR/CIR/MISC/117/9/2024). https://irdai.gov.in/circulars

Insurance Regulatory and Development Authority of India. (2025). Annual report 2024–25. https://irdai.gov.in

Kadyan, S., Bhasin, N., & Madhukar, V. (2022). Impact of claim settlement procedure of health insurance companies on customer satisfaction during the pandemic: A case of third-party administrators. Insurance Markets and Companies, 13(1), 66–80. https://doi.org/10.21511/ins.13(1).2022.06

Méndez-Aparicio, M. D., Jiménez-Zarco, A., Izquierdo-Yusta, A., & Blazquez-Resino, J. J. (2020). Customer experience and satisfaction in private insurance web areas. Frontiers in Psychology, 11, Article 581659. https://doi.org/10.3389/fpsyg.2020.581659

Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. Journal of Marketing Research, 17(4), 460–469. https://doi.org/10.1177/002224378001700405

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.

Ramamoorthy, R., Gunasekaran, A., Roy, M., Rai, B. K., & Senthilkumar, S. A. (2018). Service quality and its impact on customers' behavioural intentions and satisfaction: An empirical study of the Indian life insurance sector. Total Quality Management & Business Excellence, 29(7–8), 834–847. https://doi.org/10.1080/14783363.2016.1240611

Submitted: 02 June 2026, Revised: 09 July 2026, Accepted: 01 Aug 2026,