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CUSTOMER PERCEPTION OF AI-SUPPORTED COMMUNICATION IN INSURANCE: A RAPID REVIEW*

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Abstract. Digitalization in the insurance industry has significantly accelerated in recent years, accompanied by a growing use of artificial intelligence in the automation of customer communication. Insurance are increasingly giving more attention to chatbots as an innovative solution to transform the customer service experience, redefining how they interact with users and optimizing their support process. The aim of this study is to synthesize the findings of existing peer-reviewed research on the impact of artificial intelligence technologies supporting customer communication on the customer experience in the insurance industry. Another objective is to explore the prerequisites for adopting an insurance solution, chatbot, and to present current trends in research and future research possibilities. The synthesis of findings is conducted using the Rapid Review methodology, following its established procedures and recommended tools. The relevant bibliographic overview was obtained through a review of studies indexed in the scientific databases WoS and Scopus, as well as sources of grey literature. The process of selecting relevant studies is mapped according to the PRISMA guidelines. The studies that passed the screening process based on predefined inclusion and exclusion criteria were subjected to detailed examination. For the purpose of knowledge synthesis, the following aspects were specified: theme of studies, data collection method, data analysis method, respondents and sample size, applied model, and examined factors. The study shows that current topics focus primarily on identifying positive and negative factors that influence customer feelings when communicating with a chatbot. The data obtained from the surveys were analyzed using the Partial Least Squares-Structural Equation Modeling method. The positive factors supporting the acceptance and intention to use chatbot technology include Trust, Perceived Usefulness, Perceived Ease of Use, Performance Expectancy, and Personalization. Among the negative factors identified were Privacy Concerns, Creepiness, Perceived Risk, and Effort Expectancy. The study has indicated several opportunities for further research.

Keywords: insurance; chatbot; customer perception; artificial intelligence; Rapid Review

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JEL Classifications: G22, O33, D87

1. Introduction

Artificial intelligence (AI) is a machine-based system designed to process input data and, based on that information, generate outputs in the form of predictions, content, recommendations, or decisions. These outputs can subsequently influence either physical or virtual environments. AI systems vary in their level of autonomy and their ability to adapt when implemented in practice (OECD, 2024). These systems simulate features of human intelligence to perform complex tasks, including capabilities such as learning, pattern recognition, decision-making, and language processing (Chilunjika, 2024; Ambrusevič, Gomienė, 2024; Mugunzva, Manchidi, 2024; Mohammed et al., 2025; Mabungela et al., 2025; Mohammed, Ahmad, 2025). The insurance

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industry represents an important pillar of socio-economic stability and individual wellbeing. It currently stands at the forefront of technological innovation and digital transformation. Insurance companies are actively using various digital tools to enhance the quality of their services and improve their competitiveness in the market (Kaur & Singh, 2023). Digital insurance is a modern form of providing insurance services that leverages digital technologies, online platforms, and automated processes to improve customer experience, efficiency, and risk management. The term digital insurance refers to the development, delivery, and management of insurance products and services based on digital technologies (Desikan & Devi, 2021). Digital insurance plays a crucial role in areas such as risk assessment, claims processing, customer communication, and interaction. It encompasses a wide range of solutions, including online policy management, mobile insurance platforms, blockchain-based insurance contracts, and AI-supported risk assessment. By implementing AI within InsurTech solutions, insurance companies gain a competitive advantage, as data form the foundation of the insurance industry. In 2024, the European Insurance and Occupational Pensions Authority (EIOPA) published the results of its EIOPA's 2023 Digitalisation Market Monitoring Survey, conducted among insurance companies across the European Union, which examined the level of AI implementation within the insurance sector (EIOPA, 2024). The increasing use of AI in the insurance industry has necessitated regulation and the establishment of standards. The Artificial Intelligence Act (OECD, 2024) sets out harmonized rules for AI within the European Union and introduces specific provisions governing its use. The main objective is to ensure that AI systems operate in a transparent, fair, and non-discriminatory manner. The aim is to ensure that AI systems operate transparently, fairly, and without discrimination. The regulation prohibits the use of AI systems that manipulate clients decision-making through subliminal or deceptive techniques. It also bans the creation of social scoring systems that evaluate clients based on their behavior or personal characteristics beyond the relevant financial context.

A study conducted by SAS and Coleman Parks Research (SAS, 2024) focusing on the use of GenAI in the insurance industry revealed that as many as 89% of insurers plan to invest in this technology within the next year. According to the study, insurers are primarily investing in GenAI to improve customer satisfaction and retention, reduce operational costs, and enhance risk management efficiency. In 2025, Swiss Re (Swiss Re, 2025) published the results of a survey conducted among insurance customers aimed at assessing their knowledge of AI and GenAI, identifying their level of trust, and examining how it influences their willingness to share data in an era when AI technologies, including virtual assistants and chatbots, are increasingly integrated into the insurance value chain. The survey found that 70% of consumers claim to have at least a basic understanding of how companies use GenAI in chatbots and other applications. Furthermore, 31% of respondents expressed a positive attitude toward sharing personal data in the GenAI era, while 22% reported a negative stance.

To simulate conversations with users, insurance companies use AI-powered chatbot software. The responses can be automated, guiding customers through processes such as sales, reservations, claims reporting, or product returns. Chatbots are capable of learning and adapting to the context and user's needs, facilitating information retrieval without the need for human intervention (de Andrés-Sánchez & Gené-Albesa, 2023a). The use of this technology optimizes communication, enhances customer experience, and helps insurers provide more efficient services (Hunková & Havierníková, 2024; Krulický et al., 2024; Pechová et al., 2024). Chatbots enable customers to complete insurance processes quickly and securely, while also serving as a valuable source of data on customer behavior, preferences, and needs. They can interact with multiple customers simultaneously, offering basic support in resolving inquiries and incidents such as locating a claims adjuster, obtaining information about policy renewal or termination dates, or contacting an insurance broker. The use and advancement of chatbot technology in the insurance industry require a detailed understanding of the level of customer acceptance of these InsurTech solutions. It is crucial to identify the key factors that directly influence trust, perceived usefulness, ease of use, and the degree of personalization, as well as to recognize the main barriers and customer concerns associated with using chatbots in communication with insurers. Research in this field focuses on examining the determinants of AI chatbot adoption, assessing their impact on customer experience and behavior, and comparing their effectiveness with alternative communication methods. Addressing the challenges related to the expansion and acceptance of InsurTech necessitates a thorough literature review. The Rapid Review (RR) method provides not only a comprehensive overview of research trends in the insurance domain but also strategic recommendations for industry practice.

The aim of this article, in accordance with the Rapid Review (RR) methodology, is to provide an overview of the findings from recently published scientific studies that have evaluated the perception and adoption of chatbot technology by insurance customers worldwide. RR is an approach to reviewing literature characterized by its systematic nature and the use of simplified procedures compared to traditional Systematic Reviews. It enables the provision of evidence within a shorter timeframe (Moons et al., 2021; Smela et al., 2023; Devane et al., 2024). This approach has made it possible to rapidly synthesize and summarize recently published articles and their key findings. A Rapid Review of relevant literature was conducted to answer the following research questions (RQs):

RQ1: What is the scope and structure of the existing published research concerning customer perception of AI-supported communication in the insurance sector?

RQ2: What are the key factors influencing the adoption of digital insurance solutions via chatbots?

RQ3: What are the positive and negative factors that affect customers' intention to use and adopt chatbots in their interactions with insurance companies, both now and in the future?

RQ4: What are the future research directions in areas related to the adoption of insurance solutions via chatbots?

The first chapter of the article provides a concise literature review of the examined topic. The second chapter describes the research procedure. The main findings are systematically presented in the PRISMA diagram, followed by a discussion summarizing the most significant results of the Rapid Review. The discussion section addresses the research questions, while the final chapter presents recommendations for future research and practical applications.

2. Literature review

Chatbots and other AI-enabled digital tools are increasingly becoming an indispensable component of the insurance industry (Fichter & Anguelov, 2024). Their deployment reflects insurers' strategic efforts to enhance operational efficiency, improve service quality, and enrich the overall customer experience. Chatbots, in particular, hold significant transformative potential to reshape customer service in the insurance sector by enabling faster, more personalized, and data-driven interactions (Atanasious et al., 2024). According to Agarwal et al. (2022), the digital capabilities of insurance companies are expanding significantly through the implementation of artificial intelligence, machine learning, and intelligent devices. Their applications include intelligent claims processing, prediction and detection of insurance fraud (Rawat et al., 2021), personalization of customer experience (Kelley et al., 2018), integration of large language models (LLMs) into insurance operations (Jangjarat et al., 2023), the use of smart contracts and blockchain-based intelligent insurance policies, and AI-powered chatbots (Sosa & Montes, 2022). According to Guanawardane (2023), chatbots enable companies to create a positive customer experience by responding instantly to inquiries, providing consistent information, and efficiently integrating multiple communication channels. While traditional customer support channels are limited by working hours and the capacity of human agents, chatbots can simultaneously handle a large volume of requests (Pabalkar et al., 2025). In this way, they contribute to improving customer satisfaction, strengthening trust in the insurer, reducing operational costs, and increasing customer loyalty. Digital text-based communication is gradually replacing traditional face-to-face interaction as the primary mode of both personal and professional contact (Ellili et al., 2023). The use of artificial intelligence appears to be an effective tool for enhancing customer interactions (Yau et al., 2021). Chatbots enable companies to be proactive and personalized in their communication with customers by providing immediate and consistent responses to their inquiries (Jenneboer et al., 2022). They are integrated across various communication channels, including social media, corporate websites, mobile applications, and digital platforms. Chatbots can instantly respond to customer requests, deliver consistent and accurate information, and collect and analyze customer data. Advanced chatbots can be programmed and customized to deliver more personalized, interactive, and engaging conversations. However, their effectiveness depends on the continuous improvement of underlying technologies to reflect the evolving needs and expectations of customers (Radu & Alexandru, 2022). The digital customer experience holds particular importance in the insurance industry, as customer interactions are relatively infrequent. Due to this limited contact, it is crucial for insurers to provide accurate and relevant information, ensure fast and efficient claims processing, and create a positive customer experience from the very first interaction. This capability is essential for building customer trust and loyalty (Zhang et al., 2021; Amelia et al., 2021).

However, some empirical studies (Dekkal et al., 2023; Gené-Albesa & de Andrés-Sánchez, 2025) suggest that the success of chatbot implementation remains mixed. Insurance companies continue to struggle with low levels of customer acceptance of these technologies. Possible reasons include insufficient understanding of customer needs, a lack of communication personalization, concerns regarding data privacy, and a generally low level of trust in artificial intelligence. The growing importance of chatbots and AI in the insurance sector presents a new research challenge. It is likely essential to gain a deeper understanding of the factors influencing customers' acceptance of chatbots. Key determinants include perceived usefulness, ease and convenience of use, trust in the service provider's system, perceived data security and protection, as well as customers' personal experience and digital literacy (Rajaobelina et al., 2021; Janssen, 2022; Cardona et al., 2022). The current state of research indicates that, although insurers are actively investing in chatbots and other digital tools, the level of their adoption by customers has not yet been sufficiently explored. The adoption of chatbots depends on a combination of technological, behavioral, and psychological factors (Cardona et al., 2022; Janssen, 2022). Research in this area draws on established models of user technology acceptance. The Technology Acceptance Model (TAM) emphasizes perceived usefulness and perceived ease of use as the primary factors determining users' attitudes toward a technology and their intention to use it. The Unified Theory of Acceptance and Use of Technology (UTAUT) extends the TAM framework by incorporating additional factors such as hedonic motivation, social influence, habit, perceived service value, trust, and willingness to share personal data. In the context of the insurance industry, the extended UTAUT2 model is commonly applied. According to the TAM (Davis, 1993) and UTAUT2 (Venkatesh et al., 2012) models, perceived usefulness is one of the strongest predictors of new technology adoption. In the insurance industry, customers expect chatbots to simplify communication, accelerate processes, and provide accurate information. When a chatbot meets these expectations, the likelihood of its continued use increases. Users are more willing to adopt chatbots when they are intuitive, user-friendly, and require minimal effort during interaction. In contrast, complex interfaces or ambiguous responses tend to cause customer frustration and reduce their willingness to engage with AI tools. Trust is a key factor in the adoption of chatbots within the insurance industry (Zarifis & Cheng, 2022). Customers entrust insurers with personal data, financial information, and sensitive documents; therefore, they expect secure and transparent data processing. A low level of trust is one of the main reasons for rejecting AI-based solutions, particularly in the financial services sector (Rajaobelina et al., 2021; Chang, 2022; Ivančík, Andrassy, 2023). Modern customers expect chatbots to adapt content to their needs, provide personalized recommendations, and recall previous interactions. According to Jenneboer et al. (2022), personalized communication enhances customer satisfaction, fosters loyalty, and contributes to a more favorable perception of the insurer's brand. The use of chatbots in the insurance sector may raise customer concerns regarding data privacy. Increased sensitivity to data processing leads users to expect clear information from insurers about what data are collected, how they are used, and the measures taken to protect them. The UTAUT2 model highlights the importance of hedonic motivation, the positive experience associated with using a technology. Chatbots that are interactive, friendly, and employ natural language enhance user satisfaction and encourage long-term engagement (Kronemann et al., 2023).

The rapid development of InsurTech solutions in the insurance sector has driven the emergence of several innovative companies specializing in the development of AI-powered chatbots designed to enhance customer communication and service efficiency. Companies are increasingly using AI to read and extract unstructured data from documents and to automatically identify relevant information, perform risk analyses for insurance providers, and transform acquired data into predictive models that support informed decision-making. The developed solutions contribute to enhancing the digital customer experience and optimizing interaction processes (Chisel AI, InsurTech Praedicat, Mantra Labs).

3. Research objective and methodology

Conducting a comprehensive systematic review of chatbot acceptance typically requires several months or even years, which is not ideal for tracking a rapidly evolving topic such as artificial intelligence. Therefore, a Rapid Review (RR) approach was applied in the present study. The request to conduct the presented bibliographic review originated from industry experts. In collaboration with practitioners, a Rapid Review Protocol document was developed, discussed, and approved. Feedback was also provided by members of the academic community. The RR Protocol offers a structured framework for conducting a rapid review, describing an evidence synthesis

process that is faster than a traditional systematic review while maintaining methodological rigor (Moons et al., 2021; Pizard et al., 2025; Pena et al., 2025). The key elements of the RR protocol include clearly formulated research questions, a defined search strategy, established inclusion and exclusion criteria, and a structured plan for data extraction and synthesis of findings.

The selection of relevant documents followed the PRISMA methodology (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Page et al., 2021). The final search was conducted on September 15, 2025. For data extraction, the scientific research databases Web of Science (WoS) and Scopus were used. To identify relevant articles within these bibliographic databases, a search string was constructed by combining key terms aligned with the study objectives and Boolean operators. The initial search was conducted using the search string presented in Table 1. Through the advanced search function within the title, abstract, and keyword fields of the selected databases, two groups of keywords were combined in various configurations. The first group included terms related to the domains of artificial intelligence (AI), chatbot, voicebot, and voice assistant. The second group consisted of terms associated with the insurance industry and customer satisfaction. The purpose of employing such a broad range of keywords was to ensure that the literature search was as comprehensive and inclusive as possible.

Table 1. Search string for identifying relevant studies in the WoS and Scopus databases

TITLE-ABS-KEY (chatbot* OR "AI chatbot*" OR "virtual assistant*")
AND
TITLE-ABS-KEY (insurance OR "digital insurance")
AND
TITLE-ABS-KEY (perception OR attitude OR acceptance OR adoption OR "customer experiences")

Source: own elaboration

A similar search strategy was applied to identify relevant sources of so-called grey literature. The inclusion and exclusion criteria (Table 2) ensured that both the selected academic documents and grey literature sources were relevant to the focus of the rapid review. The exclusion criteria allowed for the filtering out of documents during the screening process that did not meet the defined eligibility parameters or lacked sufficient information for further analysis.

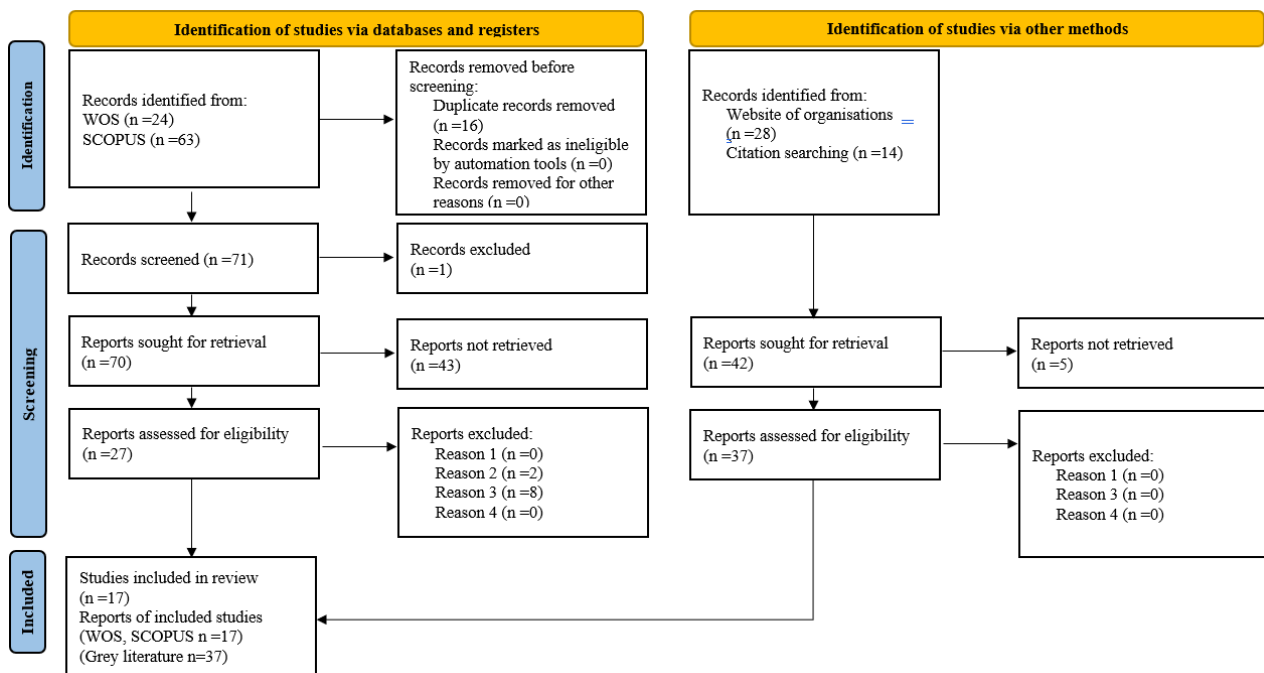
Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria		Exclusion Criteria	
Academic Documents	Companies (grey literature)	Academic Documents	Companies (grey literature)
Papers published between 2022 and 2025	Papers published between 2022 and 2025	Papers outside the specified time period	Papers outside the specified time period
Peer-reviewed journal articles and open-access conference papers	High-quality professional reports	Non-empirical works (conceptual papers, editorials, opinion pieces)	
Documents classified under the research areas: Business Economics, Computer Science, and Social Sciences	Studies related to insurance or customer communication in financial services	Documents outside the selected research areas	Studies unrelated to insurance or customer communication in financial services
Papers published in English	Papers published in English or Slovak	Papers not published in English	Papers not published in English or Slovak

Source: own elaboration

Using the search string, a total of 87 potentially relevant documents were identified across two scientific databases: 24 from WoS and 63 from Scopus, along with 42 sources of grey literature. The process of searching for and selecting relevant documents is illustrated in the PRISMA flow diagram (Figure 1). The Zotero system identified and removed 16 duplicate sources. Subsequently, titles and abstracts were analyzed. Access to full texts could not be obtained in 42 cases. In exceptional instances, studies published in 2021 were also accepted, as their content provided valuable information. Only peer-reviewed journal articles and conference papers were then considered. A total of 27 articles remained for further analysis. Eight studies did not belong to the categories of computer science, business, management, economics, or social sciences. Ultimately, 17 studies were included in the systematic full-text review. The reference lists of the included studies provided an additional 14 sources, five of which were inaccessible. Beyond academic publications, grey literature was also identified from various web platforms and company websites.

Figure 1. PRISMA 2020 flow chart



Source: own elaboration

It should be noted that the search was limited to a specific time period; therefore, studies published after the search date may have been excluded.

4. Results

From each thoroughly reviewed source, the following aspects were identified: theme of studies, data collection method, data analysis method, respond and samle size, applied model, examined factors. A concise overview of the main findings is presented in Table 3 below.

Table 3. Significant findings from the RR

Study	Theme of Studie	Data Collection	Data Analysis	Sample Size	Applied Model	Examined Factors
Poorna, Deepa (2025)	Acceptance of digital insurance among older adults	questionnaire	CSAT, benchmark with ACASI	20 adults (age 66 – 72)	TAM, ISCM, C-SAT	PEOU, PU, C-SAT Respondents' concerns – financial losses, lack of training, privacy, security
de Andrés-Sánchez et al. (2023)	Attitudes, advantages, and disadvantages perceived in the use of chatbots for insurance contracts and claims reporting	questionnaire 11-point Likert scale	PLS-SEM, Qualitative analysis,	N = 63	TAM, Trust-external variable	PU, PEOU, Trust
de Andrés-Sanchez, Gené-Albesa (2024a)	Acceptance of chatbots, identification of factors and necessary conditions	questionnaire 11-point Likert scale	PLS-SEM, NCA,	N=58	UTAT	EE, SI, Trust, PE, Professional status
Pizzi et al. (2023)	Understanding the psychological mechanisms of trust and acceptance of chatbots.	Experimental design	ANOVA, Factor analysis	N=421	Modified TAM/UTAT	Anthropomorphism, Gaze direction, Self-disclosure, BI, SkepticizmTRUST
de Andrés-Sánchez, Gené-Albesa (2024b)	Acceptance of chatbots by insurance company clients in the management of existing insurance contracts	questionnaire 11-point Likert scale	PLS-SEM	N=226	TAM, Trust-external variable	Trust, PEOU, ATT, PU, BI

de Andrés-Sánchez, Gené-Albesa (2023a)	Acceptance of chatbots by policyholders in the management of existing insurance contracts	questionnaire 11-point Likert scale	PLS-SEM,	N=226	UTAT	PE, EE, SI, Trust, Insurance Literacy, BI
de Andrés-Sánchez, Gené-Albesa (2023b)	Analysis of policyholders' attitudes and behavioral intentions to use chatbots	questionnaire 11-point Likert scale	PLS-SEM	N=119	TAM	PU, PEOU, SI, Trust, BI
Jyothsna et al. (2024)	Which chatbot features influence users' initial trust, intent to use chatbots, loyalty, and customer engagement	questionnaire	PLS-SEM	N=271	TAM, UTAUT, DIT	PEOU, PE, SI, Trust, UI
Gené-Albesa et al. (2025)	Acceptance of chatbots in insurance, focusing on factors such as expected performance, expected effort, social influence, and trust	questionnaire, 11-point Likert scale	SEM-PLS, DTR, IPMA	N=226	TAM, UTAUT	IU, PE, EE, SI, Trust
Dekkal et al. (2023)	The study examines factors that influence user trust and their intention to use chatbots	auto insurance quote), questionnaire 7-point Likert scale	SEM	N=95	TA-Technology Anxiety	Practicity, Personalization, Enjoyment, Privacy concern, Creepines
Cardona et al. (2022)	Factors influencing the intention to use insurance chatbots (ICB)	questionnaire	PLS-SEM	N=215	TAM	PU, PEOU, Trust, IU
Patil et al. (2024)	Evaluation of service quality improvement in insurance through AIPHC	questionnaire	PLS-SEM	N=688	AIPHC adoption Intention	Optimism, Innovativeness, Discomfort, Insecurity
Rajaobelina et al. (2021)	Identifying precursors of creepiness when interacting with customer insurance chatbots	insurance chatbot simulation, questionnaire	SEM	N=430	Developed model Loyalty	Privacy concerns, Usability, Technology Anxiety, Need for Human perception, Trust. Loyalty
Bouhia et al. (2022)	The study examines the determinants of privacy concerns when interacting with a customer chatbot.	Questionnaire after interacting with chatbot	CFA	N=430	Developed model Privacy concerns	Creepiness, Perceived risk, Need fo privacy, Familiarity with chatbot
Pirilä et al. (2022)	Analysis of insurance company customer satisfaction and preferences when using chatbots	questionnaire 7-point Likert scale	Cronbach's α ,	N=225	Technical quality, Process quality	various feelings of respondents
Ferreira et al. (2021)	Analysis of the use of chatbots as a strategic tool for improving the responsiveness and efficiency of customer service	questionnaire	Student's t-test	N=119	TAM	PEOU, IU
Mangla et al. (2023)	Generation Z's perceptions and attitudes towards the use of chatbots in insurance	questionnaire	Analysis pf association	N=120	Perception towards AI-based chatbot	Trust, Capability

Source: own research results

Note: Abbreviations used in the table: AIPHC – AI-powered humanoit chatbots, ACSI – American Customer Satisfaction Index, BI- Behavioral Intention, C-SAT- Customer satisfaction, DTR – Decision tree regression, E - engagement, EE - Effort Expectancy, IPMA – Importance Performance Map Analysis, ISCM - Information System Continuance Model, IU - Intention Use, L-Loyalty, NCA - Necessary Conditions Analysis, PE - Performance Expectancy, PU - Perceived Usefulness, PEOU - Perceived Ease of Use, SI - Social Influence

The most important factor identified by respondents in their interaction with insurance chatbots was trust. From the reviewed studies, additional factors influencing respondents attitudes toward the adoption of chatbot technology in insurer–customer interactions were extracted. An overview of the frequency of these factors reported in the reviewed publications is presented in the following graph.

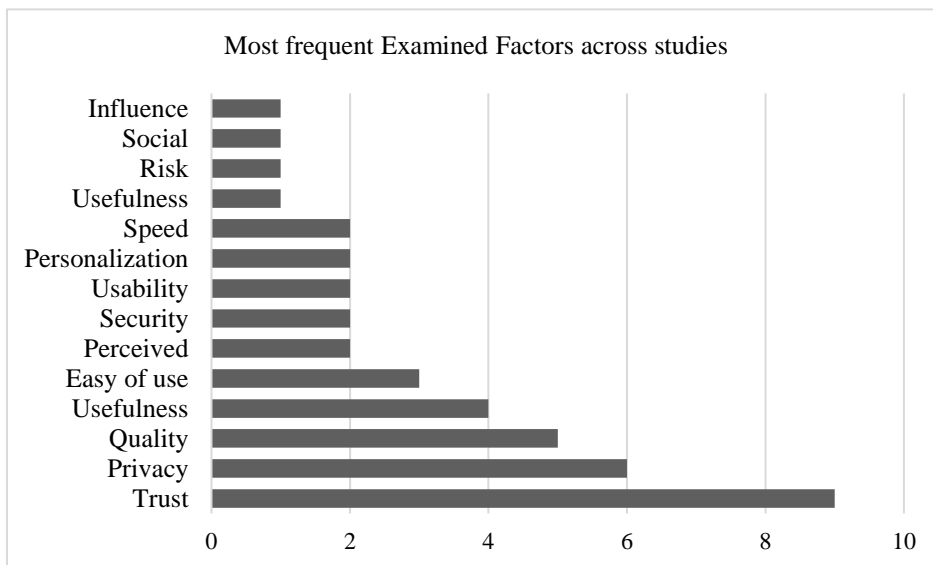


Figure 2. Most frequent Examined Factors
Source: own elaboration

An additional 37 documents were included in the final review, sourced from the websites of companies specializing in the development of chatbots for customer communication in the insurance sector, from the Google Scholar database, and from references cited in the studies reviewed above. The same aspects were identified: theme of studies, data collection method, data analysis method, respond and sample size, applied model, examined factors. Across all 54 studies, the most common data collection methods were online surveys of insurance customers, questionnaires, and systematic reviews of journal articles. The collected data were analysed using a wide range of quantitative methods, including descriptive analysis, structural equation modelling (SEM), and thematic synthesis. The most frequently applied models were the TAM, UTAUT, and their modified versions. Several models incorporated additional external variables such as trust, personalization, enjoyment, and technological anxiety. Furthermore, new models were developed, including the Unified Efficiency Model, the Satisfaction Model, the Privacy–Trust–Behavioural Model, and other conceptual frameworks. Across most of these studies, the following key factors were identified: usefulness, ease of use, trust, social influence, customer engagement, satisfaction, security, usability, empathy. The sources of grey literature also included documents published on the websites of companies involved in the development and implementation of chatbots in the insurance industry. Most of these companies provide on their websites only the technological specifications of their solutions. They typically offer products in the areas of Voice AI Agent, Chat AI Agent, and AI Agent Assist, as well as their combinations. These solutions are designed for deployment across various sectors, including insurance, banking, healthcare, telecommunications, and government. Among the highlighted and advertised features of these chatbots, the most frequently mentioned technical characteristics and functions include:

1. Training - websites URLs, learning from various file formats, training with predefined question and answer pairs, training using plain text, correction, training using markdown syntax.
2. Features – lead collection, human support fallback, live chat, conversation rating, support multiple chatbot administrators, multilingual AI model selection.
3. Customization – customizing avatar, chat icon, colours, instructions, settings, remove branding, custom domains, knowledge base optimizer.
4. Security – rate limits, restricting domains.
5. Installation – widget, iFrame, share link.
6. Integration – WooCommerce, Shopify, BaseLinker, WordPress, Wix, WebFlow, Custom API integrations.

The reviewed company websites contained extensive documentation describing the technical features of the offered chatbots; however, studies evaluating the anthropomorphic characteristics of these technologies from the customers' perspective were lacking. No documented studies were found in which companies examined or reported the level of customer acceptance of the technology, nor any that explored the emotions or feelings experienced by customers during interactions with chatbots in the context of insurance-related tasks.

5. Discussion

The aim of the conducted study was to provide an overview of the most recently published research evaluating customers' perceptions of AI-supported communication in the insurance sector, using the Rapid Review methodology. To address the research questions, a total of 54 relevant sources were thoroughly analyzed.

To answer the first research question, the scope and structure of the existing published research were mapped. Most studies were conducted with insurance customers in Europe, while several were carried out in North. All studies examined customers' perceptions and emotional responses to conversations with chatbots within specific insurance processes. Spain holds the leading position in terms of the number of published scientific outputs derived from such surveys. The methodology described in the reviewed studies was consistent with standard approaches to publishing survey results. Each study first provided a rationale for the selection of a representative research sample, followed by a detailed description of the data collection procedures. Most studies aimed to validate a specific model explaining customers' perception and acceptance of AI technologies in the insurance context. The examined models were often modified by incorporating additional external variables. In the concluding sections, the studies presented key findings and quantified relationships that either supported or did not support the tested hypotheses within the proposed models. The majority of the analyzed publications also included final recommendations for future research and potential practical applications.

The identification of key factors influencing the adoption of digital insurance solutions via chatbots was essential for addressing the second research question. The assessment of the strength of these factors' effects was conducted through the application of TAM, UTAUT, or their modified models. In line with the information presented in Figure 1, the most frequently examined domains were trust, privacy, quality, usefulness, and ease of use. Correspondingly, the examined factors within the applied models included Trust, Performance Expectancy, Perceived Ease of Use, Effort Expectancy, Social Influence, and Privacy Concern. All these factors were identified as critical determinants in the adoption of insurance solutions facilitated by AI-supported chatbot technology.

Answering the third research question involved assessing the magnitude and direction of the effects of the examined factors. Across the studies, positive, negative, moderating, and mediating effects were identified. The magnitude of these relationships was quantified using SEM-PLS methods. The study by de Andrés-Sánchez et al. (2023) confirmed that the TAM provides a robust framework for examining chatbot acceptance among insurance professionals. The main determinant was Perceived Usefulness, which had a significant direct effect on Attitude ($\beta=0.697$, $p<0.01$), and was itself strongly influenced by Ease of Use and Trust. Overall attitudes toward chatbots are predominantly negative, with respondents emphasizing technical shortcomings, a lack of empathy, and a perceived reduction in employment opportunities. The overall model explained 69% of the variance. Another study by Gené-Albesa & de Andrés-Sánchez (2025) demonstrated that chatbot acceptance in the insurance sector is a complex phenomenon. The results showed that the most influential variables, in order of importance, were Trust, Effort Expectancy, Social Influence, and Loyalty. Performance Expectancy was found to have no significant effect, which contradicts the traditional TAM and UTAUT models. These findings highlight the need to strengthen trust and user accessibility as essential prerequisites for the broader adoption of chatbots in the insurance industry. In another study by de Andrés-Sánchez & Gené-Albesa (2024a), Effort Expectancy was quantified as the strongest predictor of Intention to Use ($\beta=0.390$, $p<0.01$), followed by Trust ($\beta=0.284$, $p<0.01$). The factor Performance Expectancy was identified as having a negative effect within the evaluated model. Jyothsna et al. (2024) evaluated the impact of various factors on the construct Chatbot Trust and subsequently on Customer Engagement, Chatbot Usage Intention, and Loyalty. The strongest effect was observed for the factor Performance Expectancy ($\beta=0.809$, $p<0.01$), while Compatibility was identified as having a negative influence. The construct Chatbot Trust was then found to have a strong positive effect on

Loyalty ($\beta=0.484$, $p<0.000$). Dekkal et al. (2023) identified positive (driver) factors such as Practicality, Enjoyment, and Personalization, and negative (inhibitor) factors including Privacy Concerns and Creepiness. The moderating variable Technology Anxiety was found to reduce the positive effects of Practicality and Personalization on Trust and Intention to Use, while also weakening the relationship between Trust and Adoption among users with lower technological competence. Cardona et al. (2022) reported significant positive effects as follows: Perceived Usefulness \rightarrow Intention to Use ($\beta=0.550$, $p<0.001$), Trust \rightarrow Intention to Use ($\beta=0.209$, $p<0.001$), Perceived Ease of Use \rightarrow Perceived Usefulness ($\beta=0.263$, $p=0.001$), Trust \rightarrow Perceived Usefulness ($\beta=0.376$, $p<0.001$), and Perceived Ease of Use \rightarrow Trust ($\beta=0.336$, $p<0.001$). Significant negative effects were observed for Privacy Concerns \rightarrow Trust ($\beta= -0.401$, $p<0.001$) and Privacy Concerns \rightarrow Intention to Use ($\beta= -0.020$, n.s.). To address RQ3, the following positive factors were generally identified as supporting the acceptance and intention to use chatbot technology: Trust, Perceived Usefulness, Perceived Ease of Use, Performance Expectancy, and Personalization. The effects of these factors were evaluated as statistically significant. The negative factors influencing the intention to use and adopt chatbot technology included Privacy Concerns, Creepiness, Perceived Risk, Effort Expectancy, Compatibility, and Technology Readiness.

The Rapid Review yielded several recommendations that provide an answer to the fourth question. Foremost, insurers should strengthen the determinants of trust, ease of use, and perceived usefulness among customers, while mitigating negative influences. It is advisable to investigate potential moderating factors that may affect the intention to interact with insurance chatbots. Future work should compare results by applying different existing, or newly modified, models to data from the same cross-sectional study. Longitudinal designs are needed to ascertain the long-term effects of antecedents of users' trust and chatbot adoption, with improvements quantified using a proposed metric. Results should be tracked systematically using standardized instruments that are developed and quantitatively validated through reliable models based on modified TAM/UTAUT and newer frameworks. Companies developing the aforementioned technology should verify acceptance through peer-reviewed scientific studies. Finally, findings should also be compared at the local level, taking regional specificities into account.

Conclusions

The objective of the present study was to identify the most recent trends in research on the perception of key positive and negative factors influencing the adoption of AI-supported communication technologies between customers and insurance companies. At present, chatbot technology represents the preferred method of initial customer interaction. However, findings from published studies indicate that several barriers still persist. The dual-perspective approach, combining academic research with industrial implementations, has enabled a more comprehensive mapping of the current state of customer perceptions regarding one of the core AI tools in the insurance sector. The results emphasize the need to strengthen trust and user accessibility as essential prerequisites for the broader adoption of chatbots in the insurance sector. When designing chatbots, it is advisable to apply a moderate degree of anthropomorphism and maintain a neutral appearance, as this approach fosters users' willingness to share personal information and enhances their trust in the technology. The factor of creepiness significantly reduces trust and loyalty in interactions with insurance chatbots and evokes negative emotions. Usability acts as a protective factor, whereas privacy concerns, technostress, and the need for human interaction increase the perception of creepiness. Therefore, it is crucial for insurers to design chatbots that are easy to use, transparent, and privacy-respecting in order to minimize the impact of creepiness on customer loyalty. The strongest predictors of the intention to use a chatbot are trust and perceived usefulness. Privacy concerns and complexity primarily weaken trust rather than directly affecting the intention to use. Technical quality serves as a necessary foundation but is insufficient on its own to build user preference for AI. Process quality—characterized by pleasant, empathetic, and seamless interaction—is crucial for customers to prefer chatbots over human agents. Insurers should therefore combine reliable technical solutions with a high-quality customer experience. The conducted rapid review of customers' perceptions of chatbots in insurance, based on the findings of the analyzed studies, highlighted not only existing research gaps but also practical challenges and successes in implementing AI-supported solutions within the insurance industry.

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