# Claims Processing Time and Customer Retention in The Nigerian Insurance Industry

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***Abstract***
This study examined whether the time an insurer takes to process a claim is related to policyholders' intention to stay with that insurer. A cross-sectional survey was carried out in 2026 with a structured five-point Likert questionnaire completed online by policyholders in Nigeria, and 54 policyholders who had personally experienced a claim completed it. Both scales were reliable (Cronbach's $\alpha = .91$ for claims processing time and .94 for customer retention), and a two-factor confirmatory model showed mixed fit (CFI = .97, SRMR = .07, RMSEA = .12). After age group, gender, length of relationship and insurance type were controlled, perceived claims processing time explained a further 56.1% of the variance in retention ($\Delta R^2 = .561$, $p < .001$; $\beta = .76$, $p < .001$), and the null hypothesis of no relationship was rejected. Policyholders who found their claim to have been handled promptly and within a reasonable period were far more willing to continue with and renew their policies. Insurers should therefore set stage-by-stage turnaround targets within the 60-day statutory limit, track them, and keep claimants informed at every stage.

***Keywords:*** *Claims processing time, customer retention, Nigerian insurance industry*

## 1.1 Introduction

Insurance differs from most services because its promise is tested only after something has gone wrong. When a policyholder reports a loss, the way the insurer handles the claim becomes the most visible part of the relationship, and time matters in particular because claimants are often coping with financial strain, damaged property or other consequences of the insured event. How long it takes to move from notification to a meaningful decision may therefore influence whether the policyholder stays. Ochonogor et al. (2026), for instance, reported that claims digitalisation improves service delivery in Nigerian insurance by refining operational processes and the policyholder experience, and called for further research on long-term customer loyalty. The regulator has made a similar point. At the opening of Insurance Week 2026 in May, the Commissioner for Insurance described the claims experience as the "moment of truth" at which the promise of insurance is either fulfilled or undermined, warned that delays and unclear procedures could weaken confidence in the industry, and urged operators to simplify documentation and communicate claims processes clearly (TVC News, 2026). The sums involved are large. NAICOM's second-quarter 2025

bulletin reported gross claims of ₦420.2 billion (34.6% of premiums) and net claims paid of ₦356.5 billion, or 85.0% of those reported, and attributed the moderate settlement proportion largely to incomplete or delayed documentation of claims reports (Anaesoronye, 2025).

Evidence from other markets treats the claims encounter as a driver of continuation. Sharma (2025), using more than 100,000 renewal records from an Indian private insurer for 2018–2023, found that claims experiences significantly affected renewal probability. A Deloitte Center for Financial Services (2026) analysis of nearly 4,000 customer responses across 12 US property-and-casualty insurers found that the claims process had an above-average influence on future purchase intentions, and J.D. Power (2025) found that 52% of auto and home customers who rated their digital claims experience poor or just OK were likely to leave or not renew, against 4% of those who rated it excellent or perfect. The present study isolates claim processing time as the explanatory variable and customer retention as the outcome, and asks whether the speed at which an insurer moves a claim through its process is associated with the policyholder's willingness to remain.

### 1.2 Statement of the Problem

An insurer is expected to move a legitimate claim through its workflow without avoidable delay: the policyholder reports the loss, supplies the required information, is kept informed and receives a decision within a reasonable time. In Nigeria, speed in claims handling is both a regulatory and a commercial question. Only 85.0% of reported claims had been paid in the second quarter of 2025, a gap NAICOM attributed largely to incomplete or delayed documentation (Anaesoronye, 2025), and the Nigerian Insurance Industry Reform Act (NIIRA) 2025 now requires admitted claims to be settled within the timelines of NAICOM's Service Charter and no later than 60 days from notification, with interest and sanctions for delay (NIIRA, 2025, s. 210). Existing evidence does not answer the question directly. The studies reviewed in Section 2.2 examined claims-management service quality, digitalisation, overall claims experience, renewal or satisfaction, and none isolates processing time as a predictor of retention among Nigerian policyholders. Without such evidence, insurers may direct resources at the wrong factor, and researchers and regulators must rely on findings from other settings or other outcomes.

### 1.3 Research Question

What is the relationship between claims processing time and customer retention in the Nigerian insurance industry?

### 1.4 Research Hypothesis

The following null hypothesis was tested at the 5% level of significance:

$H_{01}$: Claims processing time has no significant relationship with customer retention in the Nigerian insurance industry.

### 1.5 Aim of the Study

The study aimed to determine the relationship between claims processing time and customer retention in the Nigerian insurance industry.

### 1.6 Significance of the Study

Insurers can use the findings to judge whether investment in faster claims handling is likely to pay off in retained business. NAICOM and other policymakers gain evidence on a factor linked to retention, and scholars gain primary Nigerian data on a relationship that the literature leaves open (Section 2.3).

## 2.0 Literature Review

### 2.1 Theoretical Review: Service Recovery Perspective (Grönroos, 1988)

Service recovery concerns what a firm does after a service has gone wrong. Grönroos (1988) counted recovery among the criteria of good perceived service because customers judge a firm by how it behaves when something goes wrong. Bitner et al. (1990) found that employee responses to failure are among the chief sources of both satisfying and dissatisfying encounters, and Smith et al. (1999) argued that satisfaction after a failure depends on the recovery offered, including compensation, speed and an apology. The central proposition is that a well-handled failure can restore or even raise satisfaction, whereas a badly handled one adds to the original harm. The perspective suits insurance, where the first real service contact often follows a loss. A claim is not a failure by the insurer, but the policyholder has suffered a loss and the insurer's response is the service on trial. Processing time is therefore treated as part of how the customer experiences that response, and not merely as an internal efficiency measure. If delays are seen as avoidable or excessive, the relationship may weaken; if the claim is settled within a reasonable period, the insurer has an opportunity to keep the customer. The theory supports the proposed link and underlies the hypothesis in Section 1.4, and the findings are interpreted against it in Section 4.0.

### 2.2 Empirical Review

Sharma (2025) analysed renewal records from a private Indian insurer for 2018–2023, covering more than 100,000 observations, and found that favourable and unfavourable claims experiences significantly affected renewal probability, depending on service recovery and perceived equity. Observed renewal is a strength, but processing time was not isolated. Bangi (2024) studied service quality in claims management and retention at National Insurance Company (T) Limited in Tanzania, and multiple regression showed that empathy and responsiveness significantly and positively affected retention whereas assurance did not. Responsiveness is related to speed, but processing time was not measured separately. Skaf et al. (2024) surveyed insurance customers in Lebanon during a crisis period, concluded that satisfaction is central to loyalty, and recommended investment in claims processing, customer service and communication. In Nigeria, Ochonogor et al. (2026) examined claims digitalisation and reported that it improves service delivery by refining operational processes and the policyholder experience. Their explanatory variable was digitalisation and not processing time, and they identified long-term customer loyalty as a topic for further research. Evidence from the United States points the same way. Deloitte Center for Financial Services (2026) analysed nearly 4,000 customer responses across 12 property-and-casualty insurers, with data to March 2026, assessed eight variables including service speed, and found that the claims process had an above-average influence on future purchase intentions. J.D. Power (2025), using 5,958 evaluations from customers who had completed an auto or home claim, reported that 52% of those rating their digital claims experience poor or just OK were likely to leave or not renew, against 4% of those rating it excellent or perfect, and that adequate digital updates were one of the top drivers of satisfaction but were delivered only 22% of the time. Both studies concern a different market and broader claims-experience drivers rather than processing time alone.

### 2.3 Gap in the Literature

The reviewed studies link claims experience or claims-related service quality to renewal, loyalty or purchase intention, but each leaves a gap. Most were conducted outside Nigeria; those that examined claims in detail looked at service-quality dimensions, digital experience or digitalisation instead of time (Bangi, 2024; J.D. Power, 2025; Ochonogor et al., 2026); and the Nigerian study measured service delivery and not retention. None used primary data from

Nigerian policyholders to test claims processing time as a predictor of customer retention. This study addresses that gap.

## 3.0 Methodology

### 3.1 Research Design and Population

The study adopted a quantitative cross-sectional survey design. The population comprised insurance policyholders in Nigeria. Because the questionnaire items refer to the respondent's own claim, only respondents who had experienced or directly dealt with a claim were eligible for the analysis.

### 3.2 Sample Size and Sampling Technique

The sample comprised 54 policyholders who had experienced a claim and completed the questionnaire online during 2026. Purposive and convenience sampling were used because direct experience of a claim is necessary.

### 3.3 Instrument, Validity, Reliability and Data Collection

Data were collected with a structured questionnaire. Section A recorded age group, gender, main type of insurance experienced, whether the respondent had experienced a claim, and length of relationship with the current insurer. Sections B and C measured claims processing time (CPT) and customer retention (RET) with four statements each, rated from 1 (strongly disagree) to 5 (strongly agree). The CPT items covered prompt acknowledgement of the claim, progress through the processing stages within a reasonable period, a decision without unnecessary waiting and the reasonableness of the overall time taken, so higher scores indicate a more favourable perception of processing time. The RET items covered intention to continue, willingness to renew, willingness to maintain other policies and absence of any plan to move business elsewhere. Content validity rests on the coverage of the acknowledgement, progress, decision and overall-time aspects of claims handling, and construct validity was tested statistically (Section 4.3). Reliability was assessed with Cronbach's alpha, with .70 or above accepted (Nunnally, 1978; Tavakol & Dennick, 2011), and the responses were exported to a spreadsheet for analysis.

### 3.4 Method of Data Analysis and Model Specification

Responses were screened for completeness and out-of-range values. The analysis comprised descriptive statistics (mean, standard deviation, skewness and kurtosis), Shapiro–Wilk tests and outlier checks; Cronbach's alpha, the Kaiser–Meyer–Olkin (KMO) measure (Kaiser, 1974) and Bartlett's test; exploratory factor analysis (principal axis factoring with promax rotation); confirmatory factor analysis (CFA) by maximum likelihood, judged against conventional fit guidelines (Hu & Bentler, 1999); composite reliability (CR) and average variance extracted (AVE); discriminant validity through the Fornell–Larcker criterion and the heterotrait–monotrait ratio (HTMT) (Fornell & Larcker, 1981; Henseler et al., 2015); and common-method bias through Harman's single-factor test and a single-factor CFA comparison (Podsakoff et al., 2003). The hypothesis was examined with Pearson correlation and hierarchical multiple regression: age group, gender, length of relationship and a motor-insurance indicator were entered in Model 1, claims processing time was added in Model 2, and collinearity was checked with the variance inflation factor (VIF) (Hair et al., 2019). Heteroscedasticity-consistent (HC3) standard errors (Long & Ervin, 2000), 5,000-sample bootstrap intervals (Efron & Tibshirani, 1993) and models omitting the weakest items served as robustness checks. The model was:

$$Y_i = \beta_0 + \beta_1 X_{1i} + \gamma' Z_i + \varepsilon_i$$

where $Y$ is customer retention, $X_1$ is claims processing time, $Z$ is the vector of control

variables, $\beta_0$ is the intercept, $\beta_1$ and $\gamma$ are coefficients and $\varepsilon$ is the error term. The null hypothesis was rejected where $p < .05$.

## 4.0 Data Analysis, Results and Discussion

### 4.1 Data Screening and Respondent Profile

The analysis sample comprised 54 policyholders, all of whom had experienced a claim and answered every item. Most were men (59.3%), most were aged 46–55 (59.3%), and motor insurance was the main experience of two-thirds (66.7%). Almost four in ten (38.9%) had been with their insurer for seven years or more.

### 4.2 Descriptive Statistics and Reliability

**Table 1**

*Item Statistics, Item–Total Correlations and Standardised Loadings (N = 54)*

| Item | *M* | *SD* | Skew. | Kurt. | $r_{it}$ | α if deleted | λ |
|---|---|---|---|---|---|---|---|
| CPT1 Claim acknowledged promptly | 4.11 | 1.06 | −1.48 | 1.98 | .78 | .882 | .84 |
| CPT2 Processing completed within a reasonable period | 3.91 | 1.00 | −1.44 | 2.14 | .85 | .856 | .92 |
| CPT3 Decision received without unnecessary waiting | 3.74 | 0.99 | −0.98 | 0.67 | .66 | .922 | .69 |
| CPT4 Overall processing time reasonable | 3.70 | 1.09 | −1.06 | 0.68 | .88 | .845 | .93 |
| RET1 Intend to continue relationship | 3.83 | 1.15 | −1.34 | 1.17 | .93 | .901 | .98 |
| RET2 Willing to renew policy | 3.89 | 1.14 | −1.39 | 1.36 | .91 | .910 | .97 |
| RET3 Would maintain other policies | 3.81 | 1.03 | −1.09 | 1.11 | .74 | .960 | .75 |
| RET4 No plan to move business | 3.83 | 1.19 | −1.15 | 0.60 | .87 | .921 | .88 |

*Note.* $r_{it}$ = corrected item–total correlation; λ = standardised loading from the two-factor CFA; skew. = skewness; kurt. = excess kurtosis.

Respondents rated both constructs favourably (Table 1): claims processing time had a mean of 3.87 (*SD* = 0.91) and retention a mean of 3.84 (*SD* = 1.04), and 76.4% of item responses on each scale were “agree” or “strongly agree”. Item distributions were negatively skewed (skewness −1.48 to −0.98) and some were peaked (kurtosis up to 2.14), and Shapiro–Wilk tests rejected normality for both scale scores ($W = .87$ and .83, $p < .001$), as is usual for ordinal agreement items, so rank-based and bootstrap checks are reported alongside parametric tests. Both scales were reliable (Table 2), and corrected item–total correlations ranged from .66 to .93. Deleting CPT3 or RET3 would have raised alpha marginally, but both items were retained to preserve content coverage, and models without them are reported in Section 4.4.

**Table 2**

*Reliability, Convergent Validity and Discriminant Validity*

| Construct | Items | *M* | *SD* | α | CR | AVE | 1 | 2 |
|---|---|---|---|---|---|---|---|---|
| Claims processing time (CPT) | 4 | 3.87 | 0.91 | .91 | .91 | .72 | .85 | |
| Customer retention (RET) | 4 | 3.84 | 1.04 | .94 | .94 | .81 | .75 | .90 |

*Note.* Diagonal values in columns 1 and 2 are the square roots of AVE; the off-diagonal value (.75) is the latent correlation from the CFA. HTMT = .82; Pearson $r$ = .76; Spearman ρ = .66.

### 4.3 Validity and Common-Method Bias

The data were suitable for factor analysis (KMO = .88; Bartlett's $\chi^2(28) = 437.63$, $p < .001$). Kaiser's criterion and parallel analysis pointed to one dominant dimension (eigenvalues of 5.77 and 0.88, with the second well below the parallel-analysis threshold of 1.51), consistent with the strong correlation between the two constructs (.75). The constructs are therefore closely related, and the CFA and HTMT results below test whether they remain distinguishable. A two-factor principal axis solution with promax rotation reproduced the intended structure: the CPT items loaded between .68 and .96 on one factor and RET1, RET2 and RET4 between .89 and .98 on the other, while RET3 cross-loaded (absolute loadings of .53 on the processing factor and .36 on the retention factor).

The two-factor CFA (Table 3) showed mixed fit. The incremental indices were good (CFI = .97, TLI = .95) and SRMR was acceptable (.07), but $\chi^2(19) = 32.61$ was significant ($p$ = .027; $\chi^2/df$ = 1.72) and RMSEA was .12 (90% CI [.04, .18]), above the .08 guideline. RMSEA is inflated in small samples with few degrees of freedom (Kenny et al., 2015), so conclusions about structure are drawn cautiously. A single-factor model fitted markedly worse ($\Delta\chi^2(1) = 73.94$, $p < .001$; CFI = .80), which supports two related constructs. Standardised loadings ranged from .69 to .93 for CPT and from .75 to .98 for RET (Table 1), composite reliability was .91 and .94, and AVE was .72 and .81, supporting convergent validity. The square roots of AVE (.85 and .90) exceeded the latent correlation (.75) and HTMT was .82, below .85, which supports discriminant validity (Table 2). In Harman's test the first unrotated component accounted for 72.1% of the variance, above the 50% rule of thumb, but a large first component is expected when two strongly correlated constructs are analysed together, and the single-factor CFA fitted poorly (RMSEA = .29). Common-method variance is therefore unlikely to explain the relationship alone, but it cannot be excluded because both constructs were self-reported by the same respondents (Podsakoff et al., 2003).

**Table 3**

*Confirmatory Factor Analysis Fit Indices (N = 54)*

| Model | $\chi^2$ | *df* | *p* | $\chi^2/df$ | CFI | TLI | RMSEA [90% CI] | SRMR |
|---|---|---|---|---|---|---|---|---|
| Two-factor (CPT, RET) | 32.61 | 19 | .027 | 1.72 | .97 | .95 | .12 [.04, .18] | .07 |
| Single-factor | 106.56 | 20 | < .001 | 5.33 | .80 | .72 | .29 [.23, .34] | .12 |
| Guideline | | | > .05 | < 3 | ≥ .95 | ≥ .95 | ≤ .08 | ≤ .08 |

*Note.* Guidelines follow Hu and Bentler (1999).

### 4.4 Test of Hypothesis

Claims processing time correlated strongly and positively with retention, $r(52) = .76$, 95% CI [.62, .85], $p < .001$ (Spearman $\rho = .66$, $p < .001$). In the hierarchical regression (Table 4), the control variables explained little of the variance in Model 1 ($R^2 = .048$, adjusted $R^2 = -.030$, $F(4, 49) = 0.61$, $p = .656$). Adding claims processing time raised $R^2$ to .608 (adjusted $R^2 = .567$; $F(5, 48) = 14.89$, $p < .001$), an increase of .561 ($\Delta F(1, 48) = 68.65$, $p < .001$). Claims processing time had a significant positive coefficient ($B = 0.87$, $SE = 0.11$, $\beta = .76$, $t(48) = 8.29$, $p < .001$; 95% bootstrap CI [0.54, 1.06]), and none of the controls was significant. The result held with HC3 standard errors ($p < .001$). VIF values were 1.04 to 1.10, so collinearity was not a concern, and the Koenker–Breusch–Pagan test showed no heteroscedasticity ($\chi^2(5) = 6.55$, $p = .257$). Cook's distance did not exceed 0.42, and residuals departed from normality ($W = .91$, $p < .001$), which the HC3, bootstrap and rank-based results address. The null hypothesis was therefore rejected. The relationship remained significant ($p < .001$) in two robustness checks: omitting the cross-loading item RET3 ($\Delta R^2 = .487$, $\beta = .71$) and omitting CPT3 ($\Delta R^2 = .564$, $\beta = .77$).

**Table 4**

*Hierarchical Regression of Customer Retention on Claims Processing Time (N = 54)*

| Predictor | Model 1 *B* (*SE*) | Model 2 *B* (*SE*) | β | *p* | VIF |
|---|---|---|---|---|---|
| Constant | 3.71 (0.77) | 0.29 (0.65) | | .661 | |
| Age group | −0.08 (0.19) | −0.11 (0.12) | −.08 | .393 | 1.10 |
| Gender (male = 1) | 0.12 (0.30) | 0.21 (0.20) | .10 | .292 | 1.06 |
| Length of relationship | 0.19 (0.16) | 0.15 (0.10) | .14 | .134 | 1.09 |
| Motor insurance (= 1) | −0.31 (0.31) | 0.02 (0.20) | .01 | .934 | 1.06 |
| Claims processing time | | 0.87 (0.11) | .76 | < .001 | 1.04 |
| $R^2$ | .048 | .608 | | | |
| Adjusted $R^2$ | −.030 | .567 | | | |
| $\Delta R^2$ | | .561 | | < .001 | |
| *F* | 0.61 | 14.89 | | | |

*Note.* *p* values and VIF refer to Model 2. Age group was coded 1–5 and length of relationship 1–4. Model 1 $F(4, 49)$ was not significant; Model 2 $F(5, 48)$, $p < .001$.

### 4.5 Discussion of Findings

The results show a strong positive association between claims processing time and retention. Policyholders who judged their claim to have been acknowledged promptly and settled within a reasonable period were much more inclined to continue with and renew their policies, and the association remained large after age group, gender, length of relationship and insurance type were controlled. This is consistent with the service recovery perspective, in which speed is a core element of the recovery that customers use to judge an insurer (Grönroos, 1988; Smith et al., 1999). It also agrees with Sharma's (2025) finding that claims experiences affect renewal, with Bangi's (2024) finding that responsiveness in claims management affects retention, and with US evidence that the claims process influences future purchase intentions and that claims experience is linked to attrition risk (Deloitte Center for Financial Services, 2026; J.D. Power, 2025). It complements the Nigerian evidence that more efficient claims handling improves service delivery (Ochonogor et al., 2026).

Two cautions apply. The design is cross-sectional and the data are self-reported, so the

finding shows association and not proof that faster processing causes retention, since satisfied customers may also judge their claim experience kindlier. In addition, the cross-loading of RET3 suggests that willingness to hold other policies reflects attitudes to cross-selling as well as to retention, although the relationship held when that item was omitted. Even so, the size of the relationship, with processing time accounting for about 56% of the variance in retention beyond the controls, indicates that claims turnaround is a practical lever for insurers.

## 5.0 Conclusion and Recommendations

### 5.1 Conclusion

This study examined the relationship between claims processing time and customer retention among Nigerian policyholders who had experienced a claim. Both measures were reliable and showed adequate convergent and discriminant validity, although the fit of the confirmatory model was mixed. Perceived claims processing time was strongly and significantly related to retention after age group, gender, length of relationship and insurance type were controlled, and the null hypothesis was rejected. Policyholders who found their claim to have been handled promptly and within a reasonable period were substantially more likely to intend to stay with their insurer. The study contributes primary Nigerian evidence on the time dimension of claims handling, where earlier work concentrated on broader service attributes, digitalisation or other countries.

### 5.2 Recommendations

The findings support six actions.

(1) Claims departments should set turnaround targets for each stage of a claim (acknowledgement, document verification, assessment, decision and payment) that fit within the 60-day limit for admitted claims in section 210 of the NIIRA 2025, record the time taken at every stage, and escalate any claim that has used half of its allowed time without a decision.

(2) At first notice of loss, insurers should give each claimant a written or digital checklist of required documents and the expected timeline, because incomplete or delayed documentation is a recognised cause of unsettled claims (Anaesoronye, 2025) and NAICOM has urged insurers to simplify documentation and explain claims processes (TVC News, 2026).

(3) Claimants should receive proactive status updates by SMS, messaging app or insurer app at each stage, since adequate updates were among the main drivers of satisfaction in a large US claims study (J.D. Power, 2025).

(4) Insurers should digitalise notification and document submission for simple, high-volume claims such as motor claims, because claims digitalisation has been linked to better service delivery in Nigeria (Ochonogor et al., 2026), and should track the share of claims decided within target.

(5) Insurers should add retention measures, such as the renewal rate of policyholders who made a claim in the previous 12 months, to claims performance indicators, as Deloitte Center for Financial Services (2026) recommends broadening claims metrics to include retention.

(6) NAICOM could require insurers to report time to decision and time to payment alongside settlement ratios in its periodic market bulletins, and use the Service Charter timelines to monitor compliance.

### 5.3 Limitations and Suggestions for Further Research

The analysis sample was small (54), purposive and dominated by men, middle-aged respondents and motor-insurance customers, so the findings cannot be generalised to all Nigerian policyholders. Retention was measured as intention and not as observed renewal,

both constructs were self-reported by the same respondents, RMSEA was high in the confirmatory model, and one retention item cross-loaded. Because processing time was measured by perception and not in days, the study cannot identify an optimal turnaround, and insurers should calibrate their targets from their own claim's records. Future studies could use larger probability samples, record actual claim durations and renewal or lapse behaviour, and test mediators such as satisfaction and perceived fairness.

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