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CUSTOMER BUYING INTENTION TOWARDS HEALTH INSURANCE OF AIA IN KLANG VALLEY, SELANGOR

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DECLARATION OF ORIGINALITY

TITLE   : CUSTOMER BUYING INTENTION TOWARDS HEALTH INSURANCE OF AIA IN KLANG VALLEY, SELANGOR

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ABSTRACT

The research study aims to examine the relationships among the factors and to assess how it influences customers' buying intention towards health insurance of AIA in Klang Valley, Selangor. A quantitative research methodology was adopted to answer the objectives progressively. In this research, data from 350 respondents were collected via questionnaires from the customer of AIA in Klang Valley, Selangor. The analysis reveal a significant and positive relationship between functional quality, technical quality, reputational quality and price with the customers' buying intention of AIA health insurance. Furthermore, the research provides some major implications. First, on behalf of the insurance industry, the findings of the research study encouraged the insurance operators, marketing teams, staff, and agents to improve their performance by increasing their efficiency, creativity, innovation, and knowledge of product features in developing a good impression among potential customers. Second, on behalf of the public sector officers, the results of the study shows the important need to enhance the customers' buying intention to purchase health insurance coverage. Third, the suitability of factors such as functional quality, technical quality, reputational quality and price in the previous theory and literature on the insurance industry were proven in this research. This study helps the AIA insurance operators to formulate marketing strategies that can attract potential customers to participate in the health insurance coverage, especially among the AIA customers.

Keywords: Functional Quality, Technical Quality, Reputational Quality, Price, Buying Intention.

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Symbols

R	The multiple correlation coefficient
R square	The coefficient of determination
p	Probability (the probability value, p-value or significance of a test
df	Degree of Freedom
f	F-statistic
B	The unstandardized beta
t	The t test statistic
β	The standardized beta
$\pm$	Plus-mines
<	Less than
=	Equal to

LIST OF ABBREVIATIONS

AIA	American Insurance Association
IV	Independent Variable
DV	Dependent Variable
SPSS	Statistical Package for Social Science
P	Price
FQ	Functional Quality
TQ	Technical Quality
RQ	Reputational Quality
BI	Buying Intention
H	Hypothesis
ANP	Annualised New Premiums
VONB	Value of New Business
OPAT	Operating Profit After Tax

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION/PREAMBLE

Insurance industry lived in circumstances that are characterized by a highly competitive nature among them. The ability of industry to survive in the market lies in their ability to respond to change and interact with its givens. As the needs and desires of customers were formulated and formed in the light of their economic, cultural and social reality, the relationship became strong between the industry's ability to continue and survived, and its ability to produce services fit in with the changing and developing needs of customers. Hence, the management of the company must operate under the belief that the ability to develop leads to survive, because the provided service aims to meet the clients' needs and desires. So, one of the surviving factors was that the provided services should meet the clients' needs. The quality of services provided by the organization became a necessary at which its importance increased by increasing the needs, desires and expectations of clients. In this context, quality was no longer just matching services to standard technical specifications set out in advance, but exceeding that, it now included the desires and requirements of clients' services (Kamal, 2013). The awareness of the service organizations about the importance, role and application of the concept of total quality in achieving competitive advantage has increased. Moreover, the quality topics and issues have captured the attention of a lot of businessmen, seminars and scientific conferences; clients also became more aware and concerned about quality, and thus institutions have emerged concerned about monitoring the quality of services in all respects (Qader, 2002). The service quality became of basic necessities to provide the service because it represented the desires of the beneficiaries of those services, and there was a difficulty in measuring the quality of services if we do not explore the views of the beneficiaries about what they expect from the service and about what they got, because the quality of the service was intangible and cannot be measured easily; and thus there was a difficulty in satisfying the customers about the provided service, whose desires and needs differ from one person to another and from time to time. The

process of evaluating the service that the clients received provides new information for the communication management about the appropriateness of various public services offered to customers, and thus this information can be used as a basis for making appropriate decisions on the provision of services, make companies able to continue and develop, as well as compete in the light of economic and administrative changes that overrun the world at present, which require the organizations to make efforts to withstand before competitive organizations.

The customer's satisfaction is one of the buying intention elements; and as the service institutions operate under strong competition, they should be concerned about the desires and requirements of customers in order to gain their loyalty, as well as have new customers by providing quality services better than the services offered by other competitive institutions. The quality of service affects the intention of existing customers to buy back the service, and it effects on potential customers because the unhappy customer about the service will tell other customers about his bad conception towards the organization he dealt with; so the bad service or low quality will lead to reduce the current and potential customers, as well as the process of attracting a new customer will cost the institution many times as much of keeping a current customer.

1.2 BACKGROUND OF THE STUDY

AIA Group Ltd. was founded by Cornelius Vander Starr in 1919 and was headquartered in Hong Kong and provides general insurance services. The company operated through the following segments: Hong Kong, Thailand, Singapore, Korea, Malaysia, China, Other Markets, and Group Corporate Centre. The Hong Kong reportable segment includes Macau. The Singapore reportable segment includes Brunei. The Other Markets segment includes the group's operations in the Philippines, Indonesia, Vietnam, India, Australia, New Zealand and Taiwan. The Corporate Centre segment consists of the group's corporate functions, shared services, certain internal reinsurance and eliminations of the intragroup transactions.

In 1919, a young American with a passion for enterprise, Cornelius Vander Starr, opened a small insurance agency at 15 Nanking Road, Shanghai. His "enterprise" soon extended to life insurance with one simple business idea: people in Asia would

found insurance attractive because of their desire to care for their family and be prudent.

AIA continued to increase its footprint in Asia with the establishment of branch offices in Hong Kong and Singapore in 1931. When AIA entered Malaysia in 1933, Asia was in the grip of the Great Depression. Its 1938 establishment in Thailand was during the same decade that a constitutional monarchy was formed. In Indonesia, AIA was founded in 1951 as Indonesia was emerging as an independent nation. Again, AIA opened in South Korea at a pivotal time, 1987, as the reform era dawned and Seoul prepared to host the Summer Olympics Games.

AIA Bhd. was a leading insurer in Malaysia, where they have been privileged to do business since 1948. They offered a suite of financial solutions including Protection, Health, Personal Accident, Employee Benefits, General Insurance, Mortgage, Retirement and Family Takaful products to meet the customers' protection and financial security needs at every life stage. Through their wide and diverse distribution footprint which comprised a 14,000 strong Life Planner force, their exclusive bank partner's branches nationwide as well as corporate sales teams and brokers, and gave customers the choice of deciding how, when and where they connect with them.

Part of the AIA Group, the largest independent publicly listed pan-Asian life insurance group, AIA Bhd. has the financial strength, experience, service centre network and a well-trained team of more than 2,200 employees to serve 3.9 million customers nationwide. As at 31 December 2019, AIA Bhd.'s total asset worth was RM55.3 billion, with a paid-up capital of RM810 million.

1.3 RESEARCH PROBLEM

Despite reduced customer activity and changes to tax regulations in 2017, AIA Malaysia delivered an 8 per cent increase in VONB for the full year of 2018 to US$247 million as growth improved in the second half. ANP increased by 5 per cent to US$382 million, and VONB margin remained strong at 63.8 per cent as they launched several new flagship unit-linked and health propositions. Driven by underlying business growth, OPAT increased by 9 per cent to US$320 million. This

shows that financial highlight of AIA Malaysia in 2018 has increased and defeated 2017 performance. There are limited studies being done on customers' buying intention towards health insurance of AIA, especially in Malaysia context. Therefore, it is necessary to investigate factors affecting customers' buying intention in this area which is in Klang Valley. Buying intention has drawn attention from researchers and practitioners due to its strong impact on profitability, business performance, customer satisfaction and customer loyalty (Ilias Santouridis, 2010). According to antecedent studies, although price is the key factor that customers concerned the most, however, there are other factors that sway consumers' buying intention, such as attitudes, reference group and others ((Man-Ling Chang, 2010).

Service quality and customer satisfaction has been put forward to be key success factors in gaining competitive advantage for service providers (Hu, 2009). (Christopher Lovelock, 2008) argue the foundation of true loyalty lies in customer satisfaction, for which service quality is a key input. As highly satisfied customers are more likely to become loyal customers of a company, whereas dissatisfaction drives customers away and is a key factor in switching behaviour.

The quality of service and the achievement of customer satisfaction and loyalty are fundamental for the survival of insurers (Taylor, 2002). Insurance companies are seeking to increase customer satisfaction and loyalty through improved service quality (Siddiqui, 2010).

In this research, there were four factors that influenced buying intention towards AIA health insurance which were functional quality, technical quality, reputational quality and price. It has a strong impact on the customer buying intention towards health insurance of AIA. The purposes of this study was to examine the relationships among the factors and to assess how it influenced customers' buying intention towards health insurance of AIA in Klang Valley, Selangor.

1.4 RESEARCH OBJECTIVE

The objectives of this research is to study the customer buying intention towards health insurance of AIA in Klang Valley, Selangor. The objectives aimed to:

a) To determine the level of customer buying intention in health insurance among AIA insurance customers.
b) To identify the factors that influenced the customer buying intention towards health insurance such as price, functional quality, technical quality and reputational/image quality.

1.5 RESEARCH QUESTIONS

Specifically, three research questions were addressed in this study :

a) What is the level of customer buying intention towards health insurance of AIA in Klang Valley?
b) How does functional quality, price, technical quality and reputational quality influenced customer buying intention towards health insurance of AIA in Klang Valley?
c) To what extent does functional quality, price, technical quality and reputational quality satisfaction influenced buying intention in AIA insurance industry?

1.6 SCOPE OF STUDY

The study is limited by constraints of resources, access, and time. The finance and material resource needed for a larger sample size for this study is inadequate. It is also not likely the researchers would have access to every district and its suburbs for respondents to complete questionnaire for the study. That is why we choose precisely the location to conduct this research, which is in Klang Valley, Selangor. The general purpose of this research is to generate information of the customer buying intention towards health insurance of AIA in Klang Valley. This limitation, in particular,

explains why only literate individuals/participants. Again, by the constraint of academic calendar within which the study should be completed, not every AIA in Malaysia could be included in the sample, though that is desirable for generalizing the findings to the entire insurance industry.

1.7 SIGNIFICANCE OF STUDY

This study will explained clearly about the customer buying intention towards health insurance of AIA and provided future references to new customers. This surely can be a chance for people to realize that early preparation was such an important move to made because health risks are highly unpredictable. Although it will be some different perspective about other insurance companies, service quality that is provided can make a difference which is better. Thus, it will also help them with decision making by providing a fresh perspective about AIA insurance company's product which is health insurance. This study will change the way people look about this insurance company by revealing positive relationships on the functional quality, technical quality, reputational quality and price with the customers' buying intention to AIA health insurance. In addition, this research provides some major implications such as to improved their performance,the important need to enhance the customers' buying intention to purchase health insurance coverage and formulated marketing strategies.

1.8 OPERATIONAL DEFINITIONS

Buying intention : Refers to the probability, the degree of willingness and inclination of consumers to buy a product or service within a certain period of time. It also can be defined as the implied promise to one's self to buy the product again whenever one makes next trip to the market (Fandos, 2006). It has a substantial importance because the companies want to increase the sale of specific product for the purpose to maximize their profit. There are certain functions of the product, which have a strong influence on the purchase intention of the customer's. It is functional quality, technical quality, price and reputational quality.

Technical quality : Defines as the quality of what a customer actually receives as a result of his/her interaction with the service firm and it is important to him/her to evaluate the quality of service (Grönroos, 2000).

Functional quality : Defines as the functional quality that refers to intangible human interactions that take place during the production and consumption of services in response to how the service was delivered and created (Arne De Keyser, 2014). This study defines functional quality as how the customers get the technical outcome. This is important to the customer views of service that has been received by them. There are several subfactors considered under functional quality such as reliability and responsiveness. Reliability can defined as the ability to deliver the service dependably and accurately to the customers. Responsiveness defined as the willingness to help the customers and provide prompt service to the customers (Santos, 2003).

Reputational quality : These are the bridges which connect corporate reputation with purchase intention of the customer (Hean Tat Keh, 2009). This reputation will result in building a strong loyalty with the customers (Albert Caruana, 2010). This study defines reputational quality as good reputation of the insurance company are clear approach to develop relationships over time with customers and attract customers to stay loyal in purchasing the product or service..

Price: Consequently, price is the most important factor in customer purchasing decisions (Laura A. Book, 2015). This study defines price as the factors that greatly influenced customer buying intentions. Price can be defined as the amount paid for the consumption of product or service. The price of the product emerged as the vital factor affecting the perception of customers towards the product.

This study includes functional quality, technical quality, reputational quality and price as the determinants of purchase intention. Those are the factors of customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

1.9 SUMMARY

There were many insurance companies in the market. To compete among the insurance industry, we had to apply the factors which were price, technical quality, functional quality and reputational quality well. With these four factors, the customers knew about the products and company. Thus, the customers' buying intention towards health insurance of AIA in Klang Valley, Selangor increased. In business, we had to be alert with the business environment's progress, apply these factors well and follow the trends for the good of our businesses. By conducting this research, we were able to use our skills and knowledge to help AIA in Klang Valley, Selangor to solve their problem. The improvement in these factors was our main focus in doing this project research to find out a solution for AIA to increase sales, customers knew their promotion and more customers knew about the company location.

CHAPTER 2

LITERATURE REVIEW

2.1 OVERVIEW/PREAMBLE

In this chapter, a short review of previous study related to our research problem had been made. Firstly, we had explained about the development of the insurance industry in general. Next, we had explained about the development of the insurance industry in Malaysia. Besides, we also explained about health insurance in general and lastly, the previous findings and conceptual framework had been presented.

2.2 DEVELOPMENT OF INSURANCE INDUSTRY

The concept of insurance was a development of the recent past, especially after the industrial era, which was dated back almost 6000 years ago (Vijay, 2020). The story of insurance is probably as old as the story of mankind. The same instinct that prompts modern businessmen today to secure themselves against loss and disaster existed in primitive men also. They too sought to avert the evil consequences of fire and flood and loss of life, and were willing to make some sort of sacrifice in order to achieve security.

Insurance also referred to a financial protection system that served as a risk management strategy or tool, to reduce risk uncertainty and provided a planned financing technique that distributed losses (Juliana Arifin, 2013). (Karimi, 2005) mentioned that the insurance market in the past has been under government monopoly. To achieve sustainable competitive advantage, an organization must identify and focus on the factors, which is necessary to attract and retain the customers who evaluate them closely.

The organization must excel in these features to outperform competition (Gerry Johnson, 2005). Organizations should catalyze the factors related to the success since

failure in achieving the goals may affect the performance of the firm (Seddighiyan, 2004).

2.3 INSURANCE INDUSTRY IN MALAYSIA

Insurance is one of the largest, most important of financial services in Malaysia (Hing, 2012) and regarded as a growing industry with significant progress and continues to play the role of socio-economic importance in the economy. Malaysia's insurance sector accounts for around 6 percent of financial sector assets commonly divided into life and general insurance. Generally, insurance services can be classified into medical and health insurance, motor insurance, personal accident insurance, term life insurance, critical illness insurance, fire and homeowner's insurance and other services. A total of 44 insurance companies were found in Malaysia where 26 of them are local companies and another 18 are foreign companies.

The main challenge facing the insurance industry in the future was to increase competition from traders of the global trend of consolidation and specialization to create a larger, more advanced international insurance company and focus on the core competency field. For example, the rapid growth of competition among insurers in the industrial and non-insurance institutions such as banks, mutual funds and others, as well as the dynamic changes in technology insurance companies must modify their products to gain a competitive advantage (Yakob, 2010).

2.4 HEALTH INSURANCE IN MALAYSIA

The health insurance industry was dynamic and had to respond radically to the ever changing global environment. Post liberalization with the entry of new players the industry had become very competitive. Therefore it is imperative for the health insurance companies to acquire new customers and retain the existing ones. Retaining customers not only made the insurance company profitable, it helps offset new customer recruitment advertising and marketing costs. Health insurance policies insure against several illnesses and guaranteed to stay financially secure should ever require treatment. They safeguard peace of mind, eliminate all worries about treatment expenses, and allow focusing energy on more important things, like getting better. Health is a major concern on everybody's mind these days. With skyrocketing medical expenses, the possibility of any illness leading to hospitalization or surgery was a constant source of anxiety unless the family had actively provided for funds to meet such an eventuality. Health insurance is basically a tool to minimize:

- The uncertainty of illness
- The uncertainty of cost of treatment

Their most valuable assets were their customer relationships. Why? There are several reasons: greater control of the company brand; ownership of and more control over customer relationships; more access to customer data; and the need to reduce costs. Further, more channels to reach customers directly such as email, internet, etc had yielded more marketing opportunities, which had further yielded more potential for up-sell and cross-sell of additional services (Jaya Nema, 2017).

To increase the number of customers, a company has to look at two different aspects. Companies used different strategies to reach new potential customers and try to bind them. There are several ways and strategies to reach new customers. But next to that, companies also had to make sure their current customers will stay with the company and will not switch to a competitor. Especially in service industries, like the health insurance industry, retention of current customers is very important (Janet Sim, 2006).

2.5 CONCEPTUAL FRAMEWORK
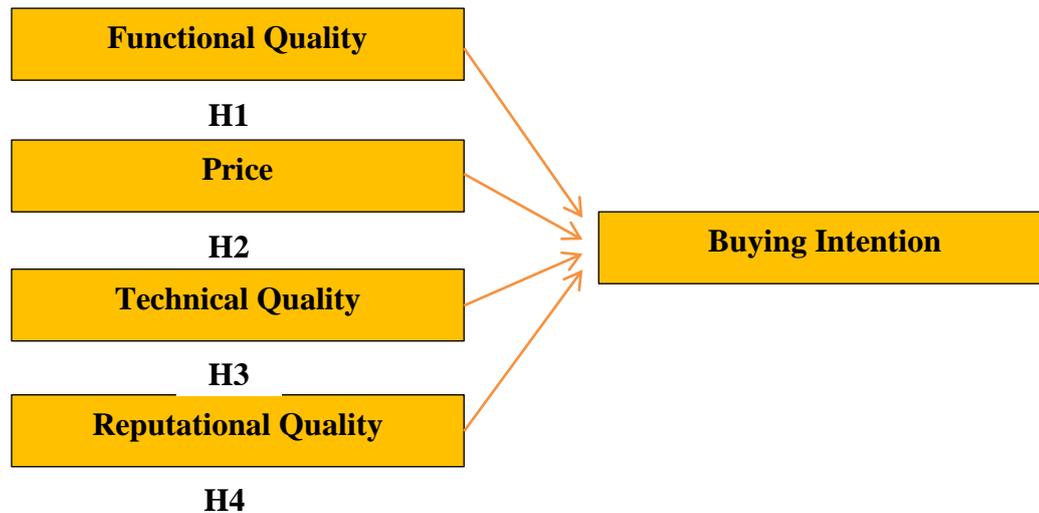
Source : Adapted from (Amankwah, 2011).

Figure 1.1 Conceptual Framework

Based on the conceptual framework, the factors involved were functional quality, price, technical quality and reputational quality. This framework shows a relationship of four independent variables and the buying intention towards health insurance of AIA in Klang Valley, Selangor.

Functional Quality

The objective of the research was to collect data from 350 respondents via questionnaire from the customer of AIA in Klang Valley, Selangor. (Akinci, 2016) highlighted that functional quality was a process which identified customers' needs and requirements correctly. (Masood Siddiqui, 2010) stated the importance of service attributes provides a very effective method of measuring the ability of services to meet the needs of the customers. (Olaoye, 2017) described that functional quality service had a direct impact on customer satisfaction, Therefore, the study recommended that the management of insurance companies must place emphasis on the underlying dimension of functional quality service, in order to maintain customer satisfaction and

customer buying intention. Based on these arguments, the following hypothesis has been recommended as:

H1: Functional quality influences on overall customer buying intention towards health insurance in AIA. The higher the functional quality, the higher the customers' buying intention.

Price

The customer often expected more returns against the premium from the insurance company (Drahokoupil, 2001). (Ioncica Maria, 2012) conducted a study of Romanian Insurance sector and observed that income was another important factor influencing insurance coverage. Income elasticity and risk aversion were two crucial parameters for the acquisition of insurance. Price of the insurance plays a significant role in the selection of insurance as risk preferences and socio-economic status, including income and education being key predictors of insurance. The price and insurance coverage ratio were always on the top priority on the customer's agenda while searching for any insurance. (Sarhaddi, 2015) concluded that unfair price was the most important factor in customer rejection of products, which were followed by quality of services and then convenience; influencing customer defection. Based on these arguments, the following hypothesis has been developed as:

H2: Price quality dimension will have significantly positive influence on overall consumer buying intention towards health insurance in AIA. The higher price quality, the higher the customer buying intention.

Technical quality

(Kamal, 2013) stated that the technical quality was a process of evaluating the service that the clients received provides new information for the communication management about the appropriateness of various public services offered to customers. (Bogamuwa, 2019) described that insurance being an intangible product, the technical quality depends upon its reliability. Technical quality had a positive impact towards purchase intention. However, this study was in line with research done

by (Ali, 2016) towards 204 respondents from the guests staying at hotels in Malaysia which found that technical quality has a greater relationship with guest satisfaction. Based on these arguments, the following hypothesis is made as:

H3: Technical quality will have a significantly positive influence on overall customer buying intention towards health insurance in AIA. The higher the technical quality, the higher the customer buying intention.

Reputational quality

(Oksana Okhrimenko, 2019) stated that the developing and strengthening reputation required a systematic approach which was based on considering legal requirements, market demand and information respective with the business process which accompany the insurance service. (Francesca Cabiddu, 2014) highlighted the concept of organizational reputation plays a central role in an increasing number of studies in the management literature. (Urban Šebjan, 2014) described that the high quality product can be attributed given most importance in the reputation of the company.

H4: Image quality will have a significantly positive influence on overall customer buying intention towards health insurance in AIA. The higher the image quality, the higher the customer buying intention.

2.6 SUMMARY

From the analysis, we knew that the industry needs to improve their performance which was important to encourage customers to buy their product. Things that needed to focus were on price, functional quality, technical quality and reputational quality as they were the factors that had a large influence towards the customer buying intention of AIA. With the improvement in these four factors, it may help AIA to increase the number of customers and this may lead to the increase of sales. Besides, it also helps AIA to compete with other insurance industries.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The methodology section cannot be overlooked, as it is considered important to apply a suitable method to achieve the research objective. Additionally, indicates the logic of development of the process used to generate theory that is the procedural framework within which the research is conducted. Therefore, this investigation has been taken towards selecting an appropriate approach in regards to the research question. This research will be conducted at AIA in Klang Valley, Selangor.

In this chapter, the structure of the methodology consist of the following. Firstly, the research method had been discussed followed by an explanation to which method would be appropriate to use in the study. Secondly, data that had been collected from primary and secondary sources were explained. Thirdly, sampling had been discussed. Fourthly, the research instuments, which considered as a key role in gathering data for results, had been approached. Next, data analysis method and technique had been stated. Finally, a short summary had been noted at the end of the chapter.

3.2 RESEARCH DESIGN

The research design was intended to provide an appropriate framework for a study. A very significant decision in the research design process was the choice that had been made regarding the research approach since it determined how relevant information for a study will be obtained. However, the research design process involved many interrelated decisions.

3.3 DATA COLLECTION METHOD

Data collection was the process of gathering and measuring information on variables of interest, that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. In this study, we used primary data and questionnaires to collect all the data. Primary data collection methods can be divided into two groups: quantitative and qualitative, but we used quantitative data collection methods that are based in mathematical calculations in various formats. Methods of quantitative data collection include questionnaires with closed-ended questions. The respondents that involved in this study were 350 respondents of AIA in Klang Valleys' customers. First, a pilot study had been conducted on 30 customers of AIA to test the reliability of the items that had been used in the questionnaire.

3.4 SAMPLING TECHNIQUES

Systematic sampling was often more convenient than simple random sampling, and it was easy to administer. In this study, we had collected data via questionnaire from 350 of AIA customers in Klang Valley, Selangor. We assumed that in a population of 1,000 people, a statistician selects every 350 person for sampling. This methodology includes eliminating the phenomenon of clustered selection and a low probability of contaminating data.

3.5 RESEARCH INSTRUMENTS

In the social and behavioural sciences, the researchers usually assigned numbers to various characteristics of people, concepts or objects which are known as measurement. Measurement helped researchers to interpret and make conclusions to the scale of study. Scale was a measurement tool which typically applied to measure questions with predicted number of outcomes. Moreover, a scale may be defined as a tool or mechanism that provides a range of values by which individuals, events, or objects are differentiated as to how they are different from one another on the variables of interest in some way. The purpose of scaling was to represent in quantitative form, about an item, a person or event's place in the spectrum. There are

four basic types of scales, which were ordinal, nominal, ratio and interval scale (Zikmund, 2010) . In this research project, ordinal, nominal and interval scale were being used. Basically, in Section A and Section C which are aimed to obtain the general information and demographic data of the respective respondents, nominal and ordinal scale was used to measure the most appropriate answers for the respective respondents. In Section B, the interval scale was used as the main scale of measurement. The 5- points of Likert scale were used for the questions in Section B which allow the respondents to identify whether it was (1) Much Worse than Expected, (2) Worse than Expected, (3) Equal to Expectation, (4) Better than Expected and (5) Much Better than Expected or (1) Strongly Disagree, (2) Disagree, (3) Neither Agree nor Disagree, (4) Agree and (5) Strongly Agree with the statements of independent variables that were functional quality, price, technical quality and reputational quality and one dependent variable, customers' buying intention. Hence, the Likert scale was used to enable the researchers to tap into the cognitive and affecting components of the respondents' attitudes (McLeod, 2008)

3.5.1 INSTRUMENT RELIABILITY

A pilot study can be defined as a small study to test research protocols, data collection instruments, sample recruitment strategies, and other research techniques in preparation for a larger study. A pilot study was one of the important stages in a research project and was conducted to identify potential problem areas. The result of alpha cronbach that we get from the study is 0.9. We concluded that a pilot study is necessary and useful in providing the groundwork in a research project.

Table 3.1 Result of Reliability Test

Variables	Cronbach's Alpha	Number of Items
Independent Variables:		
Functional Quality	0.935	7
Price	0.890	5
Technical Quality	0.903	5
Reputational Quality	0.877	4
Dependent Variable:		
Buying Intention	0.913	5

Source: Developed for the research

In this study, it illustrates the reliability of five variables consists of four independent variables and one dependent variable.

The results obtained as shown in Table 3.1 is often associated with the assertion that instruments used in basic research should have the reliability of 0.70 or better. The Cronbach's Alpha of the variables which is functional quality, price, technical quality, reputational quality and buying intention are greater than 0.70 which is accepted by theory. The rule of thumb for the reliability test is that 0.70 or higher suggests good reliability and may be acceptable if between 0.60 and 0.70. Based on the results in Table 3.1, functional quality, price, technical quality, reputational quality and buying intention recorded excellent reliability with Cronbach's Alpha of 0.935, 0.890, 0.903, 0.877, and 0.913 respectively.

Based on Table 3.1, the results have revealed that the internal reliability of each construct has ranged from 0.877 to 0.935. Cronbach's Alpha of 0.60 was set as the minimum criterion. Construct of all items fulfil the criterion as all portrayed an alpha coefficient of higher than 0.60. Thus, the result of the reliability test has indicated that overall satisfactory internal consistency reliability for each construct. The result has shown that functional quality had the highest coefficient (0.935) while the reputational quality features had the lowest coefficient (0.877).

3.6 DATA ANALYSIS METHOD

Data analysis was one of the many steps that must be completed when conducting a research but it assumed special significance. This study used descriptive analysis to determine level of purchase intention. As for identifying factor of price, technical quality, functional quality and image quality, regression analysis will be conducted.

3.7 DATA ANALYSIS TECHNIQUE

In data analysis, some of the most common ways of simplifying data are by calculating the mean, percentage distribution, frequency distribution, and so on.
Other than that, researchers also used Statistical Package for the Social Sciences (SPSS) to analyze quantitative data effectively. Data analysis began after the data had been collected and processed. In this research, researchers had used several types of analysis to analyze the findings such as pilot test, frequency distribution, Pearson Correlation Coefficient and Multiple Regression Analysis.

3.7.1 DESCRIPTIVE ANALYSIS

Descriptive statistics was used to explore the data collected from respondents, summarize and described the data collected (Coakes, 2008) . It was useful as it enable researchers to have an overview of the demographic statistics. Data collected from respondents was examined using the SPSS. Frequency distribution is adopted to present the respondent's demographic data. Objective of frequency distribution is to

display number of responses associated with each value of variables. Central tendencies measurement will also be conducted.

3.7.2 SCALE MEASUREMENT

3.7.2.a RELIABILITY TEST

According to (Sekaran, 2010), reliability of measurement is established by examining the stability and consistency. Consistency indicated how well the items (variables) measuring a concept group together as a set. Subsequently, the result achieved had been compared with the rules of thumb that showed in Cronbrach's alpha that interpret the coefficient alpha values. Any alpha values that less than 0.70 means that the correlation is weak. The alpha values which less than 0.70 is considered to have poor reliability.

3.7.3 INFERENTIAL ANALYSIS

Inferential analysis is used to make judgments of the probability that an observed difference between groups is a dependable on or one that might have happened by chance in the study. In this study, Pearson's Correlation Coefficient and Multiple Regression Analysis were used.

3.7.3.a PEARSON CORRELATION COEFFICIENT TEST

Pearson Correlation Coefficient is a method that measures the strength of the linear relationship between two variables. It also indicates the direction, the strength and significant of the relationship among all variables. The value for a Pearson's correlation can fall between 0.00 and 1.00. The value of 0.00 means there is no correlation whereas 1.00 means that is a perfect correlation. H0 is rejected when P value <0.05, otherwise accept.

Table 3.2 Rules of Thumb about Correlation Coefficient

Coefficient Range	Strength of Association
±0.91 to ±1.00	Very strong
±0.71 to ±0.90	High
±0.41 to ±0.70	Moderate
±0.21 to ±0.40	Small but definite relationship
±0.00 to ±0.20	Slight, almost negligible

Source : (Hair, 2007)

3.7.3.b MULTIPLE REGRESSION ANALYSIS

It is a method used to examine the impact of the factors that influence the customer buying intention towards health insurance of AIA in Klang Valley, Selangor. Moreover, multiple regressions analysis will go through several independent variables into same type of regression equation and forecast a single dependent variable. It was used to determine whether the four independent variables (functional quality, price, technical quality and reputational quality) are significant to explain the variance in confidence level.

3.8 SUMMARY

As a conclusion, this chapter was briefly discussed about the research design for framework, data collections, sampling design, research instrument, and scales of measurement that used in questionnaire. Next, researchers discussed about the data processing on how the researchers process the data after collected from respondents. Lastly, this chapter briefly summarized the analysis methods such as inferential analysis, measurement of scale and descriptive analysis that used to analyze the questionnaire data.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 INTRODUCTION

(Labani, 2017) stated that data analysis is primarily linked with writing text part of results and discussions of the results. In this chapter, the information was interpreted and presented that obtained from survey and analysis of result which are relevant of the questions and hypotheses. Moreover, this study consists of two parts, which are descriptive analysis and inferential analysis. Respondents demographic profile and central tendencies measurement of constructs are subset in descriptive analysis. The second part is inferential analysis is used to test correlation and regression. Besides, this chapter also elaborate the output with study based on SPSS Software. A pilot test was conducted with the sample size of 30 respondents. The final result of the survey was analysed.

4.2 RESPONSE RATE

The purpose of descriptive analysis is a branch of analysis, which is focus on summarization and description data that collected from the survey. This part is to provide analysis on the demographic characteristics of the respondents that obtained from the survey, and used the analysis to make general observations on the data, such as gender, age, occupation, salary and so on.

4.3 RESPONDENT DEMOGRAPHIC PROFILE

The researchers had distributed 350 sets of survey questionnaires to the respondents. The researchers had received 100 percent responses from respondents. There is no data outlier, thus the researchers fully utilized the 350 copies of survey questionnaires and analysed it.

Table 4.1 Respondents' Gender

	Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	164	46.9	46.9	46.9
	Female	186	53.1	53.1	100.0
	Total	350	100.0	100.0	

Source: Developed for the research

Table 4.1 show there is a total respondent of 350 participated in the survey questionnaire. The result of gender analysis consists of 164 males and 186 females. Percentage of male is 46.9%, whereas female is 53.1%, different of 6.2%.

Table 4.2 Respondents' Age

	Age	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21 - 25	35	10.0	10.0	10.0
	26 - 30	13	3.7	3.7	13.7
	31 - 35	59	16.9	16.9	30.6
	36 - 40	74	21.1	21.1	51.7
	41 - 45	103	29.4	29.4	81.1
	46 and above	66	18.9	18.9	100.0
	Total	350	100.0	100.0	

Source: Developed for the research

In Table 4.2, respondents' age group is categorized under six different groups. The first group is from age 21 to age 25, which are 35 respondents or 10.0% of the total respondents. The next category is between the age of 26 to age 30, with a total of 13 numbers of respondents or 3.7% of total respondents. The third category is between the age of 31 to age 35, with a total of 59 numbers of respondents or 16.9% of total respondents. The fourth category is between the age of 36 to age 40, with a total of 74 numbers of respondents or 21.1% of total respondents. The fifth category is between the age of 41 to age 45, with a total of 103 numbers of respondents or 29.4% of total respondents. The last group of age range is 46 and above, which recorded a total of 66 respondents or 18.9% of total respondents.

Table 4.3 Respondents' Occupation

	Occupation	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government Servants	132	37.7	37.7	37.7
	Private Sector Employee	142	40.6	40.6	78.3
	Self-employed	65	18.6	18.6	96.9
	Pensioner	11	3.1	3.1	100.0
	Total	350	100.0	100.0	

Source: Developed for the research

Table 4.3 shows the respondents' occupation groups. Based on the data collected, most of the respondents are private sector employee which amounted 40.6% or 142 out of 350 respondents. It followed by government servants with a frequency of 132

respondents or 37.7% respondents. The third highest is from self-employed which constituted 18.6% or 65 respondents. There is only 3.1% of the respondents from pensioner, which is 11 out of the 350 respondents.

Table 4.4 Respondents' Insurance Company

	Number of Insurance Company	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	237	67.7	67.7	67.7
	2	82	23.4	23.4	91.1
	3	27	7.7	7.7	98.9
	4	3	0.9	0.9	99.7
	>4	1	0.3	0.3	100.0
	Total	350	100.0	100.0	

Source: Developed for the research

Table 4.4 shows how many insurance company that the respondents purchase their insurance policies. Respondents' number of insurance company is categorized under five different groups. The first group is from one insurance company only, which are 237 respondents or 67.7% of the total respondents. The second category is from two insurance company, with a total of 82 numbers of respondents or 23.4% of total respondents. The third category is from three insurance company, with a total of 27 numbers of respondents or 7.7% of total respondents. The fourth category is from four insurance company, with a total of 3 numbers of respondents or 0.9% of total respondents. The last category is from more than four insurance company, which recorded a total of 1 respondents or 0.3% of total respondents.

Table 4.5 Respondents' Monthly Income

	Monthly Income	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than RM 1200	26	7.4	7.4	7.4
	RM 1200 - RM 1699	13	3.7	3.7	11.1
	RM 1700 – RM2199	24	6.9	6.9	18.0
	RM 2200 - RM 2699	39	11.1	11.1	29.1
	RM 2700 - RM 3199	48	13.7	13.7	42.9
	Over RM 4000	200	57.1	57.1	100.0
	Total	350	100.0	100.0	

Source: Developed for the research

Table 4.5 shows the respondents' money income level for every month, over RM 4000 reported the highest frequency, which are a total of 200 (57.1%) respondents. The second highest is in between RM 2700 and RM 3199 which has 13.7% or 48 respondents. The third highest is in between RM 2200 and RM 2699 which has 11.1% or 39 respondents. The fourth highest is less than RM 1200 which has 7.4% or 26 respondents. The fifth highest is in between RM 1700 and RM 2199 which has 6.9% or 24 respondents. In between RM 1200 and RM 1699 recorded the lowest frequency, with only 13 (3.7%) respondents.

Table 4.6 Respondent General Question

NO	GENERAL QUESTIONS	FREQUENCY	PERCENTAGE (%)
1	Do you own a medical card?		
	Yes	333	95.1
	No	17	4.9
2	Have you heard about health insurance?		
	Yes	345	98.6
	No	5	1.4
3	Which company would you apply for health insurance?		
	AIA	247	70.6
	Great Eastern	42	12.0
	Etiqa	29	8.3
	Prudential	26	7.4
	Other	6	1.7
4	Have you ever made a claim against medical expenses?		
	Yes	269	76.9
	No	81	23.1

5	Do you plan to purchase one more health insurance policy?		
	Yes	252	72.0
	No	98	29.0

Source: Developed for the research

Table 4.6 shows there is a total of 350 respondents in each of the columns that participated in the survey questionnaire. The result of owning a medical card analysis consists of yes and no. Percentage of yes is 95.1%, whereas no is 4.9%, difference of 90.2%.

Table shows the respondents respond on their knowledge about health insurance. From the table, the respondents who answered yes is 98.6%, whereas 1.4% respondents never heard of health insurance.

Referring to Table 4.6, the result of which company that they applied for health insurance consists five option. There were 70.6% applied for AIA, 12.0% applied for Great Eastern, 8.3% applied for Etiqa, 7.4% applied for Prudential and 1.7% applied for other insurance company that not stated in this question.

Table 4.6 show two options of answer to the question of either respondents ever made a claim against medical expenses or not. The respondents that have made a claim is 76.9%. It followed the respondents that never make a claim which is 23.1%.

Table shows the respondents' intention whether they will purchase another one more health insurance policy or not. Out of the total sample of 350, 252 respondents or 72% of the total respondents are planning to purchase another one more policy. While respondents who fall into do not plan to purchase one more health insurance policy is 29.0% respondents or 98 respondents.

4.3.1 CENTRAL TENDENCIES MEASUREMENTS OF CONSTRUCTS

Table 4.7 Statistical Summary

Variables	Items	Mean	Standard Deviation
Buying Intention	BI1	4.4000	0.73004
	BI2	4.4314	0.71387
	BI3	4.4371	0.70226
	BI4	4.4171	0.75530
	BI5	4.4086	0.76187
Technical Quality	TQ1	4.3743	0.77565
	TQ2	4.4229	0.73671
	TQ3	4.3943	0.75623
	TQ4	4.3457	0.74781
	TQ5	4.3514	0.79355
Reputation Quality	RQ1	4.3600	0.77319
	RQ2	4.3714	0.75647
	RQ3	4.3657	0.72844
	RQ4	4.3886	0.74394
Price	P1	4.3514	0.78265
	P2	4.3400	0.75043
	P3	4.3114	0.82416
	P4	4.3114	0.82763
	P5	4.3600	0.75443

	FQ1	4.4114	0.75465
	FQ2	4.3514	0.74897
	FQ3	4.3629	0.74733
Functional Quality	FQ4	4.4000	0.71816
	FQ5	4.4143	0.73186
	FQ6	4.3914	0.73273
	FQ7	4.4029	0.70649

Source : Developed for the research

According to (Krishnakumar, 2016) central tendency refers to the statistical measure that identifies a single value as representative of an entire distribution. It aims to provide an accurate description of the entire data. Table above shows descriptive buying intention, technical quality, reputation quality, price and functional quality.

Question 3 in buying intention (BI3) has the highest mean value rather than question 1 in buying intention (BI1) which was at 4.4371 with standard deviation of 0.70226. While, question 1 in buying intention (BI1) has a lowest mean value at 4.4000 with standard deviation of 0.73004.

Question 2 in technical quality (TQ2) has the highest mean value rather than question 4 in technical quality (TQ4) which was at 4.4229 with standard deviation of 0.73671. While, question 4 in technical quality (TQ4) appears with the lowest mean value at 4.3457 with standard deviation of 0.74781.

Question 4 in reputational quality (RQ4) shows the highest mean value rather than question 1 in reputational quality (RQ1) which was at 4.3886 with standard deviation of 0.74394. While, question 1 in reputational quality (RQ1) shows the lowest mean value at 4.3600 with standard deviation of 0.77319.

Question 5 in price (P5) recorded the highest mean value rather than question 3 in price (P3) and question 4 in price (P4) which was at 4.3600 with standard deviation of 0.75443. While question 3 in price (P3) and question 4 in price (P4) shows the same lowest mean value at 4.3114 with the lowest standard deviation of P3 (0.82416) and P4 (0.82763).

Question 5 in functional quality (FQ5) shows the highest mean value rather than question 2 in functional quality (FQ2) which was at 4.4143 with standard deviation of 0.73186. The lowest mean score achieved by question 2 in functional quality (FQ2) at 4.3514 with standard deviation of 0.74897.

4.4. INFERENTIAL ANALYSIS

(Weiers, 2010) stated that inferential analysis is a branch of analysis that went beyond more description, and based on sample data seeks to generalize from the sample to the population from which the sample was drawn. Such analysis is used to provide the generation of conclusions regarding the characteristics of the population based on the sample data. Besides that, according to (Sekaran, 2010) inferential analysis also aims to examine individual variables and its relationships with other variables.

4.4.1 PEARSON CORRELATION COEFFICIENT

Table 4.8 Pearson Correlation

Correlations						
		MEANFQ	MEANP	MEANTQ	MEANRQ	MEANBI
MEANFQ	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	350				
MEANP	Pearson Correlation	.867**	1			
	Sig. (2-tailed)	.000				
	N	350	350			
MEANTQ	Pearson Correlation	.857**	.868**	1		
	Sig. (2-tailed)	.000	.000			
	N	350	350	350		

MEANRQ	Pearson Correlation	.849**	.863**	.878**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	350	350	350	350
MEANBI	Pearson Correlation	.808**	.746**	.817**	.851**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	350	350	350	350	350

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.9 shows the correlations between independent variables which include functional quality, price, technical quality and reputational quality with dependent variable which was customer buying intention towards health insurance of AIA in Klang Valley, Selangor. Independent variables had positive linear relationship to dependent variable at significant level 0.05. All values in this probability is less than 0.9 which indicated that there was no multicollinearity problem. The correlation among independent variables were less than 0.9 which was between 0.746 and 0.851.

There was a significant relationship between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor. This is because the p-value was equal to 0.000 and less than alpha value 0.05. Moreover, the value of the correlation coefficient, which was 0.808, fell under the coefficient range of ±0.71 to ±0.901. This indicated a high relationship between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

There was a significant relationship between price and customer buying intention towards health insurance of AIA in Klang Valley, Selangor. This is because the p-value was equal to 0.000 and less than alpha value 0.05. Moreover, the value of the correlation coefficient, which was 0.746, fell under the coefficient range of ± 0.71 to ±0.901. This indicated a high relationship between price and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

There was also a significant relationship between technical quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor. This is because the p-value was equal to 0.000 and less than alpha value 0.05. Moreover, the

value of the correlation coefficient, which is 0.817, fell under the coefficient range of ±0.71to ±0.0910. This indicated a high relationship between technical quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

There was a significant relationship between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor. This is because the p-value was equal to 0.000 and less than alpha value 0.05. Moreover, the value of the correlation coefficient, which was 0.851, fell under the coefficient range of ± 0.71 to ±0.901. This indicated a high relationship between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

4.4.2 MULTIPLE REGRESSION ANALYSIS

With reference to (Weiers, 2010), a multiple regression analysis was an analysis which involved one dependent variable and two or more independent variables. In other words, it was an analysis of association in which the effects of two or more independent variables on a single, interval-scaled dependent variable are investigated simultaneously (Zikmund, 2010).

Table 4.9 Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of The Estimate
1	.875[a]	.766	.764	.29527

Source : Developed for the study

a. Predictors: (Constant), MEANRQ (Reputational quality), MEANFQ (Functional quality), MEANP (Price), MEANTQ (Technical quality).

b. Dependent Variable: MEANBI (Buying intention).

Based on the table above, it shows that the value of correlation coefficient (R value) was 0.766. Independent variables can explained 76.6% of the variation in dependent variable. However, it was still left 23.4% unexplained in this study.

Table 4.10 ANOVA

ANOVA[a]

Model		Sum of squares	df	Mean squares	F	Sig.
1	Regression	98.636	4	24.659	282.832	.000[b]
	Residual	30.079	345	.087		
	Total	128.716	349			

Source : Developed for the study

a. *Dependent Variable: MEANBI (Buying Intention)*
b. *Predictors: (Constant), MEANFQ (Functional Quality), MEANP (Price), MEANTQ (Technical quality), MEANRQ (Reputational quality)*

Table 4.10 shows that p-value (Sig 0.000) is less than alpha value 0.05. The alternative hypothesis as the four independent variables were significant explained the variance in customers' level is supported by the data and had been accepted.

Table 4.11 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.578	.117		4.933	.000
	MEANFQ	.308	.059	.310	5.246	.000
	MEANP	-.207	.056	-.232	-3.709	.000
	MEANTQ	.249	.059	.268	4.215	.000
	MEANRQ	.525	.059	.552	8.934	.000

Source: Developed for the study

a. Dependent Variable: MEANBI

Based on the table above, (Coefficients) shows that functional quality, price, technical quality, reputational quality were significant to predict dependent variable (customer buying intention towards health insurance of AIA) because p-value was less than alpha value 0.05.

The relationship can be denoted as the following equation from the analysis from the table above:

Buying intention : 0.578 + 0.308 (Functional Quality) + -0.207 (Price) + 0.249 (Technical Quality) + 0.525 (Reputational Quality)

According to Table 5.2, functional quality was found to exert a significant positive influence on customer buying intention towards health insurance of AIA (t =5.246, p = 0.000, β =0.308).

Analysis from Table 5.2 shows that price had a significant positive influence and impact on buying intention (t =-3.709, p = 0.000, β = -0.207) as its p-value was less than 0.05.

Based on the Table 5.2, shown that technical quality had a significant positive influence on buying intention (t =4.215, p = 0.000, β = 0.249) as its p-value was less than 0.05.

From Table 5.2, it also shows that reputational quality had a significant positive influence on buying intention which had the strongest impact (t =8.934, p = 0.000, β = 0.525) as its p-value was less than 0.05.

TEST OF SIGNIFICANT

Hypothesis 1

H0 There was no impact between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1 There was a relationship between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if p<0.05

The p-value of functional quality according to the table above is 0.000 which was less than the significant level 0.05. Then, H0, rejected which there was a significant positive relationship between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Hypothesis 2

H0 There was no impact between price and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1 There was a relationship between price and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if p<0.05

The p-value of price according to the table above was 0.000 which was less than the significant level 0.05. Then, H0, rejected which there is a significant positive

relationship between price and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Hypothesis 3

H0 There was no impact between technical quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1 There was a relationship between technical quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if $p < 0.05$

The p-value of technical quality according to the table above was 0.000 which was less than the significant level 0.05. Then, H0, rejected which there was a significant positive relationship between technical quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Hypothesis 4

H0 There was no impact between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1 There was a relationship between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if $p < 0.05$

The p-value of reputational quality according to the table above was 0.000 which was less than the significant level 0.05. Then, H0, rejected which there was a significant positive relationship between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

4.5 SUMMARY

In conclusion, different analysis methods had been used in order to analyze the different types of data obtained. Firstly, descriptive analysis had been used for interpreting data on respondent's general information. The general information where descriptive analysis method had been used includes respondent's gender and their age. On the other hand, reliability analysis had been used in order to test the reliability of the four independent variables. The data collected are tested for their measure of central tendency.

From the analysis, reputational quality was the most prominent variable. From the analysis using the Pearson Correlation Coefficient, which was an indicator of the strength of degree of association among the variables. In addition, analysis had also been done based on Multiple Regression. The Multiple Regression was a statistical measure on the degree of relationship between the independent variables and the dependent variable. In a nutshell, the analysis had proven that there were an impact between functional quality, price, technical quality and reputational quality on customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter provides the overall of conclusion and discussion of the research. It summarized the discussion of major finding from chapter 4, highlights the implications of the study, stated the limitations of the study, provide recommendations for the future research, and provide conclusion of the entire research.

5.2 RESEARCH SUMMARY

In this research, we had mentioned that there are many insurance companies in the market. To compete among the insurance industry, we need to apply the factors which are price, technical quality, functional quality and reputation/image quality well. With these four factors, the customers would know about the products and company. Thus, the customer buying intention towards health insurance of AIA insurance company increasing. Next, With the improvement in these four factors, it may help AIA insurance company to increase the number of customers and this may lead to the increase of sales. In addition, to perform this research, quantitative methods had been used to analyze the respondent and respondent that involved in this research are those who are living in klang valley district and also a customer for AIA itself. Moreover, different analysis methods have been used in order to analyse the different types of data obtained such as descriptive analysis, reliability analysis, Pearson Correlation Coefficient and Multiple Regression.

5.2.1 DESCRIPTIVE ANALYSIS

Based on the descriptive analysis in chapter 4, out of the 350 respondents, there are 164 (46.9%) male and the remaining 186 (53.1%) are female. From the data collected, most respondents are fall under age 41- 45 which occupied 29.4% of the total

respondents. The second range is from 36 - 40 years old, the respondents that fall under this category are 74 people or 21.1% respondents. There are 66 (10.8%) respondents from the age 46 and above. Beside that, there are 59 (16.9%) respondents from the age of 31 - 35 years old. Followed by 35 (10%) from the age of 21 - 25 years old. The last group is from the age of 26 - 30, which recorded a total of 13 respondents or 3.7% of total respondents.

Majority of respondents are from the private sector employee which amounted 40.6% or 142 out of 350 respondents. It followed by government servants with a frequency of 132 respondents or 37.7% respondents. The third highest is from self-employed which constituted 18.6% or 65 respondents. There are only 3.1% of the respondents from pensioner, which is 11 respondents.

Based on the number of insurance company that the respondents undertake their insurance policies, the higher range is from 1 insurance company which amounted 67.7% or 237 out of 350 respondents. The second range is from 2 insurance company with frequency of 82 or 23.4% respondents. Followed by 3 insurance company which occupied 7.7% or 27 respondents. There is 0.9% of respondent from 4 insurance company, which is 3 respondents. The last group is from >4 insurance company, which recorded a total of 1 respondent or 0.3% respondents.

5.2.2 INFERENTIAL ANALYSES

5.2.2.a PEARSON CORRELATION ANALYSES

From the results of Pearson Correlation, results show all the factors of the independent variables have a positive significant relationship and also indicated a high relationship between the independent variables and customer buying intention towards health insurance of AIA in Klang Valley, Selangor. However, in some previous study mentioned that price, technical quality and reputational quality does not affect the customers' buying intention as the p-value for the path coefficient is insignificant (Frank Kwadwo, 2011).

5.2.2.b MULTIPLE REGRESSIONS

According to the output of Multiple Linear Regressions, the $R^2 = 0.766$ implies that 76.6% of the variation on the customer buying intention towards health insurance of AIA in Klang Valley, Selangor can be explained by four independent variables in this recent research. FQ (Functional Quality), P (Price), TQ (Technical Quality) and RQ (Reputational Quality) established a significant positive relationship with customer buying intention towards health insurance of AIA in Klang Valley, Selangor. In addition, Multiple Linear Regressions also concluded that reputational quality had the strongest influence towards customer buying intention towards health insurance of AIA in Klang Valley, Selangor. The estimated regression equation is as follow:

$$BI = 0.578 + 0.308FQ + -0.207P + 0.249TQ + 0.525RQ$$

Whereas:

BI = Customer Buying Intention towards Health Insurance of AIA in Klang Valley, Selangor

FQ = Functional Quality

P = Price

TQ = Technical Quality

RQ = Reputational Quality

5.3 DISCUSSION OF MAJOR FINDINGS

While the previous section of this chapter focuses more onto the summary description of the entire descriptive and inferential analysis, this section is more onto the discussion on major findings in order to validate the research objectives and hypotheses.

Table 5.1 Summary of Statistical Analysis

Hypotheses	Significant	Conclusion
H1: There is a relationship between functional quality on buying intention towards health insurance of AIA in Klang Valley, Selangor.	0.000	Supported
H2: There is a relationship between price on buying intention towards health insurance of AIA in Klang Valley, Selangor.	0.000	Supported
H3: There is a relationship between technical quality on buying intention towards health insurance of AIA in Klang Valley, Selangor.	0.000	Supported
H4: There is a relationship between reputational quality on buying intention towards health insurance of AIA in Klang Valley, Selangor.	0.000	Supported

Source: Developed for the research

5.3.1 RELATIONSHIP BETWEEN FUNCTIONAL QUALITY ON BUYING INTENTION TOWARDS HEALTH INSURANCE OF AIA IN KLANG VALLEY, SELANGOR

H0: There is no impact between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1: There is a relationship between functional quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

(Olaoye, 2017) described that functional quality service have direct impact on customer satisfaction, Therefore, the study recommends that the management of insurance companies must place emphasis on the underlying dimension of functional quality service, in order to maintain customer satisfaction and consumer buying intention.

Reject H0, if $p < 0.05$

At first, we made an assumption that functional quality dimension will have significantly positive influence on overall customers' buying intention towards health

insurance of AIA in Klang Valley, Selangor. We also stated that the higher the functional quality, the higher of customers' buying intention. When the data has been analyzed, we conclude that the relationship is accepted. This can be seen from the previous table, the p-value of price is 0.000. It was less than the significant level which was 0.05. Meaning to say, the hypothesis of there was a relationship between functional quality and customers' buying intention is accepted.

5.3.2 RELATIONSHIP BETWEEN PRICE ON BUYING INTENTION TOWARDS HEALTH INSURANCE ON AIA IN KLANG VALLEY SELANGOR

H0 There is no impact between price on buying intension towards health insurance of AIA in Klang Valley, Selangor. H1 There is a relationship between price on buying intension towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if $p < 0.05$

At first, we made an assumption that price quality dimension will have significantly positive influence on overall customers' buying intention towards health insurance of AIA in Klang Valley, Selangor. We also stated that the higher the price quality, the higher of customers' buying intention. When the data had been analyzed, we conclude that the relationship is accepted. This can be seen from the previous table, the p-value of price is 0.000. It was less than the significant level which was 0.05. Meaning to say, the hypothesis of there was a relationship between price and customers' buying intention is accepted.

5.3.3 RELATIONSHIP BETWEEN TECHNICAL QUALITY ON BUYING INTENSION TOWARDS HEALTH INSURANCE ON AIA IN KLANG VALLEY SELANGOR

H0 There is no impact between technical quality on buying intension towards health insurance of AIA in Klang Valley, Selangor. price on buying intension

H1 There is a relationship between technical quality on buying intension towards health insurance of AIA in Klang Valley, Selangor.

Reject H0, if p<0.05

At first, we made an assumption that technical quality dimension will have significantly positive influence on overall customers' buying intention towards health insurance of AIA in Klang Valley, Selangor. We also stated that the higher the technical quality, the higher of customers' buying intention. When the data had been analyzed, we conclude that the relationship is accepted. This can be seen from the previous table, the p-value of price is 0.000. It was less than the significant level which was 0.05. Meaning to say, the hypothesis of there was a relationship between technical quality and customers' buying intention is accepted.

5.3.4 RELATIONSHIP BETWEEN REPUTATIONAL QUALITY ON BUYING INTENTION TOWARDS HEALTH INSURANCE OF AIA IN KLANG VALLEY, SELANGOR

H0: There is no impact between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

H1: There is a relationship between reputational quality and customer buying intention towards health insurance of AIA in Klang Valley, Selangor.

(Francesca Cabiddu, 2014) highlighted the concept of organizational reputation plays a central role in an increasing number of studies in the management literature.

Reject H0, if p<0.05

At first, we made an assumption that reputational quality dimension will have significantly positive influence on overall customers' buying intention towards health insurance of AIA in Klang Valley, Selangor. We also stated that the higher the reputational quality, the higher the customer's buying intention. When the data has been analyzed, we conclude that the relationship is accepted. This can be seen from the previous table, the p-value of price is 0.000. It was less than the significant level which was 0.05. Meaning to say, the hypothesis of there was a relationship between reputational quality and customer's buying intention is accepted.

5.4 IMPLICATIONS OF THE STUDY

The finding of this study helps in understanding the factors that can affect customer buying intention towards health insurance of AIA in Klang Valley, Selangor. Through this understanding of study, it is applicable to market the customers and improving the understanding of the customer purchase intention towards health insurance of AIA in Klang Valley, Selangor.

5.4.1 MANAGERIAL IMPLICATIONS

Based on the information gathered from the study on effect of functional quality, price, technical quality and reputational quality to customer buying intention towards health insurance of AIA in Klang Valley, Selangor. The researchers have established several implications that might useful in assisting insurance companies to increase the customer buying intention towards health insurance. Health insurance has the most buyer in the insurance sector due to the high protection. It is getting more and more important and popular as there are many benefits of health insurance introduced to the market. As a result, it is necessity for these insurance companies to make further improvements and used various marketing strategies to increase the customer buying intention towards health insurance.

According to the research done, reputational quality has the highest significant impact among others independent variables in influencing the purchase intention of health insurance among the customer of AIA in Klang Valley, Selangor. Thus, insurance companies are suggested to increase the customers purchase intention on health insurance to buy by applying practical implications. For reputational quality, insurance company should pay attention to reputational quality in order to get more customers. It is because insurance companies with strong positive reputation will attract better people. The customers are more loyal to buy broader rangers of products and services because the market believes that this insurance company will deliver sustained earnings, future growth and higher of market value. A insurance company's overall reputation is a function of it's reputation among the various customer. The insurance company must improve the ability to meet expectations or reduce

expectations by promising less because it takes many good deeds to build a good reputation, and only one bad one to lose it.

Based on the research done, perception of technical quality has the significantly impact on the customer buying intention towards health insurance of AIA in Klang Valley, Selangor. For technical quality, insurance company should pay attention to technical quality in order to create a long-term relationship and make a win-win solution. So, both can get benefit from each other. Many business organizations underestimate the importance of customer buying intention and technical quality while focusing on the quality of products.

Based on the research done, perception of functional quality also has significant impact among others independent variables in influencing the purchase intention of health insurance among the customer of AIA in Klang Valley, Selangor. Thus, insurance companies are suggested to increase the customers purchase intention on health insurance to buy by applying practical implications. For functional quality, insurance company should pay attention to functional quality in order to get more attentions from the customers and make the customers stay interested with the quality of insurance company provided. The reliability and responsiveness consists in this functional quality. The customer will respond to the services that insurance company deliver to them and from that the customer will evaluate whether to buy or not.

Lastly, price has lower significant effect among others independent variables in influencing the customer purchase intentions towards health insurance of AIA in Klang Valley, Selangor. The respondents are not very concerned about the price of insurance policy for some reasons. Thus, AIA Insurance Company are suggested to improve their price in order to attract and gain customers loyalty in Klang Valley. Price has the significantly impact on customer purchase intention towards health insurance of AIA in Klang Valley, Selangor. Therefore, insurance companies can focus on the price of health insurance in targeting the insurance market. Under the universal healthcare insurance system, insurance companies should offer better price based on diminishing the non-added value administrative activities rather than concentrating on the cost of healthcare service itself.

5.4.2 LIMITATION OF THE STUDY

There are several limitations in this research. The result may not be generalized for the managerial because the samples only collect on one area of the Malaysia, which is in Klang Valley, Selangor. It cannot represent whole population in Malaysia. Besides that, the statistic of demographic elements shows that Klang Valley area contain highest percentage of private sector employee compare to other occupations. This may cause that people in difference demographic will have difference thinking about the consumption of AIA's Health Insurance in Klang Valley.

Secondly, there are only four independent variables in this research and there might have other factors which did not take into account. Those factors that were not included in this research might be the influential predictors of purchase intention on AIA's Health Insurance in Klang Valley.

Next, some of the main journal and referrals journal which adopted overseas may not suitable for Malaysia. The variables that used to tested in overseas may not suitable for Malaysia. Furthermore, researcher cannot fully utilize the journals from portals because it is necessary to pay and in order to excess to the journals.

Lastly, another limitation for the research will be the only used of questionnaire survey. Minority of the respondents might not understand the questions and therefore they may randomly select an answer to complete the questionnaire. Moreover, the participants could not spend much time and effort in contributing the survey. Questionnaire survey is also very judgmental and different people would have different views based on their understandings. All of these could reduce the accuracy and preciseness of the results.

5.5 RECOMMENDATION OF FUTURE RESEARCH

There are few recommendations for the researchers in the future. First of all, it is recommended to done the research in whole country if time is allowed because it is more accurate instead of just pick one state to do it, such as by including all the state in whole Malaysia. It is advisable to include all the states in the country when conducting the research because it tends to reduce the people in difference

demographic will have difference about buying intention towards health insurance of AIA insurance company.

Besides that, future researcher can further their study by incorporate other independent variables that can determine customer buying intention towards health of AIA insurance company. However, researchers have to be more caution when choosing the independent variables as only the right variable can improved the value of R^2. Lastly, the researchers are recommended to use interview when conducting the survey. The usage of interview will reduce the limitation by using questionnaire where people can directly understand the question that asked by the researchers rather than interpreted the questionnaire questions. This will reduce the misunderstanding of the people when interpreting the questions in the questionnaire.

5.6 SUMMARY

In conclusion, our research had attained the main objective which was to determine the level of customer buying intention towards health insurance of AIA in Klang Valley, Selangor. Four independent variables were identified and examined in this study, which were functional quality, price, technical quality and reputational quality. On the other hand, all of the hypotheses were supported and it showed that reputational quality was the most influential customer buying intention towards health insurance of AIA in Klang Valley, Selangor. Besides, managerial implication, limitations and recommendations for prospect research was included in the study by helping the AIA to understand the customers' need and wants towards buying intention. This had formulated effective strategies to retain customers and thus increase profitability. This research had also contributed to academics who wish to conduct study in related fields to gain deeper insight.

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APPENDICES

DIPLOMA IN INSURANCE

BUSINESS PROJECT

Customer Buying Intention towards Health Insurance of AIA in Klang Valley, Selangor.

Dear Respondent,

We are students of Diploma in Insurance of Politeknik Sultan Salahuddin Abdul Aziz Shah, Shah Alam who are currently involved in Business Project (DPB6043). Currently we are in the process of collecting data from customers. Accordingly, this questionnaire has been designed to collect certain information from customers. We are seeking your kind assistance in giving your best answer on our research survey paper concerning Customer Buying Intention towards Health Insurance of AIA Company in Klang Valley, Selangor. Please provide your answer on all the questions based on your knowledge. This questionnaire should not take more than 5 minutes to be completed. Your time and input are valuable to us and all the responses given by you will be strictly kept confidential and used for academic purposes only. Thank you for taking time out to participate in this study.

GROUP MEMBERS:		
1	NAJWA NADIA BAHAROM	08DIN18F1029
2	NOR NILIANA SHAMSUL BAHRI	08DIN18F1030
3	ALISSA SOFIAH AHMAD SHAFIEE	08DIN18F1039
4	NURUL HIDAYAH AMRAN	08DIN18F1041
5	NUR FARIHAH SHARIFFUL BAHRI	08DIN18F1043

Section A : **General Questions**

Instruction : Please **mark** "✓" in the box that best describes you.

G1. Do you own a medical card?

Yes	
No	

G2. Have you heard about health insurance?

Yes	
No	

G3. Which company would you apply for health insurance?

AIA	
Great Eastern	
Etiqa	
Prudential	
Others	State :

G4. Have you ever made a claim against medical expenses?

Yes	
No	

G5. Do you plan to purchase one more health insurance policy?

Yes	
No	

Section B : **Satisfaction Levels with AIA company in Klang Valley**, **Selangor**.

Instruction : Please **circle** the answer that best indicates your opinion.

1. Functional Quality

	Statement	Much worse than expected	Worse than expected	Equal to expectation	Better than expected	Much better than expected
FQ1	How timely is the delivery of insurance services by your insurance company?	1	2	3	4	5
FQ2	How truthful (keeping to promises) is your insurance company to you?	1	2	3	4	5
FQ3	How dependable and consistent is your insurance company in solving customers' complaints?	1	2	3	4	5
FQ4	How is your insurance company able to tell customers exactly when services will be performed?	1	2	3	4	5
FQ5	How are employees' willing to help customers in emergency situations?	1	2	3	4	5
FQ6	How are the employees approachable and easy to contact?	1	2	3	4	5
FQ6	How is the employees' ability to communicate clearly with you.	1	2	3	4	5

2. Price

	Statement	Much worse than expected	Worse than expected	Equal to expectation	Better than expected	Much better than expected
P1	How affordable are the prices for your insurance company's services in terms of charges for insurance premium?	1	2	3	4	5
P2	How affordable are the prices for your insurance company's services in terms of charges or other services customers receive?	1	2	3	4	5
P3	Is the costs for the plan provided seem appropriate for what you get?	1	2	3	4	5
P4	Does the special offers on prices attract you to buy insurance plan from this company?	1	2	3	4	5
P5	Overall, does this company provided superior pricing options compared to other insurance company?	1	2	3	4	5

3. Technical Quality

	Statement	Much worse than expected	Worse than expected	Equal to expectation	Better than expected	Much better than expected
TQ1	Successful in completing insurance claims settlements.	1	2	3	4	5
TQ2	Employees have technological knowledge and skills in solving customer problems.	1	2	3	4	5
TQ3	Insurance company's ability to provide insurance products/policies that meet customers' requirements.	1	2	3	4	5
TQ4	Insurance company innovativeness – ability to use current technology to improve services.	1	2	3	4	5
TQ5	Providing adequate variety of insurance policies.	1	2	3	4	5

4. Reputational Quality

	Statement	Much worse than expected	Worse than expected	Equal to expectation	Better than expected	Much better than expected
RQ1	How successful is your insurance company?	1	2	3	4	5
RQ2	What is the reputation of your insurance company?	1	2	3	4	5
RQ3	What is the brand image of your insurance company?	1	2	3	4	5
RQ4	How socially responsible is your insurance company?	1	2	3	4	5

5. Buying Intention

	Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
BI1	I think having a health insurance plan should be compulsory for all.	1	2	3	4	5
BI2	Purchasing a health insurance plan will provide me future surety which I need most for my inheritance.	1	2	3	4	5
BI3	I think the government should take initiatives to make the plan purchased by general people.	1	2	3	4	5
BI4	I would purchase this health insurance as compared to other insurance/policy.	1	2	3	4	5
BI5	I am willing to recommend this health insurance to others as compared to other insurance/policy.	1	2	3	4	5

Section C : **Demographic Profile**

Instruction : Please mark "✓" in the box that best describes you.

D1. Gender

☐ Male

☐ Female

D2. Age

☐ 21-25 years old

☐ 26-30 years old

☐ 31-35 years old

☐ 36-40 years old

☐ 41-45 years old

☐ 46 and above

D3. Occupation

☐ Government servant

☐ Private sector employee

☐ Self-employed

☐ Student

☐ Pensioner

☐ Other : _____

D4. How many other insurance companies do you undertake their insurance policies?

☐ One only

☐ 2

☐ 3

☐ 4

☐ More than four

D5. Monthly income

☐ Less than RM1200

☐ RM1200 - RM1699

☐ RM1700 - RM2199

☐ RM2200 - RM2699

☐ RM2700 - RM3199

☐ Over RM4000

END OF QUESTIONNAIRE

THANK YOU FOR YOUR COOPERATION

WEEK/ PROJECT ACTIVITIES	Status	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15
Look for suitable title relate to insurance company	P	■	■													
	I	■	■													
Identify the factors of the research	P		■	■												
	I		■	■												
Looking for journal	P			■	■											
	I			■	■											
Proposal discussion	P			■	■											
	I			■	■											
Prepare proposal	P					■	■									
	I					■	■									
Prepare questionnaires	P					■	■									
	I					■	■									
Collect respondents	P							■	■							
	I							■	■							
Prepare report	P									■	■	■	■	■		
	I									■	■	■	■	■		
Done report	P														■	■
	I														■	■

P: Data planned

I : Data implemented