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CONTENT ANALYSIS OF E-COMPLAINTS FOR TRAVEL HEALTH INSURANCE ABROAD

YURTDIŞI SEYAHAT SAĞLIK SİGORTASINA YÖNELİK E-ŞİKÂYETLERİN İÇERİK ANALİZİ

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ABSTRACT

People travel for various reasons such as trade, education, health, sports, congress, fair, faith, trip, recreation, shopping, resting and working. Those who travel abroad have insurance in order to feel safe against the financial risks they might face due to health and other problems. The main type of insurance for this purpose is travel health insurance.

In our country, travel health insurance is a type of insurance taking place in the life insurances category. Although this insurance is primarily intended for protection from financial risks arising from health problems, it is also made for indirect reasons such as the obligations in visa application proceedings. In practice, some countries require travel health insurance for visa applications. Travel abroad health insurance is mandatory especially for visa applications to the countries of Shengen Area.

Travel abroad health insurance (TAHI) (YSSS), in terms of its purpose mainly addresses the tourism sector. Insured individuals who wish to benefit from the health insurance coverage abroad due to accident or sudden illness during their travel may encounter some problems in practice. In this study, the problems experienced in practice related to YSSS were identified by scanning the data obtained from the websites where consumer complaints were shared and solution suggestions for these complaints were made. The proposed solutions reveal the compliance of the General Regulations on Travel Health Insurance which is the legislations in this area and the sectoral practices. It is expected that the solutions proposed for the problems arising from the parties directly or indirectly involved in the implementation of YSSS will contribute to the reduction of the possible problems.

Key Words: Insurance, Tourism, Travel Abroad Health Insurance

ÖZ

İnsanlar ticaret, eğitim, sağlık, spor, kongre, fuar, inanç, gezme, eğlenme, alışveriş, dinlenme, çalışma gibi çeşitli sebeplerle seyahat etmektedirler. Yurtdışına çıkanlar yaşayacakları sağlık sorunları ve diğer sorunlar nedeniyle karşılaşacakları mali risklere yönelik olarak ve kendilerini güvende hissetmek için sigorta yaptırmaktadırlar. Bu amaca yönelik olarak başvurulacak temel sigorta türü seyahat sağlık sigortasıdır.

Ülkemizde seyahat sağlık sigortası can sigortaları kategorisinde yer alan bir sigorta türüdür. Bu sigorta asıl olarak sağlık sorunlarından kaynaklanacak mali risklerden korunmak amacıyla yapılırsa da vize başvuru işlemlerindeki zorunluluk gibi dolaylı sebeplerden dolayı da yapılmaktadır. Uygulamada bazı ülkeler vize başvurularında seyahat sağlık sigortası yaptırılmasını zorunlu tutmaktadır. Özellikle Shengen Bölgesi ülkelerine yapılacak vize başvurularında yurtdışı seyahat sağlık sigortası zorunlu

tutulmaktadır.

Yurtdışı seyahat sağlık sigortası (YSSS) amacı itibarıyla ağırlıklı olarak turizm sektörüne hitap etmektedir. Yurtdışına yaptıkları seyahatleri esnasında maruz kaldıkları kaza ya da ani hastalık nedeniyle yurtdışı seyahat sağlık sigortası teminatlarından faydalanmak isteyen sigortalılar uygulamada bir takım sorunlarla karşılaşabilmektedirler. Bu çalışmada, YSSS ile ilgili olarak uygulamada yaşanan sorunlar tüketici şikâyetlerinin paylaşıldığı web sitelerinden elde edilen verilerin taranması yöntemiyle belirlenmiş ve çözüm önerileri getirilmiştir. Getirilen çözüm önerileri bu konudaki yasal düzenleme olan Seyahat Sağlık Sigortası Genel Şartları ile sektörel uygulamaların uyum durumunu da ortaya koymaktadır. YSSS uygulamasında doğrudan ya da dolaylı olarak rol oynayan taraflardan kaynaklanan sorunlara yönelik getirilen çözüm önerilerinin muhtemel sorunların azaltılmasına katkı yapması beklenmektedir.

Anahtar Kelimeler: Sigorta, Turizm, Yurtdışı Seyahat Sağlık Sigortası

1. INTRODUCTION

Travel health insurance which is applied in our country is a type of private health insurance that protects those who travel inside the country, abroad or those travel to our country from abroad, by using any of the transportation routes against the health risks they may encounter during their travels (<https://www.tsb.org.tr/seyahat-saglik-sigortasi.aspx?pageID=516>).

Travel health insurance is applied in three different ways according to the type and purpose of the travel, as domestic travel health insurance, abroad travel health insurance and student travel health insurance. The scope of the study was limited to travel abroad health insurance.

Travel abroad health insurance (YSSS) is a type of private insurance that covers the treatment expenses that may occur due to sudden and unexpected accidents and health risks during the trips to abroad up to policy limit. Although it varies depending on the insurance company, in the course of policy term and until 30,000 euros coverage limit, the main guarantees such as accidental death and permanent disability, medical treatment, medical information and organization, emergency drug delivery, to meet the accommodation costs, providing legal advice, transport of the insured corps to Turkey, transfer of the insured to the residence after medical transfer and treatment are provided by the insurance policy.

According to data of The Union of Turkish Travel Agencies number of Turkish citizens who traveled abroad in 2018, have been approximately 8 million 657 thousand (<https://www.tursab.org.tr/istatistikler/yurtici-seyahat-pazari>). According to data of Turkey Insurance Association, the number of people who had travel medical insurance in 2018, is about 1 million 750 thousand, nearly 2 million 998 thousand are given guarantees about travel health insurance. In January-July period of 2019, approximately 1 million 162 thousand people have made travel health insurance and approximately 2 million 88 thousand travel health insurance guarantees have been provided. (<https://www.tsb.org.tr/resmi-istatistikler.aspx?pageID=909>).

The number of people going abroad and the number of YSSS policies are different from each other. Not everyone going abroad get a separate YSSS at each departure. YSSS can be had weekly, daily, monthly, quarterly, semi-annually. Also, there is no obligation to get YSSS when going abroad. Therefore, there is no high correlation between the number of people going abroad and the number of given YSSS guarantees. However, there is a linear relationship between them.

The increase in the means of communication in parallel with the technological developments disseminates e-complaint applications in which the consumers share their dissatisfaction with the goods and services they buy. Complaints shared on the Internet are spreading faster and therefore more affect the image and reputation of the companies. As such, consumers' power of pressure on the companies providing goods and services increases.

When the literature review is made, it is seen that the subject of e-complaint has been the subject of numerous studies conducted in our country. Banking sector, hospitality businesses, travel agencies, automotive sector and GSM companies are mainly examined in terms of e-complaints. It is also seen that there are many studies on the insurance sector. However, no academic study was found examining e-complaints about YSSS. Our study will contribute to the shortcoming of this issue.

2. OBJECTIVE, METHOD AND SCOPE

In order to identify the problems experienced in the Travel Health Insurance (YSSS) application and propose solutions, the internet sites where the complaints of the consumers who purchase insurance are examined. Among the websites where consumer complaints are published, the most preferred site is www.sikayetvar.com. As of 22.08.2019, the number of complaints under the “insurance” title on this

website is 31.043. Due to the difficulty in examining this amount of complaints one by one, some screening parameters were tried to determine the number of complaints covered by the study.

Table 1. Screenin Parameters

Number of complaints

Screenin Parameters	Number of complaints	
Insurance	31.043	
Insurance + health	465	
Travel + Abroad		318
Insurance + travel + health	131	
Insurance + travel	73	
Insurance + abroad	63	
Insurance + abroad + travel	34	
Insurance + abroad + travel + health	15	

Of the screening parameters in Table 1, insurance + travel + health parameters correspond to the purpose and scope of the study. 131 complaints corresponding to the period between 01.01.2014 and 22.08.2019 were classified using the content analysis method and grouped according to their source and arranged in Table 2.

Table 2: Distribution of Complaints by Source and Sub-Type

Source of Complaint	Type of Complaint	Number of Complaint	Rate of Complaint to Total Complaint (%)
Arising from Insurance Companies	Problems caused by diseases out of policy coverage	12	9,16
	Problems caused by diseases whether they covered are uncertain	10	7,63
	Problems experienced in buying direct policies from Insurance companies web applications	7	5,34
	Problems arising from inadequate Information	4	3,05
	Problems caused by lack of communication	3	2,29
	Compensation payment overdues.	3	2,29
	Subtotal	39	29,77
Arising from policyholdes	Policy Cancellation and Premium Refund	25	19,08
	Lack of Information on Policy Coverage	7	5,34
	Document Deficiencies in Compensation Claims	4	3,05
	Subtotal	36	27,48
Arising from Banks	Promotion Policy Sales	13	9,92
	Non-drafting Policy	3	2,29
	Subtotal	16	12,21
Arising from Visa Agencies	Problems arising from unauthorized intermediation in insurance transactions	15	11,45
	Subtotal	15	11,45
Arising from Ticket, Holiday, Tour Selling Companies	Compulsory insurance sales	10	7,63
	Problems arising from unauthorized intermediation in insurance transactions	4	3,05
	Subtotal	14	10,69
Arising from Insurance Agencies	Non-delivery of wet signed and stamped policies	6	4,58
	Incorrect or Incomplete Policy Drafting	5	3,82
	Subtotal	11	8,40
GRAND TOTAL		131	100,00

The data set out in Table 2 shows the source of the complaints of the people who purchase YSSS and the sub-types of these complaints. As a result of examining and grouping the contents of the insured complaints related to the subject of the study, 39 (29.77%) of the total 131 complaints were caused by the insurance companies, 36 (27.48%) were caused by the policyholders and 16 (12%, 21) were originated from banks, 15 (11.45%) were due to visa intermediary agencies, 14 (10.69%) were arising from the companies selling tickets, vacations, tours, and 11 (8.40%) insurance intermediary agencies.

From the data in Table 2, it is concluded that the main problem arising from the insurance companies is the complaints related to diseases not covered by the policy, from the policyholders is related to the policy cancellation and refund requests, from the banks is the promotion policy sale, from visa intermediaries is to perform unauthorized insurance activities. From the companies selling ticket, holiday and tour is the

compulsory insurance sales practices and from the insurance intermediaries is not to deliver wet signed and stamped policies.

According to the data in Table 2, it is understood that approximately 38.17% of the total complaints stemmed from the insurance sector actors, 34.35% from non-insurance actors and 27.48% from the policyholders.

Complaints arising from visa intermediary agencies and companies selling tickets, holidays and tours, which are the actors of the tourism sector, account for 22.14% of the total complaints.

3. ANALYSIS OF FINDINGS AND SOLUTION PROPOSALS

Complaints, which are classified in Table 2 and listed according to their source and percentage shares, are explained in the following sections and solution proposals are presented. At this stage, it was seen that a small amount of complaints were related to other categories and these complaints were evaluated by being included in the group to which they were more closely related.

3.1. Problems Arising From Insurance Companies

A total of 39 complaints arising from insurance companies on www.sikayetvar.com are concentrated in 6 main groups. These are examined below, starting with the most complained.

Problems Arising from Diseases out of the Policy Coverage

The first of the most important problems between the policyholders and the insurance companies is caused by diseases outside the scope of the policy. Policyholders who apply to health institutions in emergencies caused by diseases existence of which is based on pre-policy term may face rejection of their claims when they return to the country. Because, even if it requires urgent intervention, medical expenses arising from illnesses that have a history of illness before the term of the policy or that did not show any symptoms before the term of the policy, but show symptoms in the policy term and still its onset is based on the pre-policy term not covered by the policy. As defined in Article 1 of the General Conditions of Travel Insurance, an accident or diseases not related to a pre-existing condition are covered by the guarantee.

It should be noted that; not only the YSSS, but no other health insurance covers treatment costs of illnesses commencement of which is based on prior periods before the policy date.

The main reason for such problems is the lack of information about the general conditions and coverage of YSSS insurance and insufficient information provided by the insurance companies. Fully and correctly informing the clients in the course of issuing the insurance policy will significantly reduce the incidence of these problems.

Health expenses arising from accidental injuries, wounds etc. and sudden and unexpected reasons are covered by the policy and these expenses are compensated by the insurance companies up to the policy coverage limit. In practice, there are not many problems in this regard.

Problems Arising from Diseases State of Coverage of which is Uncertain

Complaints on the website www.sikayetvar.com regarding the rejection of claims for diseases that their state of coverage is uncertain came as the second.

As examples of incidents raising hesitation include accidents stemming from falls, crashes, and diseases such as brain hemorrhage and heart attacks could be brought. In our country, information databases that keep records of illness and treatment of individuals are open to the use of insurance companies. If the policyholder has a record of high blood pressure or heart problems, treatment costs arising from these diseases may not be paid by the insurance company. Because it can sometimes be difficult to reach a certain conclusion as to whether previous diseases (such as high blood pressure, high cholesterol) have an effect on the emergence of these diseases. Determining the prevailing cause of the disease is of importance in terms of the scope of the policy.

Food poisoning can be given as an example for the problems arising in this subject. Some of the complaints on the site have been experienced when applying to a health institution on the complaint of food poisoning. Marginal conditions are also experienced, such as whether food poisoning is caused by the eaten food or by the excessive digestion of the policyholder. Due to such circumstances, claims for damages are could be rejected.

Although it is out of the scope of our study, these problems also occur in personal accident and private health insurance applications. In such cases the attitude of the insurance company is to reject the claim for compensation. As a result, it may result in the shareholder giving up the claim for compensation or having long lasting legal disputes. In these cases, which are difficult to prove in terms of medical and legal aspects, to develop the insurance companies a perspective in favor of the policyholders would reduce the problems.

Problems experienced in Buying Direct Policies from Insurance Companies Web Applications

Technological developments in the insurance industry and modern web-based applications allow the purchase of insurance policies directly from the websites of insurance companies. Clients can issue policies directly from the insurance companies' websites themselves.

Among the complaints of the policyholders on the website www.sikayetvar.com there are complaints about the printing of insurance policies and payment receipts purchased from web-based applications. Especially those who purchase policies from web applications out of working hours or on weekends cannot get support if they encounter printing problems. Solving these problems which stem completely from technical reasons is extremely simple. Ongoing review of the insurance companies' web applications and making the necessary updates would provide the solutions of the problems.

Problems Arising from Inadequate Information

Inadequate information is a case in all other insurance types as well as in YSSS. As the offer is not explained in detail to the client in terms of the cases covered by the policy and those that are not covered by the policy, problems are experienced in practice. Those who do not have sufficient and adequate information about the scope of the policy they have purchased are facing with heavy expenses after their treatment. The client should be informed in detail both at the stage of proposal preparation and at the stage of issuing the policy, and the policy must be signed by the policy holder after the proposal and policy is issued. In addition, disclosure of the information form prepared with the policy to the policyholder and giving it in return for signature will reduce potential problems.

Failure to Ensure Healthy Communication with Insurance Company in Accident and Illness Proceedings

Failure to establish healthy communication with the insurance company during the accident and illness process and inadequate guidance support are among the problems faced by the policyholders. Particularly in case of applying to health institutions outside working hours, the problems experienced in directing and informing the policyholder cause the policy holder both to deal with the health problem and get a feeling of loneliness. Therefore, it results in that the victims approach the concept of insurance with suspicion. In order to solve these and similar problems which cause loss of reputation of the insurance sector, it is necessary to improve the employment of call center personnel or assistant firm application.

Problems Arising from Compensation payment Overdues of Insurance Companies

Due to such reasons as the insurance companies keep the investigation and research period long in the evaluation phase of the claims, request additional documents depending on the circumstances of the situation, delays in the expert examination procedures etc., the payment period is prolonged. Delays extend beyond the statutory time limits cause policyholder complaints. Although the rate of complaints on this matter is low, the fact that insurance companies accelerate the compensation payment process and shorten the bureaucratic proceedings will reduce the problems.

3.2. Problems Arising From The Policyholders

Problems Arising from the Request for Policy Cancellation and Premium Refund

According to the complaints we have examined under this title, the policyholders who have YSSS request policy cancellation and premium refund in cases such as cancellation or postponing of travel, refusal of visa application, issuing wrong or incomplete policies, funeral, health problems etc. They complained because these claims of the policyholders were rejected by the insurance companies.

Article 4 of the General Conditions of Travel Health Insurance provides that "... *In case the person who bought the travel health insurance would not travel, he / she can get the insurance premium paid by canceling the policy on the condition that he/she gives the notice to the insurance company at the latest 24 hours before the start of the policy period and returns the policy to the insurance company...*" According to

this provision, it is not obligatory to submit any document for cancellation-refund requests. It is sufficient to inform the insurance company and return the issued policy.

In practice, insurance companies are reluctant to fulfill their cancellation requests and demand that the applications be supported with documents. Insured persons may not always be able to certify their status with a document. Therefore, that give rise to conflicts between the policyholders and the insurance companies and to complaints. Insurance companies recourse to this method in order to avoid loss of income, not to face heavy compensation obligations that may arise later, and to prevent malicious attempts. However, it is a practice which exceeds legal limits that the insurance companies apply compelling measures in order to ensure that cancellation and refund requests were certified. It is on the insurance company to prove that the cancellation request is made maliciously and the cancellation of the policy and refund of the premium is mandatory unless this allegation could not be proved.

Avoidance of insurance companies from the practices that go beyond the legal limits and the policyholders support their cancellation-refund requests with documents would reduce the complaints.

Problems Arisin from Inadequateof Information on Policy Coverage

Inadequate information of the policyholders is stemming from both the fact that the insurance companies do not fully fulfill their obligation to inform them and the clients do not conduct research on the insurance product they purchased. Some of the clients do not read the policies by contenting with the information given to them. Even if the policies are read, it is difficult to understand the detailed and complex clauses and to understand the exemption and exception provisions. This problem, which can be solved by raising insurance awareness, is

Problems Arising from Document Deficiencies in Compensation Claims

It is among the problems experienced by the policy holders that the treatment and medical expenses applied abroad due to accidents or diseases are not fully documented. There is a need for detailed and explanatory documents on the content of the medical expenses which is the source of the claim. When the insurance company evaluates whether the demanded health expenses are covered by the policy or not, requests information and documents such as medical reports, epicrisis, x-rays, MRI, invoices, receipts, credit card receipts etc.

These practices, which are described by the policyholders as bureaucratic paperwork, are of great importance for the insurance companies. The policyholders may act negligently in gathering these information and documents or these information and documents may be forgotten during the treatment processes. To increase the awareness of the policyholders in this regard and to raise their awareness concerning the documents that constitute the basis of their demands will be helpful in solving the problem.

3.3. Problems Arising From The Banks

In accordance with the Insurance Law No. 5684, banks are authorized to carry out insurance activities in addition to their main activities. In practice, insurance activities are held through co-operation between insurance companies and banks which are affiliated to the same group or through agency facility method between insurance companies and banks that do not have capital ties. Insurance products and services are sold by using existing or potential customer portfolios of banks. Such insurance activities of banks are defined as bancassurance.

There is a close relationship between banking and insurance products. Banks sell various insurance products to their customers while marketing their own products. Sometimes insurance products could be marketed by banks seperately. The complaints we have examined within the scope of our study are intensified on the fact that banks sell YSSS policy as a promotion and some banks do not issue YSSS policies.

Sale of YSSS Policy as a Promotion

According to the complaints we have reviewed, some banks have promised to provide an open dated YSSS policy to their customers who make a certain amount of banking transactions (such as credit card expenses exceeding a certain amount). When the bank customer, who has achieved the target, wanted to go abroad in the future, he has had problems in getting the promised policy. At first the policyholder client had trouble reaching the bank branch, and once he made the policy, he faced this time the problem that the policy content of the bank did not match the content sought by the consulate. Or, when he/she had to use the YSSS policy abroad, he/she realized that he/she had a policy with insufficient coverage.

In such and similar cases, the policyholder reaction is directed both to the bank and the insurance company. However, this situation is not closely related to the insurance company. To give the insurance products as a promotion may have serious negative consequences. Such practices that reduce the importance of insurance products negatively affect the trust in the insurance sector. The insurance must be drafted as a standalone product based on the need of the policyholder.

The Fact that Some Banks do not issue YSSS Policy

As another problem arising from the banks is mentioned to be that some banks do not issue YSSS policies. Those who applied to Bank branches when they wanted to buy insurance, they received an answer that the bank does not provide YSSS policy. As the possible reason for this problem, the low profit margin of YSSS policy, the overcrowdedness of the branches at the time of the application, insufficiency of insurance personnel may come to mind. However, this attitude of banks is reflected in e-complaint applications and damages the trust in the insurance institution. Infrastructure of the banks for providing insurance services should be improved and their attitude towards job selection should be changed.

3.4. Problems Arising From Visa Agencies

In our country, visa procedures of some countries are made through intermediary firms. Some intermediary firms while preparing the application documents of the people who apply for a visa and in addition to the other service fees, they receive YSSS price from the applicant. They become a party to insurance transactions by stating that it would be healthier for the clients to have the insurance through their firm, if the clients have insurance from another firm, an incomplete or faulty policy would be issued and this may lead to the rejection of the visa application.

The data that we have obtained from www.sikayetvar.com show that the complaints are mainly arising from inability of the persons who have problems in visa procedures or whose visa application has been rejected to obtain insurance premium reimbursement". Visa intermediary agencies who do not want to deal with policy cancellation-refund transactions or those are not experienced in how these transactions are performed cause unfair complaints about the insurance sector and insurance companies that are not involved in the visa process face consumer complaints.

3.5. Problems Arising From Ticket, Holiday, Tour Selling Companies

The problems arising from the companies selling ticket, holiday and tour and subjected to consumer complaints are grouped under two main headings.

Problems Arising from the Sale of Compulsory Insurance

Consumers have complained that consumers who buy tickets, holidays and tours from internet-based web applications of some companies are forced to buy travel insurance even if they do not want to. In the contents of the complaint, it is stated that the "travel insurance" the 'I do not want' option could not be clicked, even if the 'I do not want' option is clicked, the travel insurance fee is withdrawn from the card used in transaction. The problems in this category do not have any direct relation with the YSSS and the insurance sector.

Problems Arising from Unauthorized Mediations in Insurance Transactions

The problems arising from the unauthorized intermediation in insurance transactions mentioned above under the title of the problems caused by the visa intermediaries also arise in relation to the companies selling tickets, holidays and tours. Companies, main activities of which are to sell tickets, holidays and tours get involved in insurance transactions while taking their products under insurance assurance. However, these companies fail to provide sufficient service in practice as insurance transactions require special, technical knowledge and expertise. These firms may mislead their customers as they do not have the knowledge about the coverage of the policy and the guarantees given. For example, they state that the purchased product is under insurance coverage and customers think that they are under insurance coverage in every case. AS there not enough information could be provided about the policy guarantees, exemptions and exceptions, insurance problems may also arise when a problem arised with the purchased goods or services. In order to prevent such problems, it is necessary to prevent insurance companies from selling tickets, holidays and tours and to insurance services be provided by authorized insurance agents.

3.6. Problems Arising From Insurance Agents

The problems arising from the insurance agents are concentrated in two main groups and according to the number of complaints received, the insurance intermediaries is source which have received the least complaints.

Visa Delays Arising from the Failure to Deliver Wet Signed and Stamped Policy

Complaints in the process of issuing YSSS policies by insurance intermediaries, such as insurance agents and brokers, concentrates mainly on the failure to deliver the policies as wet signed and stamped.

It is common practice to send policies issued in the insurance sector to the policyholder via e-mail and as PDF. However, during the visa application process, consulates sometimes require a wet signed and stamped policy in order to confirm the validity of the policy. Policyholders who do not know this issue experience a delay in visa procedures, which may lead to the cancellation or postponement of the trip. These extremely simple deficiencies cause serious economic losses and sufferings for those who will travel. Reception the policies directly from the insurance agent by the policyholders as wet signed and stamped will prevent these grievances.

Incorrect or Incomplete Policy Issuing

Incorrect or incomplete policy issuance is another problem arising from insurance intermediary agencies. Both the issuance of policy without obtaining full and correct information from client and the failure to provide guarantees that fully meet the needs of the client result in incorrect or incomplete policy issuance. The policy holder may suffer both in the visa application process and in the treatment process abroad. In order to prevent this, the largest secured YSSS policy covering the guarantees requested by the consulate of the country to be traveled and covering the potential risks that the policyholder may be exposed abroad should be issued. For example, those traveling to countries with high risks of robbery, theft, snatch, etc. should be reminded of these risks and they should be included in the policy.

4. EVALUATION AND CONCLUSION

Approximately 75% of the total capital of the Turkish insurance sector belongs to foreign companies. The interest and investments of foreign companies in the sector continues to increase. The legal amendments and structural changes made in the process of harmonization with the European Union legislation lead to confidence in the Turkish insurance sector be increased and change the perspective of individuals towards insurance.

It is not right to evaluate the problems arising from the insurance sector as well as the problems arising from other sectors independently. Because the dissatisfaction with the services and products of one company during the travel also affects the products and services of the other company. It is obvious that all service providers involved in the purchase of the service or product may be affected by the complaints. For this reason, consumer complaints should be handled from a holistic perspective and solutions to the problems should be found with the same perspective. The steady increase in the number of people traveling abroad indicates that the probable problems would increase as well.

Mobility of the policyholders is high in Turkish insurance sector. Insured people who are not satisfied with the services or products of an insurance company quickly turn to other insurance companies. In addition, dissatisfaction with one product of the insurance company affects the other products of the same company, which would result in loss of customers. Because it is not difficult for the policyholder to find an alternative insurance company. It is necessary for insurance companies to closely monitor social media platforms and other web applications in order to ensure customer satisfaction.

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