

Impact of Digital Claims Processing on Customer Satisfaction and Business Performance in Life Insurance Companies

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Abstract

Life insurance claims processing has traditionally been slow, paper-bound, and disconnected from the digital expectations customers bring from other sectors of their lives. Over the past decade, insurers worldwide have invested heavily in digitising this process through mobile applications, e-KYC verification, and artificial-intelligence-driven document review and fraud detection. Guided by two aims — to examine the impact of digital claims processing on customer satisfaction, and to evaluate its impact on business performance — this paper reviews fifteen strands of academic and industry literature and presents a comparative analysis of secondary industry data across four summary tables covering claim settlement ratios, customer satisfaction scores, key performance indicators, and drivers of digital claims satisfaction. The paper finds that digital claims processing is strongly associated with higher customer satisfaction, higher claim settlement ratios, stronger retention, and measurably better financial performance among customer-experience leaders. These benefits, however, are shown to be conditional rather than automatic: they depend on proactive digital communication, well-integrated back-end systems, and the continued availability of human support at the points in the claims journey where automation alone is insufficient. The paper concludes with managerial recommendations for insurers seeking to capture the full customer-satisfaction and business-performance benefits of digital claims transformation while managing its attendant risks.

Keywords: Digital claims processing; customer satisfaction; business performance; life insurance; claim settlement ratio; service quality; digital transformation.

1. Introduction

Conventional wisdom holds that life insurance is more of a guarantee than a tangible good. The policyholder pays premiums over many years—if not decades—in return for the assurance that the insurer would pay out in a timely and painless manner in the event of a catastrophic event. Claim processing has traditionally been the most time-consuming and labor-intensive part of the industry's workflow. This is because claims need physical forms, manual verification, in-person visits to branch offices, and settlement delays that often exceed months or even weeks. Life insurance companies across the globe have made significant investments in digitizing this procedure in the last decade. They have done away with paper forms and replaced them with mobile applications. Artificial intelligence has replaced human document checkers, and electronic know-your-client and video-based identification have replaced in-person verification. In this article, we take a look at how that change has affected customer happiness and company performance, two outcomes that are very important to policyholders and insurers. This is not a specific technical inquiry. Since policyholders most emotionally charged interactions with an insurer are typically caused by bereavement or significant sickness in the case of life insurance, claims processing is at the crossroads of operational efficiency, regulatory duties, brand reputation, and the company's policies. An effective digital claims process can transform a vulnerable moment into a trusted experience; conversely, a poorly executed digital process, or one that leaves customers stuck between automated and manual channels, can worsen their distress at the exact moment when the insurer needs to prove its reliability. J. D. Power's U.S. Claims Digital Experience 2025 Study strongly supports this. J. D. Power (2025) recorded that just 4% of insurance consumers who had an outstanding digital claims experience were likely to remain with their current provider, while 52% of those whose experiences were poor or just adequate were likely to leave or not renew.

Eleven sections make up this document. After this brief introduction, the following sections will be covered: the study's driving objectives, a literature review of fifteen pieces of scholarly and professional writing on the subject of digital claims processing and customer satisfaction, an outline of the descriptive-analytical methodology and secondary data sources, and finally, a description of the old and new ways in which claims processing has been affected by digitization. The report continues with an analysis of the data based on four tables of secondary industry data, digital claims processing's effect on customer satisfaction and company performance, limitations and risks, managerial suggestions, and finally, the report concludes.

2. Aims of the Study

1. To analyze how digital claims processing affects customer satisfaction with life insurance policies. Specifically, we will look at how speed, transparency, and proactive communication influence service quality.
2. To assess how life insurance firms might benefit from digital claims processing in terms of operational efficiency, cost, client retention, and financial outcomes.

3. Review of Literature

Success in digital claims is driven by communication, not speed alone, according to *Oliver's (1980)* expectancy-disconfirmation theory of satisfaction, which states that customers are satisfied when their expectations for a service are met and their perception of the service's performance is different from their actual experience.

The SERVQUAL model, established by *Parasuraman, Zeithaml, and Berry (1988)*, is still the most popular framework for investigating the quality of service in insurance and other financial services. This model identifies five dimensions—tangibles, reliability, responsiveness, assurance, and empathy—along which consumers evaluate service quality.

The Technology Acceptance Model (TAM), put forth by *Davis (1989)*, suggests that people are most likely to embrace new technologies if they find them useful and easy to use. This model has been extensively used to understand why policyholders have embraced digital claims portals and mobile apps.

A performance-based alternative to SERVQUAL, the SERVPERF model was proposed by *Cronin & Taylor (1992)*. They argued that overall service satisfaction is better predicted by perceived performance alone, not by the gap between expectation and performance. This debate is still reflected in the way insurers design post-claim satisfaction surveys. In their e-SERVQUAL model, *Zeithaml, Parasuraman, and Malhotra (2002)* brought the SERVQUAL framework into the digital realm. They identified privacy, efficiency, fulfilment, and reliability as the four cornerstones of online service quality. These aspects are pertinent to how customers assess insurers' mobile apps and web portals when filing a claim. The Unified Theory of Acceptance and Use of Technology (UTAUT) was developed by *Venkatesh, Morris, Davis & Davis (2003)*. It combines previous models of technology adoption with additional variables such as social influence, facilitating conditions, performance expectancy, and effort expectancy to explain generational differences in digital claims adoption. Through an analysis of 150 InsurTech firms, *Sosa & Montes (2022)* mapped the innovation landscape of InsurTech. They identified five driving capabilities and fifteen distinct categories of innovation across distribution, underwriting, and claims. Over the course of three waves of development, the global insurance sector saw InsurTech flourish.

Technology adoption and regulatory support are positively correlated with user satisfaction, according to *Tikone & Patil (2024)*. The core technological drivers of InsurTech include artificial intelligence, blockchain, the Internet of Things, and data analytics. When combined, these technologies improve underwriting accuracy, claims management efficiency, and product personalization.

Based on their literature review, *Ahmad, Karim, Sultana, and Lima (2025)* defined InsurTech as the use of technology to improve insurance industry operations, customer satisfaction,

product innovation, and competition. They identified digital claims automation as one of the most developed areas of InsurTech's impact. According to a study by *Kaur & Singh (2025)* that used partial least squares structural equation modeling (PLS-SEM) to analyze data from 304 life insurance policyholders in northwest India, the adoption of InsurTech significantly increases customer satisfaction.

The study found that the strongest predictors of customer satisfaction were customer service management and policy management, and that online distribution channels had the most potential for improvement when it came to importance-performance map analysis. The *Geneva Papers on Risk and Insurance (2025)* examined the role of digital technology in insurance and urged more research into the potential of artificial intelligence (AI) predictive analytics and data generated by the internet of things (IoT) to tailor policies to individual customers' needs while also addressing the problems with data privacy that come with increased data collection, especially in the health and life insurance spaces. The study on modernizing policy lifecycle management (2025) found that insurers with advanced digital systems process claims three to five days faster than those with mostly legacy systems. The difference in processing times is attributed to unified digital platforms that cover the entire policy lifecycle, from issuance to claims settlement.

The study also included qualitative case studies. The results showed a strong positive correlation ($r = 0.78$) between the level of technological integration in a partnership and the measured improvements in customer satisfaction and operational efficiency. According to two studies done by *J. D. Power (2025)*—the U.S. Claims Digital Experience Study and the U.S. Individual Life Insurance Study—customers are most satisfied when they can handle their claims completely online, clients are most influenced by proactive digital status updates when it comes to digital claims satisfaction, and customers are more inclined to switch insurers if they have a bad digital experience rating.

4. Research Methodology and Data Sources

In order to achieve its goal of synthesising and interpreting current academic and industry evidence on digital claims processing, this work uses a descriptive-analytical research strategy based exclusively on secondary data. Instead of conducting a new survey or experiment, the authors choose to depend on the existing body of knowledge. Section 3 reviewed academic studies and foundational literature on service-quality and technology-adoption that have been peer-reviewed. Other secondary sources used for data collection included reports on market research and industry benchmarking from firms like J. D. Power and specialist insurance analytics, as well as regulatory statistics released by the Insurance Regulatory and Development Authority of India (IRDAI) and from individual insurers in their public disclosures. In Section 6, we apply comparative tabulation as our analytical method. We retrieved pertinent quantitative data from various secondary sources, organized it into tables based on themes, and analyzed it in light of the two goals mentioned in Section 2 and the theoretical frameworks discussed in Section 3. Given that no prior research has combined data on customer satisfaction with business performance outcomes, this approach was preferred because it enables the comparison of figures from various studies and reports that cover different countries, time periods, and insurers. This is especially useful for a topic like this one. Keep in mind that the tables in Section 6 are better understood as a synopsis of the existing information rather than a unified dataset due to the fact that the underlying figures come from research that used diverse samples, time periods, and procedures.

5. From Paper to Platform: The Evolution of the Claims Process

Claimants, who were often grieving family members, would follow a predetermined procedure in the old-fashioned life insurance claims process: they would find the policy documents, go to or call a branch office, fill out a paper claim form, gather supporting documents (such as a death certificate, identification, and medical records), and then physically or by mail submit all

of this. Then they would wait, often with little visibility into the claim's status, while the insurer's claims department manually verified the documents and finally authorized payment. The historical processing time and mistake rate of standard claims handled in this manner compared to claims handled through current digital infrastructure are clearly shown in Table 3 of Section 6.

Almost every stage of this sequence has been reformed by digital claims processing. These days, most people can file a claim through a web portal or mobile app; supporting documents can be uploaded as scans or photos; e-KYC can replace in-person visits for identity verification; and automated acknowledgment and status tracking can be obtained without phoning a call center. This apparent simplification from the perspective of the customer masks a far more profound shift occurring on the side of the insurer. ML and AI are being used more and more to automate tasks such as first-pass document verification, cross-checking claim details with policy records, identifying anomalies to initiate fraud investigations, and, for simple claims that suit predetermined criteria, authorizing payment with minimal human intervention.

There needs to be clarity regarding the industry-wide successes and failures of digitization. Despite the widespread availability of digital claims systems, many claims still necessitate human intervention. In fact, according to a study conducted by J. D. Power in 2025, 22% of customers still used a combination of digital and non-digital channels to address the same question while submitting a claim (J. D. Power, 2025). The claims process has been greatly impacted by digitization, but most insurers still have not achieved the completely digital experience that clients anticipate.

6. Data Analysis: Secondary Industry Data on Digital Claims Processing

Based on the two goals identified in Section 2, this section provides four tables that synthesise quantitative data from the sources analyzed in Section 3. The first two tables mainly concern Aim 1's effect on customer satisfaction as a result of digital claims processing, while the third and fourth tables mainly concern Aim 2's effect on company performance as a result of digital claims processing. A brief explanatory note follows each table; Sections 7 and 8 provide further in-depth analysis.

Table 1. Claim Settlement Ratio of Select Life Insurers in India (Recent Financial Year)

Insurer / Segment	Claim Settlement Ratio	Claims Settled Within 30 Days
LIC (public sector)	98.52%	Majority; exact 30-day figure not separately disclosed
Private insurers (industry average)	98.02%	High majority
HDFC Life	99.68% – 99.72%	~98.93% (3-year average)
Axis Max Life	~99.5%	High majority
Industry overall (all insurers)	98.45% – 98.64%	~72% of all claims within 10 business days

Source: IRDAI Handbook on Indian Insurance Statistics; HDFC Life public disclosures; BankBazaar; CoinLaw (2025).

It is evident from Table 1 that there is a persistent divide between insurance companies who have put a lot of resources into digital claims verification with AI and those that are still depending on manual, older methods. Companies like HDFC Life and Axis Max Life, who are private insurers with an established digital claims infrastructure, boast claim settlement statistics above 99 percent. Most claims are resolved within thirty days of full documentation.

A good but relatively lower settlement ratio is reported by the Life Insurance Corporation of India, which deals with a much bigger and more varied claims volume and is continuing to digitally modernize its older infrastructure. This shows that even for insurers that are investing in digital claims capability, scale and legacy infrastructure are still significant limitations.

Table 2. J. D. Power Customer Satisfaction Scores — U.S. Individual Life Insurance, 2025 (Scale: 0–1000)

Category	Satisfaction Score
Mutual of Omaha (top-ranked insurer)	707
State Farm	697
Nationwide	695
Direct-to-carrier channel (average)	696
Agent / broker / advisor channel (average)	639 (57 points lower than direct)
Engaged, best-practice agent relationship	795
Disengaged or transactional agent relationship	~542 (253 points lower than engaged)

Source: J. D. Power 2025 U.S. Individual Life Insurance Study, as reported in ProgramBusiness (2025) and Beinsure (2025).

According to Table 2, there is a difference in satisfaction between channel and relationship quality in the US individual life insurance market. Notable patterns are two. To begin, in comparison to clients mostly served by agents or brokers, individuals who buy and manage their policies directly through digital and call-center channels report a satisfaction score that is 57 points better on a thousand-point scale. The second disparity is much wider than the digital-versus-agent gap: 253 points separates engaged, communicative agent relationships from those that are merely transactional. Taken as a whole, these numbers show that accessible digital channels boost happiness mostly via better communication and consistency, and that the same level of communication, when given by a human relationship manager, has an even bigger impact.

Table 3. Key Performance Indicators: Legacy vs. Digitally Enabled Claims and Underwriting

Metric	Legacy / Traditional Process	Digital / AI-Enabled Process
Standard claim processing time	15–30 days	3–5 days (up to ~70% faster)
Underwriting decision time (standard policy)	Several days	~12.4 minutes where AI is applied
Fraud detection effectiveness	Baseline	+28% improvement via predictive analytics
Policy issuance time	Baseline	-30% reduction
Customer retention (digital channel, top performers)	—	~92%
Life insurers investing in digital CX transformation	—	~74% of surveyed insurers
Correlation: tech-integration depth and satisfaction/efficiency gain	—	$r = 0.78$ ($p < 0.01$), 250 partnerships studied

Source: CoinLaw (2025); CX Pilots Benchmark Report; Modernizing Policy Lifecycle Management study (2025); InsurTech-Insurer partnership study (2025).

For a quick rundown of the key performance metrics linked to the shift to digital claims and underwriting, see Table 3. Out of all the efficiency gains mentioned in the secondary literature that was researched for this paper, the one that stands out the most is the decrease in claims processing time. This goes from fifteen to thirty days for legacy systems to three to five days for digitally mature insurers. It seems, based on the evidence that is currently available, that this efficiency benefit reinforces both accuracy and loyalty, as evidenced by the concomitant gains in fraud detection and client retention.

Table 4. Drivers of Digital Claims Satisfaction and Insurer Delivery Rates

Driver of Satisfaction	Customer Importance	Insurer Delivery Rate
Proactive digital status updates	Highest-rated driver	22% of insurers deliver consistently
Status updates via mobile app (vs. email/call/text)	Preferred channel	36% (auto insurance) / 31% (home insurance) customers receive this way
Single-channel resolution (no repeated cross-channel contact)	Strongly preferred	78% achieve this; 22% still require multiple channels

Source: J. D. Power 2025 U.S. Claims Digital Experience Study.

Table 4 uses J. D. Power's driver analysis to demonstrate that insurers still fail to consistently provide the digital elements that customers value the most. Insurers only provide proactive digital status updates 22% of the time, even though they are the most important factor in digital claims satisfaction. Customers prefer status updates through mobile apps, but only 22% of customers actually use them. This article reviews the research and concludes that insurers can enhance digital claims satisfaction without investing in processing speed improvements alone by closing the gap between what consumers value most and what insurers regularly offer.

7. Impact of Digital Claims Processing on Customer Satisfaction

The data in Tables 1, 2, and 4, along with the literature reviewed in Section 3, lend credence to the first aim of this study: digital claims processing does, in fact, have a positive effect on customer satisfaction. However, this effect is not due to digitization in general but rather to specific mechanisms. According to the research, customer satisfaction is more affected by whether the process proactively manages their expectations by clear and proactive communication than by the absolute processing speed (Oliver, 1980), which is in line with the expectancy-disconfirmation hypothesis discussed in Section 3. In the Indian context, this is exactly what Kaur and Singh (2025) found: the strongest indicators of satisfaction with InsurTech were customer service management and policy management, not online distribution alone.

Data from Table 1's claim settlement ratio further bolsters Aim 1 by demonstrating that digitally mature insurers settle a higher proportion of claims and process them faster. This trend is in line with the SERVQUAL reliability dimension (Parasuraman, Zeithaml & Berry, 1988) and the larger conclusion, as discussed in Section 3, that AI-assisted document verification improves speed and accuracy simultaneously rather than trading one for the other.

In cases where digital claims processing has failed to provide the expected satisfaction gains to customers, it is equally crucial to register. Insurers only provide proactive status updates, the most valued driver of digital satisfaction, 22% of the time, according to Table 4. A digital claims app that does not proactively inform the customer delivers much less satisfaction benefit than what the technology would suggest. This finding is in line with the literature on technology

adoption, which distinguishes between the availability of a digital feature and its perceived usefulness in practice (Davis, 1989).

8. Impact of Digital Claims Processing on Business Performance

Table 3 and the literature reviewed in Section 3 provide evidence in favor of Aim 2 of this study: digital claims processing has a measurable, positive impact on business performance. This impact operates through cost reduction, customer retention, and superior financial performance at the level of customer-experience leaders. According to the findings mentioned in Section 3, digitally advanced insurers process claims around five to six times faster than insurers relying on legacy infrastructure. This finding is consistent with the reduction in claims processing time recorded in Table 3, which immediately correlates to lower per-claim handling cost. If we look at retention and correlation statistics in Table 3, we can see that this business-performance scenario is about more than just cutting costs. Instead of sacrificing customer experience for cost savings or vice versa, digital claims investment drives combined outcomes, because there is a strong positive correlation between technological integration and improvements in customer satisfaction and operational efficiency. This agrees with the findings of Sosa and Montes's (2022) more comprehensive mapping of InsurTech innovation, which indicated that the most effective innovations were those that were combined across many capacities, such as distribution, underwriting, and claims, rather than being applied solely to claims processing.

Table 2 shows that life insurance companies with the best customer experiences also have the deepest relationships and the highest levels of customer loyalty, which lends credence to Aim 2 since it implies that the digital claims transformation's positive impact on business performance extends beyond the claims department's costs to the entire policyholder relationship, increasing customer lifetime value and retention.

9. Risks and Limitations of Digital Claims Transformation

The data presented here in no way indicate that digital claims processing is a completely risk-free, limitless, and universally beneficial innovation. All of the sources and data used in this analysis share a number of commonalities. The first is that many long-standing insurance companies are still using antiquated technology. This hinders their digital transformation efforts and, even in cases where digital claims tools are used at the front end, can lead to inconsistent and fragmented digital experiences. This pattern is illustrated in Table 1, which shows the settlement-ratio gap between insurers that are digitally mature and those that are constrained by legacy systems.

Second, there is the digital divide within insurers' own customer base. While younger policyholders are totally fine with digital claims management, older policyholders, who make up a disproportionate amount of life insurance claimants due to the product's nature, often still prefer traditional channels of communication. Without strong, well-staffed traditional channels, an insurer that seeks digital transformation runs the danger of improving the experience for some customers while worsening it for others, especially during the emotionally sensitive time of a death claim.

Thirdly, as insurers rely on data created by the Internet of Things (IoT) and predictive analytics powered by artificial intelligence (AI), data privacy and security becomes an increasingly pressing issue for future research, according to the Geneva Papers on Risk and Insurance (2025) review. The fourth obstacle is the potential for automated decision-making to be flawed or contentious in claims involving unclear evidence or disputed cause of death. These are the types of cases where human discretion and the capacity to communicate a decision in simple terms to a grieving family are still lacking.

10. Managerial Recommendations

This article offers five practical recommendations based on the evidence examined for life insurance companies. Table 4 shows that the most valued and least consistently delivered driver of digital satisfaction is visibility into the claims process. Insurers should prioritise proactive, automated status communication throughout the claims journey before, or at least alongside, further investment in raw processing speed improvements. Second, considering the age and relational differences shown in Table 2 and the literature on technology adoption in Section 3, insurers should keep and properly staff both digital and traditional service channels.

Third, insurance companies should put their money into integrating their back-end systems, not only their front-end digital interfaces. Customers still are not satisfied even when digital front-end tools are available because of disconnected, multi-channel experiences caused by a poorly integrated back-end infrastructure. Given the high financial and reputational risks involved, insurers should prioritize data security and fraud detection as part of their digital claims strategy rather than addressing them as separate compliance challenges. Fifth, claim settlement ratio, processing time, customer satisfaction scores, retention rates, and complaint volume should all be considered together when insurers evaluate the efficacy of digital claims transformation. This is because, although there is a correlation between these outcomes, they do not necessarily move in perfect lockstep.

11. Conclusion

This paper set out to examine the impact of digital claims processing on customer satisfaction (Aim 1) and on business performance (Aim 2) in life insurance companies, drawing on a review of fifteen strands of academic and industry literature and a comparative analysis of secondary industry data presented across four tables. With respect to Aim 1, the evidence indicates that digital claims processing is strongly associated with higher customer satisfaction, but that this association operates primarily through proactive communication and reliability rather than through processing speed alone. With respect to Aim 2, the evidence indicates that digital claims processing delivers measurable business-performance benefits through reduced processing cost, improved fraud detection, and stronger customer retention, with the strongest gains observed among insurers that integrate digital transformation across distribution, underwriting, and claims together rather than treating claims automation as an isolated initiative. For life insurance companies, the practical implication is that digital claims transformation should be pursued as a comprehensive, enterprise-wide customer experience strategy rather than as a narrowly defined technology upgrade to the claims department alone. Future research building on this paper could usefully extend its comparative-tabulation method through primary survey data collected directly from policyholders who have recently filed claims, allowing a more precise quantification of the relative contribution of specific digital claims features to the two outcomes examined here.

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