

“The Relevance of Mapping the Customer Journey: Every Touchpoint Can Be a Moment of Truth”

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Abstract

Increasingly intense competition and advances in IT are significantly impacting the way we manage both company-customer interaction and business relationships. In today's reality, huge amounts of information are generated, managed and analyzed via multiple channels and touchpoints. In this article, we wish to illustrate the importance of mapping the set of critical and secondary interactions with a view to enhance customer journey management.

This article takes the case of the multinational insurance company Aon as a reference. Our methodological approach is based on a secondary databases, information provided by the company itself and interviews with Aon key informants. We propose a general map of the customer journey in the B2B insurance sector. Moreover, we take one of the most critical moments in insurance interactions—claim management—as a reference, with a view to provide further, more specific, mapping. Our objective is two-pronged: on one hand, to underscore the importance of visualizing and managing such moments of truth effectively; on the other, to highlight the need to maintain a holistic vision of the company-customer relationship and the key role all touchpoints play throughout.

When mapping the customer journey, we emphasize the importance of considering all value-creating interactions—not only critical interactions. Moreover, we suggest carrying out second-level mapping for all key, most-relevant activities. This article makes a series of key contributions aimed at enhancing touchpoint management, improving the customer experience and maximizing satisfaction. To increase the efficacy of customer portfolio management, we recommend holistic strategies and specific guiding actions tailored to each moment of the company-customer relationship.

Keywords: Company-customer interactions, customer journey, touchpoints, moments of truth, insurance market

1. Introduction

Increasingly intense competition and advances in IT are significantly impacting the way we manage both company-customer interaction and business relationships. Hence, it is increasingly important to better understand your customers—with a view to offer higher value proposals to each of them. This involves generating, managing and analyzing large amounts of data, generated through multiple touchpoints and channels - multichannel/omnichannel- (e.g., Dalla Pozza, 2024). To this end, the decision to place the customer at the center of the organization is fundamental (Hodgkinson et al., 2022; Dhameetth et al., 2020; Cambra-Fierro et al., 2014). Current technology allows us to acquire near-perfect knowledge of each customer, monitor all interactions and analyze extant information to enhance relationships and build a portfolio of strongly engaged customers—who are not only loyal but willing to recommend and co-create (Papathomas and Konteo, 2024; Cambra-Fierro et al., 2018; Van Doorn et al., 2010).

These interactions—known as touchpoints—provide valuable insight into the needs, tastes and preferences of customers, allowing companies in general (e.g., Beckers et al., 2018), and financial firms in particular, to better understand consumer behavior patterns and degree of satisfaction.

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As Duncan et al. (2023) explicitly indicate, failing to fully understand the customer experience as a whole may cause firms to lag behind in terms of addressing customer needs—leading to market share loss and external brand damage. Customer experiences, then, are more critical than ever to business success (Hodgkinson et al., 2022; Kumar et al., 2023).

In this context, the customer journey concept is very useful (e.g. Lemon and Verhoef, 2016; Patricio et al., 2011)—referring to a set of company-customer interactions, including all activities and events relating to provision of a service, from the customer's standpoint (Patricio et al., 2011). From this perspective, the customer journey is described as a service experience process by way of a series of touchpoints (Lemon and Verhoef, 2016). The customer journey places the customer at the center, and includes all essential moments customers experience throughout the service provision trajectory. This approach provides a very useful framework for evaluating the customer experience in any service context—allowing identification of so-called 'moments of truth'; in other words, those touchpoints that are truly significant in shaping the customer experience (Rawson et al., 2013).

Canfield and Basso (2017) affirm that the customer journey is a customer-oriented technique which maps all company-customer touchpoints throughout interaction linked to acquiring a product or using a service. Customer journey mapping, then, is when businesses attempt to gain a comprehensive understanding of their customers' paths throughout interaction with their brand or service. Hence, customer journey mapping can be a vital tool in understanding clients' rapidly-changing potential needs (Duncan et al., 2023). Maps of this sort display the steps clients take when buying from or engaging with a firm—compelling companies to empathize throughout the entire purchase and support process; and obliging and helping them to think more deeply about clients and their needs (Duncan et al., 2023). In short, customer journey mapping builds a company's knowledge regarding how to better interact with and serve their clients through an enhanced understanding of the different touchpoints—i.e., challenges, frustrations and positive experiences—occurring throughout the entire customer journey with the firm. The more touchpoints there are in the service process, the more necessary (and complex) it will be for companies to map the customer journey (Richardson, 2010).

Until now, the vast majority of financial firms have focused on understanding, measuring and optimizing delivery of their core service—and ensuring that the moment in which their customers receive this service is perceived as excellent. Less attention has been paid, however, to what happens before and after that key moment, despite each interaction being clearly important in shaping and understanding overall customer satisfaction. The literature (e.g., Lemon and Verhoef, 2016; Bitner and Wang, 2014) recognizes that each encounter is important, influencing overall satisfaction and willingness to maintain the relationship. In this sense, while identifying and understanding moments of truth is essential, it should be accompanied by a complete mapping of all interactions. Moreover, effective touchpoint management is essential to understanding customer satisfaction in an omnichannel context (Dalla Pozza, 2024). The customer journey helps to map the set of touchpoints in a business relationship and identify the key moments (moments of truth)—but also those other moments which, a priori, may be less relevant but are also likely to detract value from the overall customer experience. However, there are very few papers that show real applications of customer journey mappings. For instance, the work of D'arco et al. (2019) links a systematic literature review with a theoretical framework proposal, but it does not go further, while Papakonstantinidis (2017) suggested the exploration of real customer journeys.

Hence, in this paper—taking as reference secondary databases as well as our experience in the insurance sector and a multinational company specializing in B2B—we propose: i) a potential general customer journey mapping design for the insurance sector; and, ii) a map linked to a key moment of truth in the insurance sector: claims management. Our proposal's practical importance lies in i) a holistic mapping design, considering not only key activities but all moments where company-customer interaction occurs, and ii) second-level mapping for each of the key touchpoints, allowing for a higher degree of detail. In this sense, our paper provides a series of interesting insights aimed at enhancing touchpoint management, improving the customer experience and maximizing satisfaction. Proper reflection—during or after reading the article, and extrapolated to the reality of the company/sector in question—should help boost customer portfolio management efficacy via a global strategy and specific guiding actions tailored to each moment of the company-customer relationship.

2. Insurance and the insurance sector

2.1. Meaning, typology and contracting

The insurance sector displays a set of unique characteristics, with risk management and protection of personal/community interests front and center. In legal terms, insurance represents a contract which—upon payment of a premium—entitles the policyholder to receive compensation for damage caused, in the event of an accident, or to satisfy capital or income. Insurance policies are based on the principle of contractual transfer of

risk from one party to another, i.e., from the customer to the insurance company. In other words, faced with the probability of suffering personal or material damage, the user opts to take out insurance—so that, in exchange for payment (insurance cost), the risk is transferred to an insurance company which assumes responsibility for potential consequences in the event that an accident or other type of damage occurs.

Generally, the company-client relationship is built on trust; until an accident or critical incident occurs, everything is based on promises and expectations. While, on the whole, insurance customers tend to be quite loyal, depending on how the situation is managed they will renew their policy with their current provider or seek out a better option.

2.2. Claims management focus in quest for customer loyalty

Customer satisfaction and loyalty should be every financial firm's daily focus (e.g., Kumar et al., 2023). Knowing your customers and offering them what they need, when they need it, is crucial to business success. Insurance companies are no exception, constantly adapting to provide customers with positive experiences aimed at driving a high degree of satisfaction, hence loyalty. Yet, as mentioned earlier, company-customer relationships in the insurance sector are based on trust; until the moment an incident occurs, customers do not pay much attention to exactly what they have paid for or how their provider is performing.

In conversations and surveys carried out with insurance customers, the general consensus is that what worries users most—what provokes the worst dissatisfaction—is a poorly managed claim. This is exacerbated by the fact that we live in a hyper-connected, globalized world where bad user experiences can go viral in seconds. Hence, optimizing claims management is key to achieving optimal customer satisfaction. The driving objective for insurance firms, then, should be to ensure excellent claims management—what we will refer to as *the real moment of truth*. Ongoing improvement in how claims are managed is the real challenge; and guaranteeing coverage while providing users with the best possible experience—both in terms of speed and simplicity—is the final goal. In many cases this will require effectively explaining both the compensation to be awarded and why certain aspects are not covered.

The policyholder experience has become a lever for generating differential value. Listening to insurance customers, understanding their needs and staying one step ahead throughout their journey is essential to building a satisfactory, lasting relationship: a two-way conversation capable of clarifying all terms of the relationship so that—when that moment of truth arrives—a unique, positive experience is perceived by the customer. The final objective being, of course, for customers to get what they have paid for, with total transparency and rigor. This is where the professionalism and service excellence of an insurance company lies.

This is what the extant data indicates. According to the Global Consumer Insurance Survey report (EY, 2021), when claims management gets complicated or interrupted, customer satisfaction drops considerably while insurance company costs increase—both repercussions of what we call a *bad claims management experience*. Claims management is the most significant touchpoint between insurance providers and policyholders, given that—except for the moment of contracting the product—very little direct contact takes place. The report explicitly indicates that 87% of customers surveyed agree their experiences with claims management directly impact their decision to renew their policy with their existing provider or to seek out a better option. Simply put, this is why insurers must look beyond mere cost savings. IT helps firms get to know and better understand their customers—potentially transforming claims management from a mere, if necessary, back-office process into competitive advantage that drives differentiation and has a multiplier effect on customer loyalty.

3. Methodology: Aon as focal case study.

3.1. Illustrative case study

Case study allows for an in-depth study of a phenomenon (Yin, 2003) using multiple sources of evidence. This paper aims to develop an illustrative case study based on secondary data sources, our experience in the insurance sector, and interviews with key informants. Following Yin's (2003) proposal, we compiled all secondary data and interview transcripts into a comprehensive database, which was already established due to the authors' involvement in the project. After an initial review, each researcher scrutinized the database content in relation to the paper objectives, aligning with the approach recommended by McCutcheon and Meredith (1993). This individual analysis, combined with a diverse range of data sources, facilitates triangulation, ensuring the validity of the study (Yin, 2003).

Data displays, conclusion drawing, and verification methods (Miles and Huberman, 1994) were employed in data analysis. Additionally, a preliminary draft was developed to initiate discussions with interviewees. This process of content analysis and engagement with key informants mitigates potential misinterpretations and biases

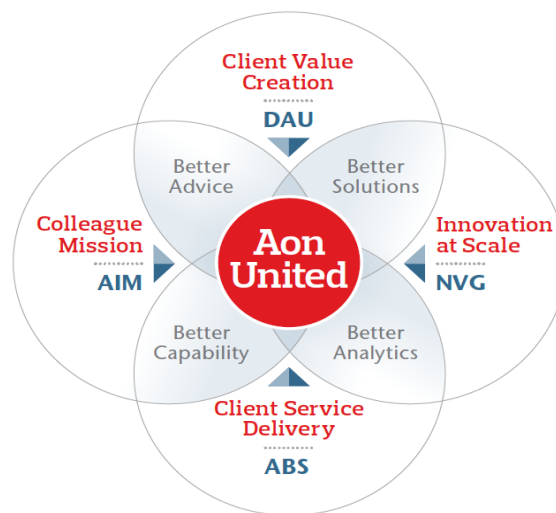
(Yin, 2003). Finally, upon identifying the main insights, top project managers were consulted to validate the rigor of our conclusions.

3.1. Pillars of the Aon management model

Now more than ever, customers need attention—they need a partner who listens, understands and does their absolute best to satisfy their individual needs. Aon is a leading global provider of B2B risk management, insurance/reinsurance brokerage and human capital consulting. Aon's management model places clients at the center of the organization, with a view to acquire a precise understanding of policyholder needs and consistently deliver the best possible product/service. The company has 50,000 employees and 500 offices in over 120 countries—serving customers globally using in-house data and analytics; this greatly enhances Aon's ability to understand their clients' needs. Moreover, the firm is able to deliver maximum value to its customers thanks to a model known as the **Aon United Blueprint**.

The Aon United Blueprint rests on 4 differentiated, interrelated pillars—which, together, serve as a catalyst for customer satisfaction: customer value creation; customer service delivery; innovation at scale; the colleague mission.

Figure 1: Aon United Blueprint



Fuente: www.aon.com

Customer Value Creation: The Aon United Blueprint places clients at the center of the organization. Everything must revolve around them—the focus being to provide solutions for real customer needs. Committing to the client is essential; as is making sure consumers are aware of this commitment before taking out insurance. This awareness gives consumers a sense of security, given they know exactly what they are going to receive, and how, in advance. To this end, Aon outlines 10 explicit commitments—delivered via 5 unique competencies—aimed at providing value to the client.

Customer Service Delivery: In each and every interaction throughout the client experience, satisfaction must be optimized. At Aon, a special unit known as Aon Business Support (ABS) manages all back office operations, with a view to make all service parameters homogeneous, globally. ABS is a unified organization, a set of global capabilities and a platform that seek operational excellence aimed at offering the best customer service every step of the way.

Innovation at scale: Innovation is a cornerstone of insurance company growth. Hence, listening to the market and innovating to provide each client with the best possible solution is top priority at Aon. Digitalization and big data are essential to making optimal decisions based on individual client needs. Aon has invested more than \$1 billion in recent years to create the world's leading health, retirement and risk data repositories. The firm collects high-quality data from millions of sources around the world with a view to enable better pattern recognition and deliver the most valuable market insights available. Aon offers the market, in general, and customers, in particular, personalized content, intuitive interfaces and practical insights through its digital platforms and cutting-edge analytical tools—all in a secure data environment.

The Colleague Mission: Aon ensures that every employee, or *colleague*, feels valued and supported in achieving their goals. By way of a high-performance, collaborative, inclusive, innovative culture, integrity and teamwork are encouraged—all colleagues being expected to give their best and support each other in the quest to execute Aon's growth strategy and provide for clients to maximum potential.

4. Customer journey proposal for the insurance sector

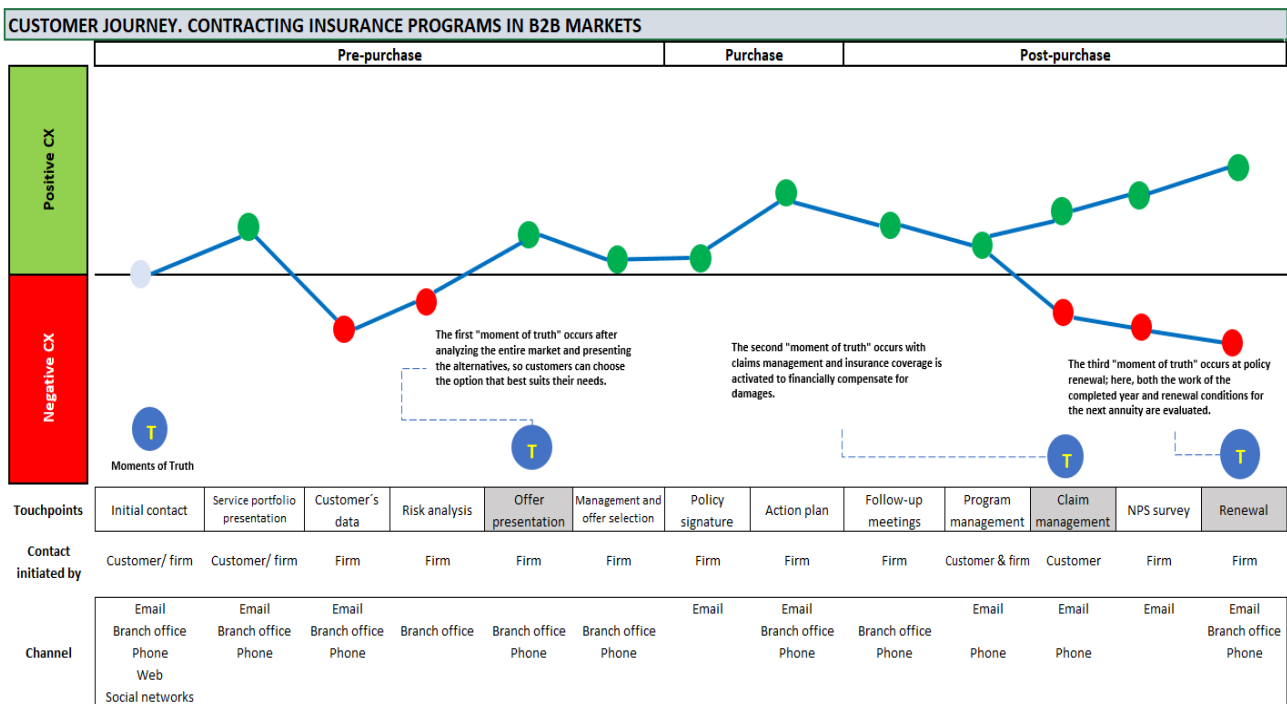
Based on information provided by Aon itself, a secondary database and a co-author's first-hand employment experience with the company, we propose a general map of the customer journey in the B2B insurance sector. In addition, we provide specific mapping for a key moment of truth in the insurance customer experience: claim management. We aim to highlight the importance of all touchpoints throughout—with special emphasis on visualizing and managing such critical moments effectively while maintaining a robust holistic vision of the company-customer relationship.

Understanding what the insurance customer journey is like—from shopping for a policy through coverage renewal—is essential if clients are to be placed at the center of the organization. Likewise, key interactions and factors impacting the customer experience must be analyzed to detect moments of truth and make the most of all potential touchpoints.

4.1. The holistic customer journey: from initial contact to policy renewal

In the insurance sector, especially in the B2B market, it is common to assign a multidisciplinary work team in charge of quoting, placing and managing individual insurance policies and agreeing on an optimal action plan with each client. Figure 2 shows the thirteen key touchpoints involved in acquiring insurance in B2B contexts—from initial contact with an agent to policy renewal. Clients perceive each touchpoint as satisfactory, unsatisfactory or neutral depending on how their expectations size up to their perceptions regarding each interaction.

Figure 2: Customer Journey. Contracting insurance programs in B2B markets



- 1) Initial contact: This first touchpoint involves asking potential B2B customers for information with a view to understand client-company characteristics and decide which insurance services the agent/broker can offer for the specific risk or risks for which coverage is needed. This is usually initiated by the customer and may occur through various channels: email, phone, website, social networks, etc.
- 2) Presentation of services: Following this initial contact, the agent/broker offers all pertinent services to the potential client and clarifies any doubts they may have.
- 3) Client data and needs collection: Once the client is onboard, an in-person or remote meeting is scheduled to collect essential information—with a view to determine real coverage needs and provide a customized insurance plan quote. This is usually done in person or by phone with the team assigned to the account.
- 4) Risk inspection: As soon as the risks to be covered are known, a risk inspection report is generated. Risk inspection is carried out at the client's facilities—aimed at assessing and describing risk characteristics and situation with a view to provide a thorough evaluation of the risks to be covered.
- 5) Presentation of offers: Once customer needs have been understood and the risks assessed, the best insurance market alternatives are sought—according to the requirements established by the client. At least three different alternatives are usually offered.
- 6) Insurance plan negotiation and acceptance: consisting in a final meeting with the client to decide the best possible alternative and close the offer that best suits customer needs, taking into account the market situation at the time.
- 7) Insurance policy signature on the part of the client, now *policyholder*—and expedited payment, as the insurer will not assume the costs of a potential claim until the premium is paid.
- 8) Policy annual work plan meeting with client aimed at acquiring the necessary commitments for effective, efficient management of the insurance plan.
- 9) Several follow-up meetings are established throughout the year to verify that the proposed work plan is being fulfilled, as well as to assess potential incidents and/or clear up client doubts.
- 10) Insurance plan management: interactions throughout policy lifespan (normally 1 year) with regard to day-to-day operation—e.g., insured person registration, inclusion of risks, coverage extension.
- 11) Claims management: This is the great moment of truth for client and insurance company alike. An incident is an unpredictable, isolated event involving harm or damage to a client. Incidents lead to claims—usually communicated quickly by phone or email. Depending on how their claim is resolved, clients will have either a positive or negative perception of the service received from their insurance provider (i.e., degree of customer satisfaction).
- 12) Next, an NPS survey is sent to clients via email (CRM), with a view to understand the degree of customer satisfaction with the service provided. This touchpoint is initiated by the insurer and clients are asked about all commitments made by the agent/broker to find out if they have been fulfilled and the degree of satisfaction in each case.
- 13) Insurance plan renewal: The decision to renew the current plan will depend principally on how the key moments of truth have been managed—especially, management of claims made throughout the duration of the policy.

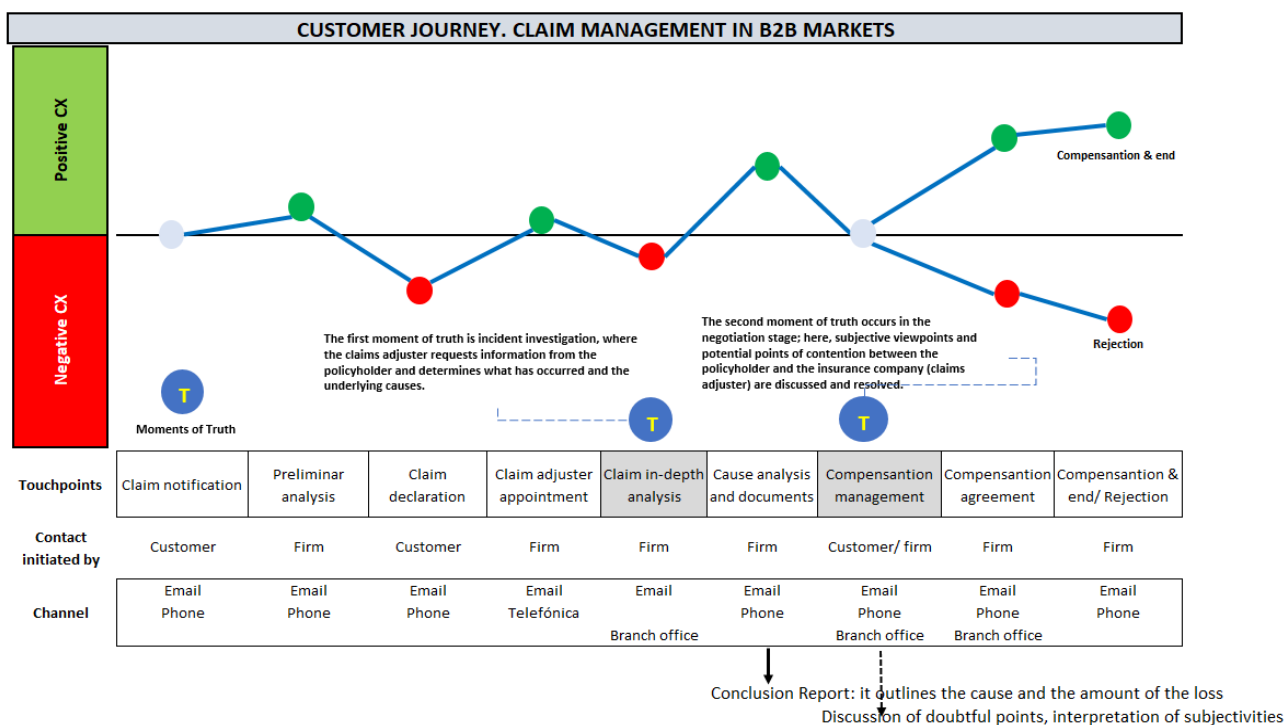
Hence, there are three main milestones—or moments of truth—along the customer journey for contracting and managing an insurance plan. The first moment of truth involves presenting the different offers that have been sought and negotiated in the market; that is, the different insurance plans on offer, allowing clients to make the most appropriate choice with the advice of their agent/broker. The second, and likely most important moment of truth, is management of any claims that may arise. This is the moment in which the provider's speed and professionalism in effectively managing and repairing/covering potential damages is demonstrated. Coming full circle, the third moment of truth is policy renewal—when the company must present the best market alternatives and endorse their management of any incidents, with a view to convince clients to renew their insurance plan for another year.

4.2. The real moment of truth: claims management

Our real-life experience in the insurance sector clearly shows claims management to be the most critical moment of all. Figure 3 identifies and analyzes the most relevant claims management touchpoints. Our mapping begins with notification of the incident by the client and ends with resolution of the claim on the part the

insurance company. The claim may be rejected—due to lack of coverage—or, on the contrary, settlement and payment be issued to cover the damages incurred.

Figure 3: Customer Journey. Claim Management in B2B markets



In this specific journey there are two moments of truth which, in turn, are extremely relevant to understanding degree of customer satisfaction: i) investigation of the claim, and ii) negotiation of the compensation agreement. Both must be treated with utmost diligence to prevent clients from losing confidence and changing providers when their insurance plan expires.

Investigation of the claim: Once the incident has been reported and a claims adjuster appointed by the insurance company, an investigation ensues to clarify the causes of the incident and the circumstances that produced it—as well as to assess the damages. A report is prepared summarizing the conclusions of said investigation and the proposed compensation. At this stage, a large amount of information must be collected to document the incident—often generating concern among policyholders, who want to get paid as soon as possible.

Negotiation of the compensation agreement: This second moment of truth occurs following presentation of the adjustor's conclusions regarding incident causes and proposal for compensation (claims report). A negotiation usually ensues at this point, since conflicting points of view where the subjective interpretation of each party comes into play tend to impact the compensation agreement—even leading to rejection of the incident and non-coverage. Degree of customer satisfaction will depend on how the claim is managed and extent to which compensation aligns with client expectations—generally transferring to perceptions regarding management of the insurance plan as a whole. Hence, a poorly managed claim usually results in a lost client.

5. Conclusions

A highly competitive, multichannel context increases the number of customer touchpoints—potentially making them difficult to manage. That said, advances in IT and concepts like 'customer journey' provide companies with adequate tools for maximizing customer value delivery throughout the entire lifespan of a business relationship.

While, thus far, the importance of monitoring the most decisive touchpoints to understand successful relationship development has been highlighted, our experience suggests a more holistic management approach considering all touchpoints is necessary. Hence, taking the case of a global insurance leader as our reference, we propose i) a comprehensive map of each client's customer journey, and ii) specific mapping of each touchpoint with a view to understand degree of customer satisfaction. From this example it is possible to assess the relevance of the concepts we have discussed and extrapolate solutions to other companies and sectors.

The objective is to monitor all customer touchpoints—true opportunities to get to know clients better, hence, create and deliver value. A useful customer journey map usually contains not only consumption stages, but touchpoints, customer responses and critical experience factors as well (Becker and Jaakkola, 2020).

Moreover, to improve management quality, measuring, monitoring and familiarity with clients at all touchpoints throughout the entire relationship is essential—regardless of when they occur. Likewise, client-centric assessment of this sort benefits firms seeking to design holistic service processes. Companies can combine customer journey mapping insights to streamline service delivery processes, with a view to improve the customer experience and create competitive advantage. From the real-life experience presented in this paper, it is possible that any company, regardless of size and sector, may reflect on the importance of mapping a complete customer journey cycle—identifying not only critical activities but any and all opportunities to create value in the customer experience, enhance customer acquisition and maximize customer satisfaction throughout the lifespan of the relationship.

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