

**YANGON UNIVERSITY OF ECONOMICS  
DEPARTMENT OF COMMERCE  
MASTER OF INSURANCE PROGRAMME**

**CLAIM MANAGEMENT PRACTICES AND CUSTOMER  
SATISFACTION TOWARDS MOTOR INSURANCE  
AT GGI TOKIO MARINE GENERAL INSURANCE CO., LTD.**

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MI II – 60  
MI 1<sup>st</sup> BATCH**

**FEBRUARY, 2025**

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A thesis is submitted as a partial fulfillment towards the requirements for the  
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## **ABSTRACT**

This study attempts to analyze the effect of motor insurance claim management on customer satisfaction at GGI Tokio Marine General Insurance Co., Ltd (GGITM), Malikha Branch in Yangon. In this study, claim management practices include claim reporting, response time, vehicle towing, damage assessment, repair handling, and complaint settlement. Using a quantitative approach, primary data is collected from 335 policyholders who have filed motor insurance claims at GGITM (Malikha Branch) in the financial year 2023-2024. The sample respondents are selected by simple random sampling method. The findings highlight that all claim management practices have statistically significant effects on customer satisfaction. Among these practices, repair handling has the strongest effect whereas claim settlement has the least effect on customer satisfaction at GGITM (Malikha Branch). Therefore, GGITM should expand its network of authorized repair workshops to reduce wait times, introduce a repair tracking system to enhance transparency, and enforce strict quality control measures by providing repair warranties would further reassure customers about the quality of work performed.

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# TABLE OF CONTENTS

	<b>Page</b>
<b>ABSTRACT</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS</b>	<b>ii</b>
<b>TABLE OF CONTENTS</b>	<b>iii</b>
<b>LIST OF TABLES</b>	<b>v</b>
<b>LIST OF FIGURES</b>	<b>vi</b>
<b>CHAPTER I INTRODUCTION</b>	
1.1 Rationale of the Study	2
1.2 Objectives of the Study	4
1.3 Scope and Method of Study	4
1.4 Organization of the Study	4
<b>CHAPTER II THEORETICAL BACKGROUND</b>	
2.1 Concept of Insurance	6
2.2 Concept of Claim and Claim Management	7
2.3 Claims Management Practices	8
2.4 Customer Satisfaction	11
2.5 Previous Studies	12
2.6 Conceptual Framework of the Study	15
<b>CHAPTER III PROFILE AND MOTOR INSURANCE CLAIM MANAGEMENT PRACTICES OF GGI TOKIO MARINE GENERAL INSURANCE CO., LTD. GGITM</b>	
3.1 Profile of GGI Tokio Marine General Insurance Co., Ltd (GGITM)	17
3.2 Motor Insurance Claim Management Practices of GGI Tokio Marine General Insurance Co., Ltd (GGITM)	18

**CHAPTER IV ANALYSIS ON MOTOR INSURANCE CLAIM  
MANAGEMENT AND CUSTOMER SATISFACTION  
AT GGI TOKIO MARINE GENERAL INSURANCE  
CO., LTD.**

4.1	Research Design	25
4.2	Demographic Profile of Respondents	26
4.3	Reliability Test	27
4.4	Perception of Motor Insurance Policyholder on Motor Insurance Claim Management and Customer Satisfaction at GGITM	28
4.5	Analysis on the Effect of Motor Insurance Claim Management on Customer Satisfaction at GGITM	37

**CHAPTER V CONCLUSION**

5.1	Findings	39
5.2	Suggestions and Recommendations	40
5.3	Needs for Further Studies	41

**REFERENCES**

**APPENDICES**

## LIST OF TABLES

<b>Table No.</b>	<b>Title</b>	<b>Page</b>
4.1	Demographic Profile of Respondents	26
4.2	Reliability Test of the Variables	28
4.3	Mean Rating Scale	28
4.4	Claim Reporting Practices at GGITM	29
4.5	Claim Response Practices at GGITM	30
4.6	Damaged Vehicle Towing Practices at GGITM	31
4.7	Damage Assessment Practices at GGITM	32
4.8	Repair Handling Practices at GGITM	33
4.9	Complaint Settlement Practices at GGITM	34
4.10	Overall Mean Scores of Claim Management Practices	35
4.11	Customer Satisfaction towards Motor Insurance Claim Management at GGITM	36
4.12	Effect of Motor Insurance Claim Management on Customer Satisfaction at GGITM	37

## LIST OF FIGURES

<b>Figure No.</b>	<b>Title</b>	<b>Page</b>
2.1	The Effect of Motor Insurance Claim Management Practices on Customer Satisfaction at Ethiopian Insurance Corporation	13
2.2	Effect of Motor Insurance Claim Management and Customer Satisfaction in the Nigerian Insurance Industry	14
2.3	Conceptual Model of the Study	15

# CHAPTER I

## INTRODUCTION

The motor insurance industry in Myanmar is growing significantly, driven by increasing vehicle ownership and the rising awareness of financial protection against accidents. However, this growth also brings challenges for insurers, particularly in managing claims efficiently. The worldwide motor insurance sector has undergone substantial evolution, marked by progress in digital claims processing, fraud detection, and automation of customer care.

However, motor insurance business of Myanmar is in a developmental phase, encountering distinct obstacles in claims processing, policy enforcement, and client involvement. Motor insurance claims are often the most visible interaction between insurers and policyholders, making it a critical moment of truth that can either strengthen or weaken customer trust. Poorly handled claims processes can lead to dissatisfaction, loss of loyalty, and negative word-of-mouth publicity. On the other hand, well-managed claims processes can enhance customer satisfaction, build trust, and foster long-term relationships.

At the heart of claim management lies the need for insurers to balance efficiency with fairness. Customers expect timely settlement of claims without excessive bureaucratic hurdles, while insurers aim to prevent fraudulent claims that can impact their financial stability. Studies in emerging markets similar to Myanmar suggest that factors such as transparency, communication, and responsiveness during the claim process significantly influence customer satisfaction (Zeithaml, Berry, & Parasuraman, 1996). Therefore, understanding and addressing these factors is essential for insurers to remain competitive and maintain customer loyalty.

According to Kumar & Sadarangani (2021), claim management is a critical function within the insurance industry, serving as the primary interface between insurers and policyholders during times of need. It encompasses a series of processes aimed at resolving policyholders' claims efficiently, fairly, and transparently, ensuring financial protection while fostering trust and satisfaction. Effective claim management is particularly vital in motor insurance, where accidents and vehicle damages frequently necessitate claims. Insurers are expected to deliver prompt and equitable resolutions, as these experiences significantly influence customer perceptions and loyalty.

Despite the critical role of claim management, inefficiencies such as delays, poor communication, and perceived unfairness in assessment often lead to dissatisfaction among policyholders (Myanmar Insurance Association, 2022). These challenges highlight the need for insurers to adopt customer-centric practices to improve service quality. Grand Guardian Insurance (GGI) was established in 2012. In 2019, GGI entered a joint venture with Tokio Marine General Insurance, forming Grand Guardian Tokio Marine General Insurance (GGITM). The organization provides a diverse array of insurance goods and services, encompassing vehicle insurance, fire insurance, maritime cargo insurance, and various general insurance solutions. With a robust network of branches across Myanmar, GGITM is committed to delivering quality services to its customers.

Among these branches, the Malikha Branch in Thingangyun Township has been chosen for this study due to its distinctive attributes. According to data from GGITM (2023-2024), the branch stands out because of a large number of claims case.

GGI Tokio Marine Malikha-Branch operates in this environment and provides a unique opportunity to study the interplay between claim management practices and customer satisfaction. By exploring this relationship, this study contributes to both academic literature and practical insights into improving claim management in Myanmar insurance sector. Furthermore, the findings can help insurers implement customer-centric strategies that align with global best practices while addressing the unique challenges of the local market.

By focusing on GGI Tokio Marine (Malikha-Branch) in Thingangyun Township, this study aims to contribute to the development of customer-centric practices in Myanmar insurance sector, addressing gaps in existing research and improving operational efficiency for better customer experiences.

## **1.1 Rationale of the Study**

According to Aklilu (2022), effective claim management is widely recognized as a cornerstone of customer satisfaction in the insurance industry. This is particularly true for motor insurance, where the claim process is often the primary interaction between insurers and policyholders. The importance of this interaction is underscored by Aklilu (2022), who found that elements such as repair handling, towing services, and damage assessment is an important role in shaping customer perceptions. Aklilu's findings highlight the direct correlation between efficient claim management and

improved customer satisfaction, underscoring the relevance of this study to the Myanmar insurance context.

In Myanmar, the motor insurance sector faces unique challenges that demand tailored solutions. Policyholders often encounter delays in claim settlements, insufficient communication from insurers, and a lack of transparency in the claims process. These issues can erode customer trust and hinder the growth of the insurance market. Additionally, the regulatory environment in Myanmar requires insurers to operate within specific guidelines, making it essential to balance compliance with the delivery of superior customer service. By focusing on GGI Tokio Marine Malikha-Branch in Thingangyun Township, this study aims to identify actionable insights into overcoming these challenges and improving customer satisfaction.

The motor insurance industry in Myanmar, like many emerging markets, is plagued with challenges in its claim management processes. Policyholders often report delays in claim settlement, lack of transparency, and inadequate communication, which can lead to dissatisfaction and loss of trust (Deloitte, 2022). These challenges hinder insurers' ability to retain customers and build long-term relationships, particularly in competitive areas such as Thingangyun Township.

Although claim management is recognized as an important component of customer satisfaction, limited study exists on its impact in the insurance sector of Myanmar. Specifically, there is a lack of empirical data on how branch-level operations, such as those at GGI Tokio Marine Malikha-Branch, influence customer experiences. Claims handling at GGI Tokio Marine (Malikha Branch), emphasis of the study is still in dire need of improvement. The average claim processing time is 20 days, according to internal data from GGITM at Dec 2024, and 0.5% of clients express displeasure with communication delays. This emphasizes how vital it is to improve claim handling procedures in order to guarantee quicker settlements and open communication.

This gap in the literature creates a need for a focused study to understand and address the challenges in claim management. By identifying the relationship between claim management practices and customer satisfaction, this study seeks to provide evidence-based recommendations for improving service quality and operational effectiveness.

## **1.2 Objectives of the Study**

The main objectives of the study are:

- (1) To identify motor insurance claim management practices conducted by GGI Tokio Marine General Insurance Co., Ltd. (Malikha Branch)
- (2) To analyze the effect of motor insurance claim management practices on customer satisfaction at GGI Tokio Marine General Insurance Co., Ltd. (Malikha Branch)

## **1.3 Scope and Method of the Study**

This study focuses on motor insurance claim management practices and their effect on customer satisfaction at GGI Tokio Marine General Insurance Co., Ltd. (Malikha Branch). This study employs a quantitative research method. In this study, claim management practices consist of claim reporting, communication quality, settlement speed, fairness in assessment, repair handling, and complaint settlement. The target population of the study is motor insurance policyholders who have filed motor insurance claims at GGI Tokio Marine General Insurance Co., Ltd. (Malikha Branch) located in Thingangyun Township in the financial year 2023-2024. According to the data from GGI Tokio Marine General Insurance Co., Ltd. (Malikha Branch), there are (2049) motor insurance policyholders who have filed motor insurance claims in the financial year 2023-2024, chosen a large number of claims case. According to Taro Yamane (1967), a sample size, 335 of this population, are selected by using a simple random sampling method. The survey questionnaires with Likert-scale questions (ranging from 1 = Strongly Disagree to 5 = Strongly Agree) are developed to measure the policy holder perception on claim management done by the GGI Tokio Marine General Insurance Co., Ltd. and to identify their satisfaction level on the company claim management. Correlation analysis, and multiple regression analysis are utilized to analyze the effect of claim management practices on customer satisfaction.

## **1.4 Organization of the Study**

This study is organized into five chapters. Chapter 1, Introduction chapter, that starts with rationale of the study, objectives, scope and method of the study, and organization of the study. Chapter 2 deals with theoretical framework of the study regarding claim management, and customer satisfaction, previous studies, and conceptual framework of the study. Chapter 3 provides profile and motor insurance

claim management practices conducted by GGITM. Chapter 4 presents the analysis on the effect of claim management practices on customer satisfaction towards GGI Tokio Marine General Insurance Co., Ltd. Finally, Chapter 5 presents key findings, conclusions, and actionable recommendations, while addressing the study limitations and offering directions for future study.

## **CHAPTER II**

### **THEORETICAL BACKGROUND**

Chapter II deals with theoretical background of the study. This chapter starts with concept of insurance, concept of claim, claim management, previous studies relating claim management of insurance policies and finally presents conceptual framework of the study.

#### **2.1 Concept of Insurance**

Because it mitigates the financial effect of unanticipated occurrences, insurance is an essential component in the process of achieving financial stability. According to Rejda and McNamara (2017), insurance is defined as a commercial contract in which a risk is transferred from an individual or organization to an insurance company in exchange for a payment received by the insurance business. Both people and businesses are able to maintain a solid financial footing with the assistance of this risk transfer, even in the face of catastrophic losses that were not anticipated. The fundamental idea behind insurance is risk pooling, which decreases the amount of financial strain that is placed on any one policyholder by distributing the losses of a few across a large number of others. According to Vaughan and Vaughan (2008), insurance is a sustainable and successful device for reducing uncertainty across a variety of economic sectors. This is because insurance engages in the process of risk-pooling.

In addition to being a financial commodity, insurance is also an essential component of the robustness of the economy. In accordance with Skipper and Kwon (2007), insurance contributes to the maintenance of stable financial systems by making people and companies less vulnerable to the effects of natural catastrophic events. Insurance, in addition to providing monetary recompense, fosters a sense of financial confidence, which in turn supports investment, innovation, and entrepreneurial endeavors. The importance of this cannot be overstated, particularly in developing countries, where the absence of robust insurance systems can be a barrier to economic growth and advancement (Outreville, 2013).

The purpose of motor insurance, which is a subcategory of insurance, is to provide protection against the dangers that are commonly associated with driving and owning a car. Auto insurance, as defined by Dorfman (2007), is a contract between the

insured and the insurer in which the insured agrees that the insurer will pay for losses that are the consequence of theft, accidents, or other damages in exchange for premium payments.

Claims, being the essence of insurance sustainability, represent the paramount point of interaction between the insured and the insurer. It acts as a vital gateway to truth, influencing policyholders' overall opinions of their insurer. According to Ajemunigbohun et al. (2022), claims settlements have a substantial impact on attracting reasonable risk attitudes. The survey suggests that car insurance companies implement intriguing claims packages in order to increase the confidence of the motoring community.

The efficiency of claim management procedures, which determine how quickly and fairly claims are settled, has an important influence on the efficacy of auto insurance. The Swiss Re Institute (2019) claims that advances in data analysis and technological advances have shortened claim processing times, enhanced customer satisfaction, and reduced the risk of fraud.

## **2.2 Concept of Claim and Claim Management**

The official request for compensation that is submitted to the insurer by the policyholder or a beneficiary in the event of an incident that is covered by the policy is referred to as a "claim" in the insurance industry. Following the occurrence of an incident such as an accident, theft, or damage, the policyholder takes action to make a claim in order to get cash or other benefits that are stipulated in the policy terms. Following that, the insurance company investigates the claim to verify its authenticity and, if necessary, to ascertain the appropriate amount of payment.

According to the definition provided by Vaughan and Vaughan (2016), a claim is an application that is filed by the policyholder to an insurer for the purpose of receiving payment related to an occurrence that is mentioned in the policy. In the same way, Harrington and Niehaus (2018) describe a claim as a request for compensation that arises from a loss that is covered by the insurance policy. This definition is in accordance with the rules of the insurance contract. According to Garner (2019), a claim is a formal declaration of a right that is made for the purpose of payment or settlement. For example, a claim may be a demand for compensation under the law. When the insured or a designated beneficiary makes a request for payment in line with the terms of the policy, this is referred to as a claim, according to Li and Zhang (2020). A formal

request for money or services from an insurer in line with the provisions of the insurance contract is referred to as a claim. Rhee and Kim's 2017 year.

Emmanuel and Deborah, n.d. (2024) argue that insurance businesses should implement methods to improve customer satisfaction by implementing claims settlement processes that are both effective and efficient, as well as solid risk management systems. According to the findings of this study, the profitability of the insurance business is greatly impacted by the claims that are paid out by both the life and non-life insurance sectors.

### **2.3 Claims Management Practices**

It is the responsibility of claims management to oversee insurance claims from the moment they are submitted until they are resolved. This ensures that policyholders receive payouts that are accurate and on time, while also minimizing the number of conflicts and inefficiencies that occur within the operations (Cunningham, 2017). The process of investigating, processing, and resolving policyholder claims in a methodical manner with the goal of preserving client satisfaction and keeping insurance expenditures under control is referred to as claims management (Williams & Smith, 2015).

Claims management, as described by Wright and Brown (2019), comprises verifying the authenticity of claims, determining the extent of the insurer's obligation, and ensuring that payments are in accordance with the provisions of the policy. Insurers employ the claims management process as a framework to evaluate, verify, and settle claims. This helps to ensure that policyholders receive fair compensation in accordance with the terms of their agreements (Moss & Lindley, 2014).

The method comprises steps such as alerting the insurer of the claim, conducting investigations, analyzing paperwork, and settling the claim (Beckett, 2016). Furthermore, the approach places an emphasis on reducing fraud and enhancing operational efficiency.

Furthermore, claims management is a coordinated approach that is utilized by insurers to ensure that claims are addressed in a timely and equitable manner, all the while maintaining a balance between the rights of policyholders and the financial interests of the insurer (Anderson & Richards, 2012). According to Thompson (2011), this process involves having a conversation with the person who filed the claim, carefully going over the particulars of the insurance policy, and negotiating settlements.

According to Lloyd (2018), insurers make use of this systematic strategy in order to efficiently manage claims, successfully limit risks, and successfully keep customer confidence.

The handling of motor insurance claims in Myanmar is confronted with significant obstacles, such as the occurrence of fraudulent claims, delays in processing, and settlement conflicts, which are frequently attributed to the lack of clarity in policy terms (Njegomir & Maksimović, 2020). According to Kyaw (2023), currency fluctuations add another layer of complexity to payments, while limited consumer understanding might lead to expectations that are not realistic. Claims efficiency and trust in the industry may be improved by the use of digital procedures, the clarification of policies, and the education of customers.

### **2.3.1 Claim Reporting**

According to Johnson and Lee (2016), the term "claim reporting" in the context of motor insurance refers to the procedure by which the policyholder tells the insurer of a loss or damage linked to the vehicle. This is generally the first stage in the process by which claims are processed. According to Williams and Smith (2015), the process of reporting a claim comprises the formal notification of an occurrence. This notification includes the provision of essential facts such as the kind of loss, the parties involved, and any supporting proof that is required to initiate the claim procedure.

In the context of auto insurance, the act of telling the insurer about an accident or damage to a vehicle that is insured is referred to as claim reporting. This process ensures that the insurer receives accurate and timely information in accordance with the terms of the policy (Brown & Davis, 2017).

According to Vaughan and Vaughan (2016), claim reporting is the procedure by which policyholders give information to the insurer concerning an event that occurred with their vehicle. This information enables the insurer to evaluate and process the claim. It is the fundamental portion of the claims process, when the insured person contacts the insurer and provides the essential facts to prove their claim (Jenson & Baker, 2019). This step represents the beginning of the claims procedure.

### **2.3.2 Response to Claim**

In motor insurance, responding to a claim involves the insurer formal recognition of the reported incident, assessment of the claim validity, and clear

communication of the next steps for processing, ensuring the timely and accurate resolution as per the insurance policy terms (Adams & Turner, 2018). This process includes actions taken by the insurer to verify the reported event, evaluate damages, and keep the claimant informed about the progress and resolution of the claim (Johnson & Williams, 2016).

As noted by Thompson & Clarke (2020), responding to a motor insurance claim means that the insurer examines the details of the reported event, determines liability, and takes appropriate actions to settle the claim in line with the policy conditions. In motor insurance, the response process involves methodical approach of the insurer to validating the claim, conducting investigations, and informing the claimant about the decision or settlement amount (Harrison & Grant, 2015). The response to a claim is a sequence of actions by the insurer, including acknowledging the claim, reviewing the provided documentation, and addressing disputes to ensure a fair and timely settlement (Nelson & Wright, 2017).

### **2.3.3 Towing Damaged Vehicle**

Towing a damaged vehicle refers to the process of moving a vehicle that is no longer operational or safe to drive due to an accident or other covered event. This service is typically provided under motor insurance policies or service agreements (Evans & Curtis, 2015). According to Miller and Brown (2016), towing services in motor insurance involve transporting the vehicle from the accident scene or breakdown site to an authorized repair center or storage facility as part of the roadside assistance or insurance claim process.

Motor insurance towing services are described as the insurer-provided or reimbursed transportation of a damaged vehicle, ensuring safety and readiness the vehicle for repairs, usually included within the policy terms (Johnson & Lee, 2017). As noted by Anderson and Roberts (2018), towing services in motor insurance involve the removal and safe transport of a damaged vehicle to repair shops or storage facilities, ensuring the vehicle proper handling. Towing for motor insurance purposes involves transporting a damaged vehicle from an accident or unsafe location to a repair shop or storage facility, as stipulated by the terms of the insurance policy (Smith & Davies, 2019).

#### **2.3.4 Damage Assessment**

Damage assessment refers to the structured process of evaluating the extent of harm inflicted on property or assets in order to determine the necessary steps for repairs, replacements, or compensation (National Disaster Management Authority, 2018).

Damage assessment is described as the method of collecting and analyzing relevant data to gauge the physical, functional, or financial impact of an event on a system, structure, or resource (Singh & Patel, 2016). According to Walker and Green (2019), it is a systematic approach to evaluate and report the level of damage to vehicles, buildings, or infrastructure, which supports the restoration and claim settlement process. In damage assessment, the condition of the affected entity is assessed after the incident to determine the level of damage, which helps in prioritizing recovery actions and calculating the necessary financial compensation (Smith & Foster, 2022).

#### **2.3.5 Complaint Settlement**

Complaint settlement refers to the process of addressing and resolving customer complaints in an organized manner to ensure fairness and meet the complainant needs (Smith & Jones, 2019). According to Lee and Chan (2014), dispute resolution involves the process of resolving conflicts between parties through methods like negotiation, mediation, or arbitration to reach a mutually beneficial solution.

The complaint and dispute resolution process encompasses strategies and procedures designed to identify, investigate, and resolve dissatisfaction or conflicts in a transparent, fair, and efficient manner (Thompson & Miller, 2017). Dispute resolution refers to the structured approach to managing conflicts, particularly between service providers and customers, using both formal and informal methods to ensure fairness and restore trust (Walker & Green, 2021). Managing complaints and resolving disputes are essential components of service recovery strategies, where addressing and solving customer grievances is important to improving satisfaction and loyalty (Brown & Carter, 2018).

#### **2.4 Customer Satisfaction**

Customer satisfaction is the assessment made by a consumer after purchasing a product or service, where their experience either meets or surpasses their initial expectations (Johnson & Smith, 2018).

Giese and Cote (2000) described customer satisfaction as an emotional response of varying intensity towards specific aspects of the consumer experience. As outlined by Brown et al. (2005), customer satisfaction is the overall judgment the customer makes about the quality of goods or services received compared to their expectations. It is the degree to which the product or service matches anticipated performance and quality of the customer (Carter & Williams, 2002).

Hansemark and Albinsson (2004) discussed customer satisfaction as the emotional response to the gap between expectations and the actual of the customer product or service they received. According to Chen, Lo, and Lee (2010), customer satisfaction arises when a product or service fulfills or exceeds expectations of the customer. Yi (1990) defined it as a comprehensive assessment based on the total experience with a product or service, factoring in both past and present interactions. Customer satisfaction refers to how well a product or service delivers value relative to the customer expectations (Homburg et al., 2005). Fornell (1992) highlighted that customer satisfaction is influenced by perceived quality, value, and customer expectations, contributing to an overall evaluation of the consumer experience.

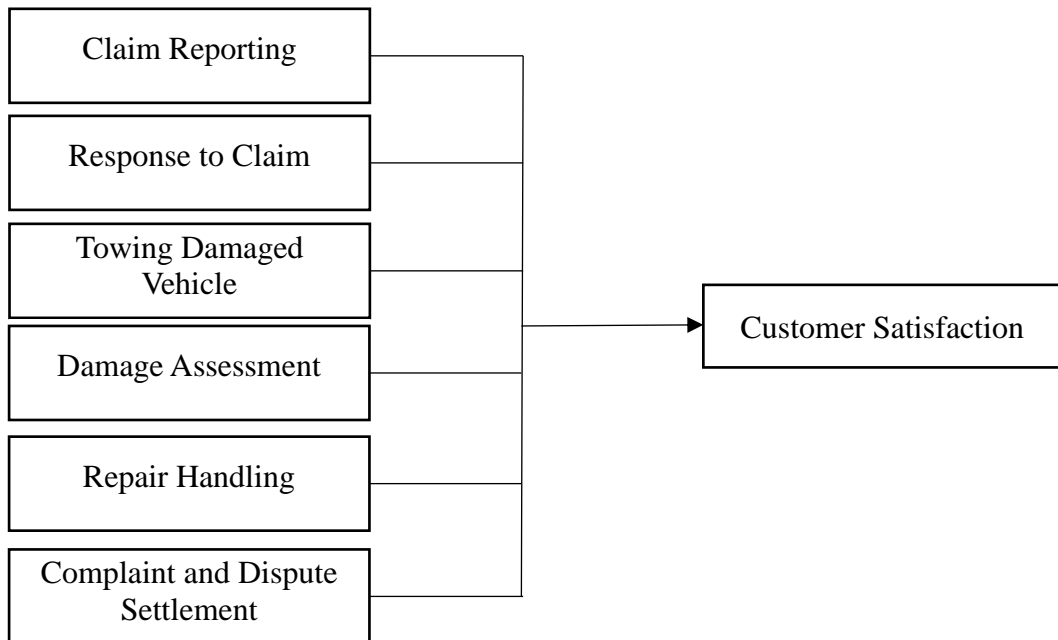
Customer satisfaction in motor insurance is greatly impacted by the claims process, with key factors being transparency, timeliness, and fairness. Clear communication about policy coverage and claim procedures builds trust (Njegomir & Maksimović, 2020). Prompt claim processing reduces dissatisfaction, while fair settlements ensure policyholders feel valued and respected (Ghimire, 2021). Improving these aspects enhances customer satisfaction and loyalty in the insurance industry.

## **2.5 Previous Studies**

This section discusses previous studies and conceptual framework on the effect of motor insurance claim management practices on customer satisfaction at Ethiopian Insurance Corporation (Yosef Belay Gessese, 2018) and in the Nigerian insurance industry (Prince, Okokon Peter, 2020) in Figures (2.1) and (2.2).

The Ethiopian Insurance Corporation (EIC)'s Yosef Belay Gessese (2018) studied the impact of motor insurance claim management on customer satisfaction. The study used convenience sampling to acquire primary data from 102 EIC consumers. The study explored how claim handling techniques affect customer satisfaction.

**Figure (2.1) The Effect of Motor Insurance Claim Management Practices on Customer Satisfaction at Ethiopian Insurance Corporation**

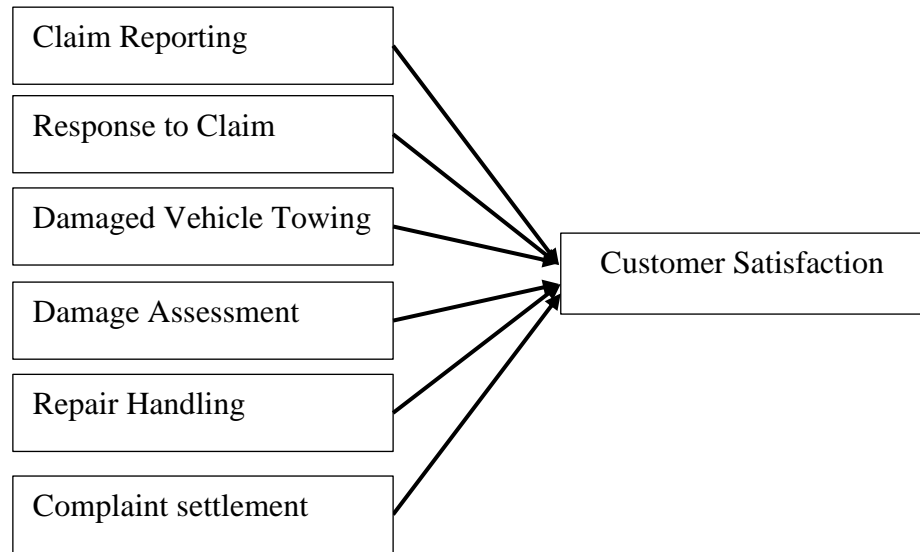


Source: Gessese, Y. B. (2018)

A statistically significant association existed between customer satisfaction and motor insurance claim management techniques. The regression study indicated that 'repair handling' had the highest impact on customer satisfaction, followed by 'damage assessment' and 'complaint and dispute settlement'.

The study reveals that better automobile insurance claim administration may boost customer satisfaction, policy renewals, and word-of-mouth recommendations. Focusing on and improving 'repair handling,' 'damage assessment,' and 'complaint resolution,' could boost customer satisfaction faster.

**Figure (2.2) Effect of Motor Insurance Claim Management and Customer Satisfaction in the Nigerian Insurance Industry**



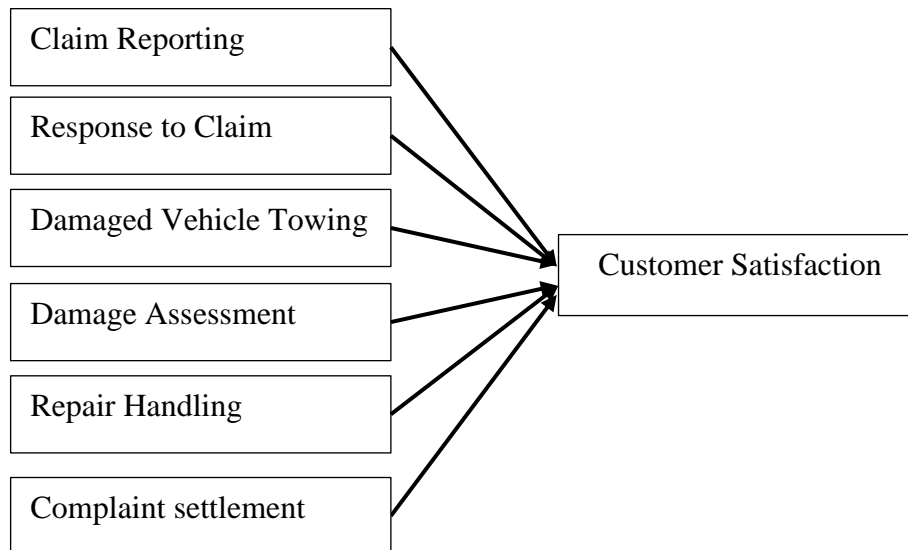
Source: Prince, O. P. (2020)

Prince, Okokon Peter (2020) studied Motor Insurance Claim Management and Customer Satisfaction in Nigeria. The research found six primary steps in the Nigerian car insurance claim process: reporting, response, towing, damage assessment, repair management, and complaint resolution. A convenience sample of 102 clients was chosen. Repair handling had the biggest influence on customer satisfaction, followed by damage evaluation and complaint resolution.

## 2.6 Conceptual Framework of the Study

Based on above theories, and previous studies conducted by Yosef Belay Gessese (2018) and Prince, Okokon Peter (2020), the study developed the conceptual model which is presented in Figure (2.3).

**Figure (2.3) Conceptual Model of the Study**



Source: Adopted from Gessese, Y. B. (2018) and Prince, O. P. (2020)

The study examines how automobile insurance claim handling techniques affect customer satisfaction at GGI Tokio Marine General Co., Ltd. According to Figure (2.3), this study's dependent variable is customer satisfaction and independent variables are claim reporting, claim response, car towing, damage assessment, repair handling, and complaint settlement.

The conceptual model serves as the foundation for data collection and analysis of the study. Each component of claim management is operationalized through specific survey questions designed to capture policyholder perceptions. For instance, claim reporting is measured by assessing the ease of initiating claims, while settlement speed is evaluated based on the timeliness of resolution. Customer satisfaction is measured through a series of questions capturing overall impressions of the claims process. The responses are analyzed statistically to identify the strength and significance of relationships between the independent variables and customer satisfaction.

Working Definitions of the study are as follows:

**Claim reporting** ensures the accessibility and simplicity of the claims process, reducing frustration and improving the initial customer experience.

**Response to claim** emphasizes the importance of timely updates and clear information, helping to manage customer expectations.

**Damaged vehicle towing** addresses the timeliness and efficiency of transporting the damaged vehicle, a factor that significantly influences overall satisfaction.

**Damage assessment** highlights the role of impartial and accurate evaluations in building trust and confidence among policyholders.

**Repair handling** focuses on minimizing inconvenience through effective coordination and quality assurance in repair services.

**Complaint settlement** refers to the activities concerning the submission of complaints, handling complaints with easy and understanding process, acknowledging and addressing any complaints submitted, and resolving them with fair handling.

## **CHAPTER III**

### **PROFILE AND MOTOR INSURANCE CLAIM MANAGEMENT PRACTICES OF GGI TOKIO MARINE GENERAL INSURANCE CO., LTD.**

This chapter presents profile which consists of year of establishment, objectives and slogan of the company and Motor Claim Management Practices of Tokio Marine General Insurance Co., Ltd (GGITM).

#### **3.1 Profile of GGI Tokio Marine General Insurance Co., Ltd (GGITM)**

Grand Guardian Insurance Company Limited (GGI) was established on December 11, 2012, as a public insurance company under the Myanmar Companies Act. GGI officially commenced operations on June 12, 2013, with a mission to safeguard the financial security of individuals and businesses in Myanmar through superior insurance products and value-added services.

In 2019, GGI embarked on a significant partnership with Tokio Marine, leading general insurance of Japan provider. This collaboration is a testament to their commitment to excellence, bringing together GGI deep understanding of market of Myanmar and vast international expertise of Tokio Marine. To reflect this commitment, GGI adopted the tagline "Securing Your Future," encapsulating our mission and vision of providing insurance solutions that cater to the needs of the people of Myanmar.

As part of their growth strategy, GGI expanded into new markets, forming strategic partnerships with leading international insurance providers. In 2019, they joined forces with Tokio Marine, top general insurance provider in Japan, to introduce a new range of premium insurance products to Myanmar. Following Tokio Marine Holdings' acquisition of a 15% stake in the venture, Grand Guardian Tokio Marine General Insurance Co. Ltd. (GGI Tokio Marine) was officially established. This partnership combines Tokio Marine global expertise with GGI deep local market knowledge, ensuring superior insurance offerings for individuals and businesses.

To meet the diverse needs of individuals and businesses in Myanmar, GGI Tokio Marine offers a wide range of insurance products, including both life and general insurance. their goal is to understand the specific needs and aspirations of the people of Myanmar, developing policies that align with those requirements. Their portfolio

includes: Motor Insurance, Fire Insurance, Marine Cargo & Hull Insurance (including overseas coverage), Cash in Safe & Cash in Transit Insurance, Fidelity Insurance, Personal Accident Insurance, Industrial All Risks Insurance, Contractor's All Risk & Erection All Risk Insurance.

GGITM is committed to transparency, efficiency, and attentiveness, taking pride in delivering exceptional customer service and offering a diverse range of insurance products. The company places a strong emphasis on actively listening to its customers' needs, ensuring that their requirements remain at the heart of its business operations.

GGITM claims management processes focus on transparency, timeliness, and fairness, aiming to provide clear communication, efficient processing, and equitable settlements. However, challenges such as fraudulent claims, processing delays, and customer disputes hinder optimal performance. Despite these hurdles, GGITM competitive position can be strengthened by improving digital systems, enhancing customer education, and addressing regulatory issues in motor insurance market of Myanmar.

With multiple branches across Myanmar, GGITM is supported by a team of highly skilled professionals who are dedicated to assisting customers with their insurance needs. Backed by a vast network of experienced industry experts, the company remains steadfast in its mission to provide comprehensive protection for both individuals and businesses, offering security and peace of mind to its valued clients.

### **3.2 Motor Insurance Claim Management Practices of GGI Tokio Marine General Insurance Co., Ltd (GGITM)**

This section encompasses the principal claim handling system of GGITM. The claim management system encompasses claim reporting, responding to claims, towing of damaged vehicles, damage assessment, and repair management.

#### **(1) Claim Reporting**

As a policyholder of GGITM's vehicle insurance, the policyholder is required to immediately contact the insurance company by telephone in the event that an accident takes place. During this initial interaction, GGITM conducts an assessment of the circumstances to determine if the claim is classified as Own Damage, which covers the vehicle that is covered, or Third-Party Damage, which involves damage to the property or vehicle of another individual.

Important information is obtained in order to make the process of filing a claim easier. This information includes the license plate number of the insured car, the name of the driver who was operating the vehicle at the time of the accident, and a description of the circumstance, which includes the condition of the vehicles that were involved. Additionally, GGITM certifies the validity of the policyholder's insurance coverage and determines whether or not the other vehicle is covered by insurance.

As part of the process of determining whether or not the policy has extra protection, such as extended coverage or specific endorsements, a review is carried out. As soon as all of the pertinent information has been gathered, the insurance company will conduct an analysis of the claim and will cooperate with the Underwriting Department in order to check the policy terms, coverage limitations, and any restrictions that are applicable. By following this procedure, you can be certain that the claim will be processed in a timely manner and in compliance with the requirements that are specified in the policy.

Customers in remote locations, on the other hand, may have difficulties since they do not have easy access to phone services or internet connections, which might cause a delay in the reporting process. It is also possible that language obstacles will make communication more difficult for those who are not native speakers, which will make it more difficult for certain policyholders to adequately submit their claims. It is imperative that these concerns be addressed in order to guarantee a claims procedure that is less cumbersome and more easily accessible for all clients.

## **(2) Response to Claim**

Immediately following the reporting of a claim, a representative from GGITM travels to the location of the accident in order to gather information about the circumstances and offer assistance on behalf of the policyholder. First and foremost, it is the duty of the personnel to assess the level of damage that has occurred and to make certain that the claims procedure is carried out without any obstructions.

In the event that the accident solely concerns the insured car (also known as Own Damage), the representative of GGITM will gather important information such as the number plate of the vehicle, the name of the driver, and the general state of the accident scene. After that, the representative will determine whether or not the policyholder is currently covered by insurance and will determine whether or not any extra coverage is applicable.

As an alternative, further actions are necessary in the event that the accident includes a third party. These additional processes include determining whether or not the other party possesses appropriate insurance. When the third party is insured, repairs are handled according to the Knock-for-Knock Agreement. This agreement stipulates that each insurance party provider is liable for fixing their own vehicle, regardless of whether or not the customer is covered.

Additionally, the third party is responsible for filling out a claim form, and certain papers, including a driver's license, a wheel tax certificate, and a vehicle registration, are required to be examined. You are needed to provide a copy of the commercial license that the vehicle that belongs to the third party possesses. During the negotiation process, GGITM ensures that only damages that are fair and essential are covered by the insurance policy. When repairs are performed, they may be carried out in a workshop selected by a third party, the workshop that the policyholder prefers, or at a facility that has been approved by GGITM. The prices of the repairs will be determined based on the estimated price voucher.

Additionally, the GGITM logs the degree of the damage to the vehicle belonging to the third party for the purpose of validating the claim. In the event that towing is necessary, the GGITM will pay up to 300,000 Kyats for transportation to the approved workshop. Any further costs will be the responsibility of the policyholder or a third party at the time of the incident. Through the utilization of this methodical methodology, GGITM guarantees a claims procedure that is both just and open to scrutiny, while simultaneously safeguarding the interests of all parties concerned.

### **(3) Towing Damaged Vehicle**

When a vehicle is damaged in an accident, the transportation of the vehicle to a repair workshop is arranged through a mutual agreement between the insurance company and the policyholder. Depending on the situation, the policyholder is able to choose to tow the vehicle independently, or GGITM may coordinate with a professional towing service, commonly referred to as a Crane Company. These companies specialize in transporting vehicles, including those involved in accidents or those that violate traffic regulations.

The decision on how to proceed is based on factors such as the severity of the damage, the location of the accident, and the availability of towing services. In most cases, the insurance company takes responsibility for making the necessary

arrangements to ensure the damaged vehicle is transferred safely to the designated workshop.

However, when the policyholder arranges the towing service independently, they submit all relevant vouchers and supporting documents to claim reimbursement. GGITM covers a maximum of 300,000 Kyats for towing expenses. If the towing cost exceeds this amount, the additional expense must be covered by the policyholder.

Beyond the physical transportation of the vehicle, other logistical tasks related to the transfer, such as obtaining necessary permissions or coordinating with local authorities, is also required. These tasks are typically handled by GGITM to streamline the process and reduce the burden on the customer. By ensuring a structured and transparent approach to vehicle towing, GGITM aims to provide policyholders with efficient and hassle-free service while maintaining clear financial accountability for the costs incurred.

#### **(4) Damage Assessment**

When a vehicle requires repairs following an accident, GGITM follows a structured process to assess the damage and determine the appropriate course of action. If the policyholder prefers to repair the vehicle at their own chosen workshop, he or she must provide an estimated repair cost voucher for review. However, only the pricing from designated workshops of GGITM is considered valid in the final claim settlement.

This measure is necessary because some policyholders may choose high-end workshops or insist on replacing parts with expensive alternatives that exceed reasonable repair costs. In cases where the policyholder does not wish to use GGITM approved workshop, they have the option to accept the repair cost assessment from GGITM and proceed with repairs at their own preferred workshop. To ensure a fair and transparent settlement, a thorough analysis of the repair costs and coverage limitations must be conducted.

One of the challenges that faced by GGITM is that some policyholders attempt to include unrelated pre-existing damages in their claim when an accident occurs. To prevent such misuse, a detailed damage evaluation is required to differentiate between damages caused by the accident and those that existed beforehand.

At the same time, GGITM must ensure that service quality remains at a high standard throughout the repair process. Additionally, due to fluctuations in market availability, some spare parts may be difficult to source, particularly for antique or rare

vehicle models. In such cases, negotiations must take place with the policyholder to reach a satisfactory resolution regarding alternative parts or repair options.

At the time of issuing the insurance policy, it is essential to accurately determine valuation of the vehicle and include any additional valuable items such as in-car entertainment systems, modified components, or luxury add-ons. This ensures that the insured amount reflects the full value of the vehicle and its accessories. The maximum claimable amount for a Third-Party vehicle, property and person will be limited to 100 million (Kyats).

Once the repairs are completed, proper documentation and analysis must be conducted at the workshop. GGITM then proceeds with the claim calculation based on the extent of the damage and the cost of replacement parts. If the vehicle is deemed beyond repair, it is classified as a Total Loss. In such cases, the insured amount is paid to the policyholder, and GGITM takes possession of the vehicle.

If the accident involves two vehicles insured by different companies, the claim settlement is handled according to the Knock-for-Knock Agreement, where each insurance company takes responsibility for repairing its respective policyholder vehicle. If the policyholder vehicle was damaged due to the fault of a third party, GGITM works alongside the policyholder to ensure that the third-party insurer fully compensates for the damages.

However, if the dispute cannot be resolved directly, the policyholder must collect and retain key details from the third party, including their Wheel Tax certificate, Driving License, and contact information. In unresolved cases, legal procedures may need to be pursued through the Traffic Police to enforce a fair settlement. By following this structured approach, GGITM aims to maintain transparency, protect policyholder interests, and ensure efficient and fair claim resolutions.

### **(5) Repair Handling**

After the vehicle has undergone repairs, a series of actions must be taken to ensure that the process is completed smoothly and in accordance with the insurance policy. The first step is a thorough inspection of the repaired vehicle at the designated workshop. Whether the repairs are conducted at a GGITM-approved workshop or the policyholder chosen workshop, an official record of the repair conditions must be created. This documentation helps verify that the necessary repairs have been properly completed and that no additional damages or issues remain unresolved.

Once the inspection is completed, the claim calculation process begins. The insurance company will assess the total cost of repairs and confirm that the expenses align with coverage terms of the policy. If the repair costs are deemed reasonable and fall within the approved limits, the claim will be submitted to the Accounts Department for final approval. The Accounts team will review the claim details and, upon authorization, process the payment accordingly. If the repairs were done at a GGITM workshop, the payment will be made directly to the workshop. If the policyholder chose to repair the vehicle at an independent workshop, they must submit the necessary invoices and receipts for reimbursement, which will be processed based on GGITM assessed repair costs.

Following the approval process, the final post-repair actions include verifying the completion of repairs, ensuring that all financial transactions are settled, and updating records accordingly. GGITM prioritizes a structured and transparent approach to repair handling, ensuring that policyholders receive quality service while preventing excessive or fraudulent claims. By following these steps, GGITM ensures that repairs are conducted efficiently, costs are properly managed, and customers are provided with a seamless claims experience.

## **(6) Complaint Settlement**

During the claims process, disputes often arise when policyholders attempt to include pre-existing damages in their accident claims. If GGITM rejects these unrelated damages, policyholders may file complaints expecting full compensation. Another common issue is misrepresentation of driver credentials, where an expired license is concealed by presenting a substitute. Intoxicated driving cases also pose challenges due to the lack of standardized alcohol testing and weak legal enforcement.

Competition among insurers and varying claim approval standards contribute to disputes, as some policyholders try to negotiate higher payouts, even for uncovered damages. Additionally, financial dissatisfaction arises when legal costs and penalties exceed policy limits, leading some to demand full reimbursement beyond GGITM liability. While GGITM remains committed to fair settlements, it must ensure policyholders understand compensation is strictly based on policy terms.

The absence of driver restrictions in some policies exposes insurers to unintended risks, requiring compensation regardless of who was driving. Policyholders often appeal to emotional or social factors to influence claim decisions, but GGITM

must adhere strictly to regulations to ensure fairness and financial stability. Addressing these disputes requires clear communication, proper claim evaluations, and regulatory consistency to balance customer expectations with the integrity of insurance policies.

Issues such as pre-existing damage claims, driver misrepresentation, and dissatisfaction with compensation caps create friction between insurers and customers. The Knock-for-Knock Agreement simplifies claim processing but often leads to complaints when policyholders feel unfairly treated. Additionally, rigid compensation limits, reinstatement charges, and legal costs contribute to frustration among policyholders. GGITM remains committed to fair claim assessments, transparent communication, and balancing compliance with customer expectations while advocating for necessary industry changes.

## **CHAPTER IV**

### **ANALYSIS ON MOTOR INSURANCE CLAIM MANAGEMENT AND CUSTOMER SATISFACTION AT GGI TOKIO MARINE GENERAL INSURANCE CO., LTD.**

To achieve this objective, research design, demographic profile of respondents, reliability test, perception of policyholders who have already received claims towards claim management practices, and the results of correlation and multiple regression analysis are presented in this chapter.

#### **4.1 Research Design**

The primary objective of the study is to analyze the effect of motor insurance claim management on customer satisfaction at GGI Tokio Marine General Insurance Co., Ltd. (GGITM). This study employs a quantitative research method to attain this primary objective. In this study, claim management practices consist of claim reporting, communication quality, settlement speed, fairness in assessment, repair handling, and complaint settlement. The target population of the study is motor insurance policyholders who have filed motor insurance claims at GGI Tokio Marine General Insurance Co., Ltd, (Malikha Branch).

There are (2049) motor insurance policyholders who have filed motor insurance claims in the financial year 2023-2024 [GGITM, (Malikha Branch), 2024]. According to Taro Yamane (1967), a sample size, 335 of this population, are selected by using a simple random sampling method. The survey questionnaires with Likert-scale questions (ranging from 1 = Strongly Disagree to 5 = Strongly Agree) are developed to measure the policyholder perception on claim management done by the GGI Tokio Marine General Insurance Co., Ltd. and to identify their satisfaction level on the company claim management.

Descriptive Statistics and multiple regression analysis are utilized to analyze the effect of claim management practices on customer satisfaction. This study uses the formula developed by Taro Yamane (1967) with 95% confidence level. The calculation is presented as follows:

$$\begin{aligned}n &= \frac{1}{(1+N(e)^2)} \\ &= \frac{2049}{(1+2049*0.05*0.05)} \\ &= 335\end{aligned}$$

Where;

n = sample size

N = population size

e = level of precision or sampling error

#### 4.2 Demographic Profile of Respondents

This section discusses the demographic characteristics of the respondents. Table (4.1) presents a comprehensive depiction of demographic parameters, encompassing gender, age, education level, and duration of Motor Insurance policy ownership at GGITM.

**Table (4.1) Demographic Profile of Respondents**

<b>Sr. No.</b>	<b>Particular</b>	<b>No. of Respondents</b>	<b>Percentage (%)</b>
	Total	335	100.0
1.	<b>Gender</b>		
	Male	201	60.0
	Female	134	40.0
2.	<b>Age (Years)</b>		
	18 - 25	56	16.7
	26 - 30	73	21.8
	31 – 35	79	23.6
	36 – 40	83	24.8
	Above 40	44	13.1
3.	<b>Education</b>		
	Undergraduate	56	16.7
	Bachelor	108	32.3
	Diploma	123	36.7
	Master Degree/PhD	48	14.3
4.	<b>Years of Policy Ownership (Years)</b>		
	Below 2	56	16.7
	2 – 4	78	23.3
	4 – 6	99	29.6
	6 - 8	54	16.1
	Above 8	48	14.3

Source: Survey Data (2025)

Based on the demographic characteristics of the respondents in Table (4.1), the majority of the respondents (60.0%) are male, while female respondents constitute 40.0% of the sample. It further indicates that male policyholders are considerably more likely to have vehicle insurance at GGITM. Regarding age distribution, the highest proportion of respondents (24.8%) fall within the 36–40 years' age group, followed closely by those aged 31–35 years (23.6%) and 26–30 years (21.8%). The smallest group consists of respondents above 40 years (13.1%), indicating that policyholders tend to be in their mid-career stages rather than older individuals.

In terms of educational background, most respondents hold a Diploma (36.7%) or a Bachelor degree (32.3%), while 16.7% have only a undergraduate. The smallest percentage (14.3%) hold a Master degree or PhD, suggesting that insurance policyholders come from various educational backgrounds, with a considerable proportion having professional or academic qualifications.

Regarding policy ownership duration, the largest group (29.6%) have owned their policies for 4 – 6 years, followed by 23.3% with 2 – 4 years of ownership. Those with 6–8 years (16.1%) and above 8 years (14.3%) represent a smaller proportion, while 16.7% have held their policies for less than 2 years.

### **4.3 Reliability Test**

Cronbach (1951) asserts that the consistency and precision of measuring scales are assessed by a reliability test. The Cronbach's alpha reliability test is employed to ascertain dependability. Alpha levels over 0.70 are often considered acceptable and good, whereas values approaching 1.0 signify excellent internal consistency dependability. Alpha values under 0.60 are deemed inadequate. Table (4.2) presents the reliabilities (alpha values) of the variables.

**Table (4.2) Reliability Test of the Variables**

No.	Description	No. of Items	Cronbach's Alpha
1.	Claim Reporting	6	0.739
2.	Claim Response	5	0.736
3.	Vehicle Towing	5	0.787
4.	Damage Assessment	5	0.852
5.	Repair Handling	6	0.723
6.	Complaint Settlement	5	0.774
7.	Customer Satisfaction	6	0.753

Source: Survey Data (2025)

Table (4.2) demonstrates that the Cronbach's alpha values for all variables exceed 0.7, signifying that the internal consistencies of the questionnaires are robust and satisfactory. Each variable is good, suggesting that the scale items on the questionnaires are deemed trustworthy for the study. Consequently, one may infer that the internal consistency of the measure employed in this study accounts for the expectation that the results of the various constructs would remain consistent across diverse settings, thereby affirming the validity and reliability of the data.

#### **4.4 Perception of Motor Insurance Policyholder on Motor Insurance Claim Management and Customer Satisfaction at GGITM**

The analysis is conducted by administering standardized questionnaires utilizing five-point Likert scales to 335 participants. The replies are analyzed according to Best (1977), as seen in Table (4.3).

**Table (4.3) Mean Rating Scale**

No.	Score Range Mean	Rating
1	1.00 -1.80	Very Low
2	1.81 -2.60	Low
3	2.61-3.40	Neutral
4	3.41- 4.20	High
5	4.21-5.00	Very High

Source: Best (1977)

#### 4.4.1 Motor Claim Management Practices at GGITM

This section evaluates respondents' perceptions about claim reporting, claim response, car towing, damage assessment, repair handling, and complaint resolution in motor insurance claim management methods. Every factor contributes to the formulation of motor insurance claim handling techniques affecting client satisfaction at GGITM.

##### (1) Claim Reporting Practices at GGITM

Structured questionnaires are used to find out perception of respondents on Claim reporting practices carried out by GGITM. Based on the findings, the study presents the mean, overall mean and standard deviation for Claim reporting practices at GGITM in Table (4.4).

**Table (4.4) Claim Reporting Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	Customers of GGITM can contact easily for reporting their incident or claim.	3.728	.966
2	The staff of GGITM well understand and have adequate knowledge regarding the claim reporting.	3.650	.899
3	The staff of GGITM explain the steps and requirements of the claim process with a clear and organized manner.	3.674	.904
4	The staff of GGITM provide effective supports and guidance when completing the claim form.	3.409	.949
5	The claim process of GGITM is easy to understand and simple for its customers.	3.501	.999
6	Policy details, coverage limits, and applicable conditions are verified accurately during the claim reporting process at GGITM.	3.674	.803
<b>Overall Mean</b>		<b>3.701</b>	

Source: Survey Data (2025)

According to the findings in Table (4.4), the overall mean score for claim reporting practices at GGITM is 3.701, indicating that respondents generally have a high perception with the claim reporting practices undertaken by GGITM. Among the six evaluated aspects, the highest-rated item is being able to contact easily for reporting their incident or claim with a mean score of 3.728.

On the other hand, the lowest-rated aspect is providing effective support and guidance when completing the claim form with a mean score of 3.409. Some customers may face challenges in completing the claim forms and could benefit from clearer instructions or additional support.

## (2) Claim response practices at GGITM

Structured questionnaires are used to find the respondent perception on claim response practices at GGITM (Malikha Branch). Based on the findings, the study presents the mean, overall mean and standard deviation for Claim response practices at GGITM (Malikha Branch) in Table (4.5).

**Table (4.5) Claim Response Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	The staff of GGITM quickly response when customers report the incident or claim.	3.764	.954
2	Staff of GGITM arrive at the accident site quickly.	3.710	.870
3	The claim approval process of GGITM is easy and expedited.	3.704	.902
4	Communication during the claims process is clear and timely.	3.480	.901
5	The staff of GGITM are able to handle the claim systematically	3.558	.982
6	Assistances and supports are provided promptly by GGITM when needed.	3.844	.568
<b>Overall Mean</b>		<b>3.716</b>	

Source: Survey Data (2025)

According to Table (4.5), the statement 'Assistance and support are provided promptly by GGITM when needed' has the highest mean value of 3.844, while the statement 'Communication during the claims process is clear and timely' has the lowest mean value of 3.480. Most respondents perceive that GGITM conducts a high level of claim response, as the overall mean value for claim response practices is 3.716, which falls within the range of 3.41 to 4.20.

### (3) Damaged Vehicle Towing Practices at GGITM

Structured questionnaires are used to find out the perception of respondents on vehicle towing practices at GGITM. Based on the findings, the study presents the mean, overall mean and standard deviation for Vehicle Towing practices at GGITM in Table (4.6).

**Table (4.6) Damaged Vehicle Towing Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	GGITM arranges for the damaged vehicle to be towed from the accident site on time.	3.561	.873
2	The tow truck of GGITM arrives at the accident site quickly.	3.809	.562
3	The towing process is straightforward and hassle-free.	3.967	.921
4	The damaged vehicle is transported safely and securely.	3.898	.967
5	GGITM reimburses the towing expenses to its customers if they arrange the towing service independently.	3.794	.776
<b>Overall Mean</b>		<b>3.806</b>	

Source: Survey Data (2025)

According to Table (4.6), the highest-rated aspect is the towing process is straightforward and hassle-free, with a mean score of 3.967. The lowest-rated aspect is GGITM arranges for the damaged vehicle to be towed from the accident site on time, with a mean score of 3.561. The overall mean score for vehicle towing practices was 3.806 indicating most respondents perceived that GGITM provides high level towing

service with straightforward and hassle-free towing process and transporting damaged vehicle safely and securely.

#### (4) Damage Assessment Practices at GGITM

Structured surveys are used to find out Damage Assessment practices at GGITM. Based on the findings, the study presents the mean, overall mean and standard deviation for Damage Assessment practices at GGITM in Table (4.7).

**Table (4.7) Damage Assessment Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	A damage assessor is being assigned promptly by GGITM.	3.662	.910
2	The damage assessment is being conducted thoroughly and comprehensively.	3.695	.820
3	The repair cost estimate or pre-accident value (in the case of a total loss) is reasonable.	3.671	.800
4	The speed with which the estimate is given was acceptable.	3.806	.851
5	GGITM staff are able to assess the value of damaged parts according to market prices.	3.546	.824
<b>Overall Mean</b>		<b>3.676</b>	

Source: Survey Data (2025)

According to the findings in Table (4.7), the overall mean score for damage assessment practices at GGITM is 3.676, reflecting a high perception of respondents with damage assessment practices conducted by GGITM. The highest-rated aspect is the statement: the speed with which the estimate is given was acceptable, with a mean score of 3.806 whereas the lowest-rated aspect is the statement: GGITM staff are able to assess the value of damaged parts according to market prices with a mean score of 3.546.

### (5) Repair Handling Practices at GGITM

Structured surveys are used to find out Repair Handling practices at GGITM. Based on the findings, the study presents the mean, overall mean and standard deviation for Repair Handling practices at GGITM.

**Table (4.8) Repair Handling Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	Information about the repair costs is clearly provided by GGITM.	3.656	.898
2	The process of selecting a repair provider through bidding is completed quickly.	3.680	.903
3	The repair workshop chosen is either preferred or acceptable to the client.	3.414	.949
4	The spare parts used in the repair matched the quality of those before the accident.	3.507	.999
5	The standard of the repair work is consistent with the vehicle condition prior to the accident.	4.000	.341
<b>Overall Mean</b>		<b>3.651</b>	

Source: Survey Data (2025)

According to Table (4.8), the overall mean score for repair handling practices at GGITM, 3.651, indicates high perception of most respondents with the company repair handling process. The highest-rated aspect is the statement regarding the standard of the repair work is consistent with the vehicle's condition prior to the accident, with a mean score of 4.000.

The lowest-rated aspect is the statement respecting the repair workshop chosen is either preferred or acceptable to the client, with a mean score of 3.414. Most respondents provide high perception towards all aspects of repair handling practices carried out by GGITM because these aspects fall in the range between 3.41 to 4.20.

### (6) Complaint Settlement Practices at GGITM

Structured surveys are used to find out Complaint Settlement practices at GGITM. Based on the findings, the study presents the mean, overall mean and standard deviation for Complaint Settlement practices at GGITM.

**Table (4.9) Complaint Settlement Practices at GGITM**

No.	Description	Mean	Std. Deviation
1	A system is in place to submit complaints or disputes during the claim process.	3.555	.855
2	The process for handling complaints is easy to understand.	3.522	.927
3	Any complaints submitted are acknowledged and addressed without delay.	3.492	.928
4	There is an option to appeal the final decision, either through internal or external channels.	3.603	.889
5	The resolution of the complaint is handled fairly and met expectations.	3.319	.977
<b>Overall Mean</b>		<b>3.498</b>	

Source: Survey Data (2025)

According to the findings in Table (4.9), the overall mean score for complaint settlement practices at GGITM is 3.498, indicating a high positive perception of the company approach to handling complaints and disputes. Customers are satisfied with the complaint and dispute resolution process, as the company provides a transparent arrangement with an efficient works and standardized procedures for all policyholders. The highest-rated aspect is "There was an option to appeal the final decision, either through internal or external channels," with a mean score of 3.603. The lowest-rated aspect is "The resolution of the complaint was handled fairly and met expectations," with a mean score of 3.319.

**Table (4.10) Overall Mean Scores of Claim Management Practices**

<b>No.</b>	<b>Factors</b>	<b>Overall Mean</b>
1.	Claim Reporting	3.701
2.	Claim Response	3.716
3.	Vehicle Towing	3.806
4.	Damage Assessment	3.676
5.	Repair Handling	3.651
6.	Complaint Settlement	3.498

Source: SPSS Output Data (2025)

Based on the findings in Table (4.10), among the six factors evaluated, Vehicle Towing received the highest overall mean score of 3.806. On the other hand, Complaint Settlement received the lowest overall mean score of 3.498, indicating that some customers may find the complaint resolution process good enough compared to other aspects of claim management. GGITM Motor Claim Management practices are perceived highly, with all factors scoring above 3.41.

#### **4.4.2 Customer Satisfaction at GGITM**

Structured questionnaires are used to find out the aspect of Customer Satisfaction towards Motor Insurance Claim Management at GGITM. The mean, the overall mean, standard deviation for Customer Satisfaction towards Motor Insurance Claim Management at GGITM are shown based on the findings.

**Table (4.11) Customer Satisfaction towards Motor Insurance Claim Management at GGITM**

<b>No.</b>	<b>Description</b>	<b>Mean</b>	<b>Std. Deviation</b>
1	The efficient claims process of GGITM contributes to a high level of satisfaction.	3.734	.965
2	The responsive customer service provided by GGITM is a source of satisfaction.	3.656	.898
3	The clear communication from GGITM enhances overall satisfaction.	3.680	.903
4	The trustworthiness of GGITM is a key factor in customer satisfaction.	3.414	.949
5	The effectiveness of complaint settlement by GGITM leads to customer satisfaction.	3.507	.999
6	The convenience of accessing GGITM services is an important factor in customer satisfaction.	4.000	.341
<b>Overall Mean</b>		<b>3.665</b>	

Source: Survey Data (2025)

According to the findings in Table (4.11), the overall mean score for customer satisfaction towards motor insurance claim management at GGITM is 3.665, indicating a high level of satisfaction among customers. The highest-rated aspect is "The convenience of accessing GGITM services is an important factor in customer satisfaction," with a mean score of 4.000 while the lowest-rated aspect is "The trustworthiness of GGITM is a key factor in customer satisfaction," with a mean score of 3.414.

#### 4.5 Analysis on the Effect of Motor Insurance Claim Management on Customer Satisfaction at GGITM

Analysis on the effect of motor insurance claim management on customer satisfaction at GGITM can be seen in below Table (4.12).

**Table (4.12) Effect of Motor Insurance Claim Management on Customer Satisfaction at GGITM**

Dependent Variable	Unstandardized Coef.		Std. Coef.	t	Sig.	VIF
	B	Std. Error	Beta			
Constant	.228	.056		4.045	.000	
Claim Reporting	.170***	.009	.188	18.253	.000	1.279
Claim Response	.021**	.010	.022	2.063	.040	1.348
Vehicle Towing	.016**	.007	.021	2.252	.025	1.019
Damage Assessment	.032***	.009	.037	3.417	.001	1.405
Repair Handling	.841***	.012	.853	68.753	.000	1.852
Complaint Settlement	.016*	.009	.018	1.858	.064	1.185
R <sup>2</sup>	0.973					
Adjusted R <sup>2</sup>	0.972					
F Value	1948.279***					
Durbin-Watson	1.603					

Source: Survey Data (2025)

Note: \*\*\*significance at 1% level, \*\*significance at 5% level, \*significance at 10% level

According to Table (4.12), Adjusted R<sup>2</sup> , 0.972 shows that 97.2% of the variation in customer satisfaction is explained by claim management practices. This suggests that claim management practices have a significant effect on customer satisfaction. An F-value of 1948.279 indicates that the model is highly significant and that claim management practices have a strong and statistically meaningful effect on customer satisfaction.

These results reveals there is a statistically significant effect of motor insurance claim management practices on customer satisfaction at GGITM. The results show that

claim reporting has a significant positive effect on customer satisfaction ( $B = 0.170$ ,  $p = 0.000$ ), suggesting that efficient and clear claim reporting practices contributes substantially to customer satisfaction. Similarly, claim response practices ( $B = 0.021$ ,  $p = 0.040$ ) positively significant affects customer satisfaction. Particularly, claim response practice of GGITM lead to enhance customer satisfaction.

Vehicle Towing has a positive effect on customer satisfaction ( $B = 0.016$ ,  $p = 0.025$ ), suggesting that efficient and timely towing services contribute to increase customer satisfaction in this study. Ensuring prompt and reliable vehicle towing can enhance customers' overall experience and satisfaction with the insurance provider.

The most significant factor influencing customer satisfaction is repair handling, with a positive coefficient ( $B = 0.841$ ,  $p = 0.000$ ), indicating that repair handling has the strongest effect on customer satisfaction. Complaint settlement also has a positive effect on customer satisfaction with 10% level of significance ( $B = 0.016$ ,  $p = 0.064$ ).

As a summary, claim management practices have statistically significant effect on customer satisfaction. Among the practices, complaint settlement has the strongest effect, followed by claim reporting, damage assessment, claim response, towing vehicle and claim settle on customer satisfaction towards motor insurance of GGITM.

## **CHAPTER V**

### **CONCLUSION**

This chapter discusses the key findings concerning the effect of motor insurance claim management on customer satisfaction at GGITM. Besides, the chapter outlines recommendations and suggestions based on these findings, along with needs for further study.

#### **5.1 Findings and Discussions**

The main objective of the study is the effect of motor insurance claim management on customer satisfaction at GGITM. To achieve this objective, 335 respondents are selected and asked the questions. According to their demographic data, most respondents are male. Most respondents are at the age between 31 and 40 years and they got diploma. Most respondents have held their policies for four to six years, indicating having some experience with motor insurance.

The study found that majority of respondents have high perception with vehicle towing, claim response, claim reporting, damage assessment, repair handling and complaint settlement practices. Among these practices, vehicle towing has the highest overall means score whereas complaint settlement has the lowest mean score.

With regard to the vehicle towing, the study found that most respondents have the high perception on the vehicle towing. Among the items, the highest-rated aspect is the towing process is straightforward and hassle-free, and the lowest-rated aspect is GGITM arranges for the damaged vehicle to be towed from the accident site on time.

Concerning claim reporting, the study found that most respondents have the high perception on the claim reporting. Among the items, customers of GGITM can contact easily for reporting their incident or claim, and the lowest-rated aspect is the staff of GGITM provide effective supports and guidance when completing the claim form.

Regarding claim response, the study found that most respondents have the high perception on the claim response. Among the items, assistances and supports are provided promptly by GGITM when needed, and the lowest-rated aspect is communication during the claims process is clear and timely.

Relating to damage assessment, the study found that most respondents have the high perception on the damage assessment. Among the items, the speed with which the estimate is given was acceptable, and the lowest-rated aspect is GGITM staff are able to assess the value of damaged parts according to market prices.

According to the repair handling, the study found that most respondents have the high perception on the repair handling. Among the items, the standard of the repair work is consistent with the vehicle's condition prior to the accident, and the lowest-rated aspect is the repair workshop chosen is either preferred or acceptable to the client.

According to complaint settlement, the study found that most respondents have the high perception on the complaint settlement. Among the items, there is an option to appeal the final decision, either through internal or external channels, and the lowest-rated aspect is the resolution of the complaint is handled fairly and met expectations.

According to the regression analysis, the study revealed that the repair handling has the highest significantly effect on customer satisfaction, followed by claim reporting, damage assessment, claim response, vehicle towing and complaint settlement. The study found that the claim settlement has the least significantly effect on customer satisfaction.

## **5.2 Suggestions and Recommendations**

Based on the findings of the study, several recommendations can be made to improve the motor insurance claim management process at GGITM and boost customer satisfaction. To begin with, GGITM should address the minor documentation issues in the claim reporting process by simplifying the process and introducing more accessible reporting options, such as mobile apps or online platforms, will allow policyholders to submit necessary documents and claims more easily, reducing delays and confusion. Additionally, GGITM should enhance communication for timely claim responses is vital by establishing clear response timelines and providing consistent updates, policyholders will stay informed, reducing concerns. Moreover, it should provide automated notifications or dedicated support channels could also provide faster updates and greater transparency throughout the claim process.

For vehicle towing services, GGITM should strengthen partnerships with towing providers to guarantee 24/7 availability, introducing real-time GPS tracking, and providing clear pricing structures or complimentary towing services for policyholders to improve customer experience. Damage assessment, a critical factor in

policyholder trust, should increase the number of certified assessors, and ensuring transparent communication about assessment criteria and repair costs.

Since repair handling emerged as the most significant factor influencing customer satisfaction, GGITM should expand its network of authorized repair workshops to reduce wait times, introduce a repair tracking system to enhance transparency, and enforce strict quality control measures by providing repair warranties would further reassure customers about the quality of work performed. Meanwhile, complaint settlement, which received the lowest satisfaction rating, should improve by establishing a dedicated grievance team, implementing a structured escalation process, and enhancing transparency in dispute resolution timelines to restore customer confidence.

GGITM should develop for prioritizing digital transformation, leveraging AI-driven solutions, strengthening employee training, and expanding customer support availability to improve service reliability and efficiency. The findings confirm that motor insurance claim management strongly influences customer satisfaction. By implementing these recommendations, GGITM can improve its reputation as a customer-centric insurer, enhance trust and transparency, and maintain a competitive position in the market.

### **5.3 Needs for Further Studies**

The study focuses only on claims management practices and customer satisfaction with motor insurance at GGITM. The respondents of this study are individuals who have filed motor insurance claims at GGITM (Malikha branch). Therefore, a comparative analysis of rural and urban customer satisfaction with claims management practices at GGI Tokio Marine General Insurance Co., Ltd. should be made for future research.

Moreover, since this study focuses fully on motor insurance, future research should examine customer satisfaction with other insurance products, such as travel insurance, personal accident insurance, and health insurance. Additionally, the effect of claim management practices on policyholder satisfaction with third-party liability services in Myanmar should be examined in future studies. This study specifically examines one insurance company, GGITM, therefore, future research should also make claim management practices and customer satisfaction with motor insurance at other insurance companies, including KBZMS, AYA SOMPO, and FNI.

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**APPENDIX (1)**  
**Survey Questionnaire**

Dear respondent,

This survey questionnaire is to use only for the research paper “**CLAIM MANAGEMENT PRACTICES AND CUSTOMER SATISFACTION TOWARDS MOTOR INSURANCE AT GGI TOKIO MARINE GENERAL INSURANCE CO., LTD.**” to submit as a partial fulfillment towards the degree of Master of Insurance (MI). This study is for the Yangon University of Economics. Your responses to the questionnaire will be entered directly into a database and treated confidentially. Your participation in this study will be highly appreciated and thank you.

Your sincerely,

Zin Lin Oo

MI II- 60

Yangon University of Economics

-----  
**Questionnaire for Customers**

**Section I: Demographic in formations**

1. What is your Gender?

Male

Female

2. Age (years)

18 – 25     31 – 35     Above 40

26 – 30     36 – 40

3. Education

High school     Bachelor

Diploma     Master/PhD     Other

4. How long have you stayed with the insurance company as a motor insurance client?

Less than two years     4 – 6 years

2–4 years     6 – 8 years  Above8 years

**Section II: Consumer Satisfaction with Motor Insurance Claims Process**

**1=Strongly disagree, 2=Disagree, 3=Neutral, 4= Agree,**

**5= Strongly Agree**

	<b>Claim Reporting</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	Customers of GGITM can contact easily for reporting their incident or claim.					
2.	The staff of GGITM well understand and have adequate knowledge regarding the claim reporting.					
3.	The staff of GGITM explain the steps and requirements of the claim process with a clear and organized manner.					
4.	The staff of GGITM provide effective supports and guidance when completing the claim form.					
5.	The claim process of GGITM is easy to understand and simple for its customers.					
6.	Policy details, coverage limits, and applicable conditions are verified accurately during the claim reporting process at GGITM.					
	<b>Response to Claim</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	The staff of GGITM quickly response when customers report the incident or claim.					
2.	Staff of GGITM arrive at the accident site quickly.					
3.	The claim approval process of GGITM is easy and expedited.					
4.	Communication during the claims process is clear and timely.					
5.	The staff of GGITM are able to handle the claim systematically					
6.	Assistances and supports are provided promptly by GGITM when needed.					

	<b>Damaged Vehicle Towing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	GGITM arranges for the damaged vehicle to be towed from the accident site on time.					
2.	The tow truck of GGITM arrives at the accident site quickly.					
3.	The towing process is straightforward and hassle-free.					
4.	The damaged vehicle is transported safely and securely.					
5.	GGITM reimburses the towing expenses to its customers if they arrange the towing service independently.					
	<b>Damage Assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	A damage assessor is assigned promptly by GGITM.					
2.	The damage assessment is conducted thoroughly and comprehensive.					
3.	The repair cost estimate or pre-accident value (in the case of a total loss) is reasonable.					
4.	The speed with which the estimate is given was acceptable.					
5.	GGITM staff are able to assess the value of damaged parts according to market prices.					
	<b>Repair Handling</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	Information about the repair costs was clearly provided by GGITM.					
2.	The process of selecting a repair provider through bidding was completed quickly.					
3.	The repair workshop chosen was either preferred or acceptable to the client.					
4.	The spare parts used in the repair matched the quality of those before the accident.					
5.	The standard of the repair work was consistent with the vehicle condition prior to the accident.					

	<b>Complaints Settlement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	A system was in place to submit complaints or disputes during the claim process.					
2.	The process for handling complaints was easy to understand.					
3.	Any complaints submitted were acknowledged and addressed without delay.					
4.	There was an option to appeal the final decision, either through internal or external channels.					
5.	The resolution of the complaint was handled fairly and met expectations.					
	<b>Overall Satisfaction</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	The efficient claims process of GGITM contributes to a high level of satisfaction.					
2.	The responsive customer service provided by GGITM is a source of satisfaction.					
3.	The clear communication from GGITM enhances overall satisfaction.					
4.	The trustworthiness of GGITM is a key factor in customer satisfaction.					
5.	The effectiveness of complaint settlement by GGITM leads to customer satisfaction.					
6.	The convenience of accessing GGITM services is an important factor in customer satisfaction.					



### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	SETM, DVTM, RESM, REPM, . <sup>b</sup>	.	Enter

a. Dependent Variable: CSM

b. All requested variables entered.

### Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.986 <sup>a</sup>	.973	.972	.09615	.973	1948.279	6	328	.000	1.603

a. Predictors: (Constant), SETM, DVTM, RESM, REPM, ASSM, RHNM

b. Dependent Variable: CSM

### ANOVA<sup>a</sup>

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	108.078	6	18.013	1948.279	.000 <sup>b</sup>
	Residual	3.033	328	.009		
	Total	111.111	334			

a. Dependent Variable: CSM

b. Predictors: (Constant), SETM, DVTM, RESM, REPM, ASSM, RHNM

### Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error				Beta	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance
	1 (Constant)	.228	.056				4.045	.000	.338	.117		
REPM	.170	.009	.188	18.253	.000	.152	.188	.564	.710	.167	.782	1.279
RESM	.021	.010	.022	2.063	.040	.001	.042	.505	.113	.019	.742	1.348
DVTM	.016	.007	.021	2.252	.025	.029	.002	.095	.123	.021	.981	1.019
ASSM	.032	.009	.037	3.417	.001	.014	.050	.548	.185	.031	.712	1.405
RHNM	.841	.012	.853	68.753	.000	.817	.865	.968	.967	.627	.540	1.852
SETM	.016	.009	.018	1.858	.064	-.001	.033	.392	.102	.017	.844	1.185

a. Dependent Variable: CSM

**Collinearity Diagnostics<sup>a</sup>**

Model Dimension		Eigenvalue	Condition Index	Variance Proportions						
				(Constant)	REPM	RESM	DVTM	ASSM	RHNM	SETM
1	1	6.866	1.000	.00	.00	.00	.00	.00	.00	.00
	2	.048	11.940	.00	.02	.01	.60	.04	.01	.00
	3	.030	15.205	.00	.07	.04	.01	.03	.00	.77
	4	.020	18.550	.00	.35	.05	.01	.68	.01	.01
	5	.018	19.467	.00	.47	.53	.01	.07	.03	.00
	6	.011	24.913	.08	.00	.12	.05	.12	.89	.06
	7	.007	31.357	.92	.09	.25	.32	.06	.06	.15

a. Dependent Variable: CSM

**Casewise Diagnostics<sup>a</sup>**

Case Number	Std. Residual	CSM	Predicted Value	Residual
42	3.029	3.33	3.0420	.29130
117	-3.118	2.67	2.9665	-.29985
155	4.854	2.17	1.7000	.46670
156	3.429	3.83	3.5036	.32972
226	3.290	3.33	3.0170	.31632

a. Dependent Variable: CSM

**Residuals Statistics<sup>a</sup>**

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	1.7000	4.9102	3.6657	.56885	335
Residual	-.29985	.46670	.00000	.09529	335
Std. Predicted Value	-3.456	2.188	.000	1.000	335
Std. Residual	-3.118	4.854	.000	.991	335

a. Dependent Variable: CSM

Claim Reporting

**Reliability Statistics**

Cronbach's Alpha	N of Items
.739	6

Claim Response

**Reliability Statistics**

Cronbach's Alpha	N of Items
.736	5

Vehicle Towing

**Reliability Statistics**

Cronbach's Alpha	N of Items
.787	5

Damage Assessment

**Reliability Statistics**

Cronbach's Alpha	N of Items
.852	5

Repair Handling

**Reliability Statistics**

Cronbach's Alpha	N of Items
.723	6

Complaint Settlement

**Reliability Statistics**

Cronbach's Alpha	N of Items
.774	5

Customer Satisfaction

**Reliability Statistics**

Cronbach's Alpha	N of Items
.753	6

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
REPM1	335	1	5	3.728	.966
REPM2	335	1	5	3.650	.899
REPM3	335	1	5	3.674	.904
REPM4	335	1	5	3.409	.949
REPM5	335	1	5	3.501	.999
REPM6	335	1	5	3.674	.803

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
RESM1	335	1	5	3.764	.954
RESM2	335	1	5	3.710	.870
RESM3	335	1	5	3.704	.902
RESM4	335	1	5	3.480	.901
RESM5	335	1	5	3.558	.982
RESM6	335	1	5	3.844	.568

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
DVTM1	335	1	5	3.561	.873
DVTM2	335	1	5	3.809	.562
DVTM3	335	1	5	3.967	.921
DVTM4	335	1	5	3.898	.967
DVTM5	335	1	5	3.794	.776

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
ASSM1	335	1	5	3.662	.910
ASSM2	335	1	5	3.695	.820
ASSM3	335	1	5	3.671	.800
ASSM4	335	1	5	3.806	.851
ASSM5	335	1	5	3.546	.824

### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
RHNM1	335	1	5	3.656	.898
RHNM2	335	1	5	3.680	.903
RHNM3	335	1	5	3.414	.949
RHNM4	335	1	5	3.507	.999
RHNM5	335	1	5	4.000	.341

### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
SETM1	335	1	5	3.555	.855
SETM2	335	1	5	3.522	.927
SETM3	335	1	5	3.492	.928
SETM4	335	1	5	3.603	.889
SETM5	335	1	5	3.319	.977

### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
CSM1	335	1	5	3.734	.965
CSM2	335	1	5	3.656	.898
CSM3	335	1	5	3.680	.903
CSM4	335	1	5	3.414	.949
CSM5	335	1	5	3.507	.999
CSM6	335	1	5	4.000	.341

## Correlations

### Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.986 <sup>a</sup>	.973	.972	.09615	.973	1948.279	6	328	.000	1.603

a. Predictors: (Constant), SETM, DVTM, RESM, REPM, ASSM, RHNM

b. Dependent Variable: CSM

### ANOVA<sup>a</sup>

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	108.078	6	18.013	1948.279	.000 <sup>b</sup>
	Residual	3.033	328	.009		
	Total	111.111	334			

a. Dependent Variable: CSM

b. Predictors: (Constant), SETM, DVTM, RESM, REPM, ASSM, RHNM

### Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF	
1 (Constant)	.228	.056		4.045	.000	.338	.117						
	REPM	.170	.009	.188	18.253	.000	.152	.188	.564	.710	.167	.782	1.279
	RESM	.021	.010	.022	2.063	.040	.001	.042	.505	.113	.019	.742	1.348
	DVTM	.016	.007	.021	2.252	.025	.029	.002	.095	.123	.021	.981	1.019
	ASSM	.032	.009	.037	3.417	.001	.014	.050	.548	.185	.031	.712	1.405
	RHNM	.841	.012	.853	68.753	.000	.817	.865	.968	.967	.627	.540	1.852
	SETM	.016	.009	.018	1.858	.064	-.001	.033	.392	.102	.017	.844	1.185