

## Uncovering Fraud Patterns of Unscrupulous Insurance Agents

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**Abstract:** *The aim of this study is to reveal the fraud patterns of unscrupulous insurance agents. This research uses a case study approach to illustrate different patterns of fraud by insurance agents by interviewing multiple informants who understand the world of insurance. The findings of this study conclude that there are several patterns of fraud committed by unscrupulous insurance agents, such as when unscrupulous insurance agents advertise company products to prospective customers who do not follow company procedures. Unscrupulous insurance agents often work with doctors to manipulate potential customers suffering from illnesses to keep them enrolled with the company. Moreover, in a deceased customer's claim, the heir's family still has to pay to pay the customer's claim, even though it is simply a trap by insurance agents to make a substantial profit from the fraud. The purpose of fraud by unscrupulous insurance agents is promotion of positions in the company.*

**Keywords:** *Insurance, Fraud, Insurance Agent, Insurance Customer*

### Introduction

In today's increasingly sophisticated world, people are increasingly aware of the importance of maintaining and protecting their health (Hariyadi & Triyanto, 2017). The cost of the healing process for a sick person can be unpredictable, but it is not uncommon for the cost to drain property or part of property (Awaloedin et al., 2021). The existence of insurance companies specializing in the health sector can help with the cost of curing illness by registering as a customer through the understanding process that insurance agents do with prospective customers. Of course, insurers can insure registered customers in the event of an undesirable event, such as the cure of an illness, which can be quite costly (Harsono, 2005). Insurance cannot prevent future disasters, but at least the existence of insurance can reduce the burden of financial crises that occur to individuals or groups (Musyahida et al., 2020; Mulhadi & Hariyanto, 2022).

Insurance companies will certainly have a very important role to position themselves on matters relating to economic, social interests, and of course the interests of the wider community (Syakir, 2004; Widiyanto & Fauziyah, 2021). As time goes on, many insurance companies have sprung up, so the presence of insurance companies will surely increase, as will the number of insurance agents working for them. Of course, having an insurance agent work for the company not only has a positive impact on the sustainability of the insurance company, but it is also very important because the insurance agent acts as an intermediary between the company and the insured. play a role. Until an agreement is made between the two parties, the agreement is regulated through policy (Harsono, 2005; Santoso & Jatmika, 2017; Alfitriana, 2021; Mulhadi & Hariyanto, 2022).

However, in recent years, problems in insurance contracts between the insured and the insurer often give rise to a new crime in the insurance industry, which is white-collar crime, namely fraud, known in the insurance world as insurance fraud (Kurniawan et al., 2020). Fraud in the insurance world has been around for a long time in the insurance industry, whether perpetrated by corporations or insurance agents (Abdulkadir, 2002). Fraud in the insurance world has a significant impact on companies, policyholders and insurers as a whole, as it has a negative impact on reducing public confidence in insurance companies (Yusuf & Babalola, 2009; Basturk, 2020). The number of policyholders is increasing each year, which is directly proportional to the incidence of fraud in the insurance industry (Sheshasaayee & Thomas, 2018).

Fraud in the insurance world, on the other hand, takes many forms, including cooperation between insurers, insurance agents, doctors, and other key players in the insurance world (Wang et al., 2016). So far, fraud in the insurance world remains a difficult crime to eradicate. Like corruption, insurance fraud is relatively obscure and difficult to detect, but of course fraud detection must be done in the insurance world (Zourrig et al., 2018; Saldamli et al., 2020; Gomes & Yang, 2021; Jie et al., 2022).

From several studies related to insurance fraud, such as the research conducted by Ketut, (2017); Kurniawan et al, (2020); Ortega et al., (2021) conclude their findings that fraudulent practices in the insurance world often occur, it is based on someone's evil intentions to gain material benefits from fraudulent actions by violating the law. Of course, fraud can only be done by those who understand the emergence of policy agreements (Kuniawan et al;2020). Among various insurance frauds, there is of course a high level of public interest in fraud in the world of insurance, including customers who are registered with insurance companies (Neale & Fullerton, 2010). An insurance agent must be fully responsible for the sale of products on behalf of the insurance company to the insurance company and insurance customers for any fraudulent activity committed by the insurance agent (Widiyanto & Fauziah, 2021; Mulhadi & Harianto, 2022). One of the causes of insurance fraud is the lack of public awareness of the insurance system, so people fall prey to many forms of insurance fraud, both by insurance companies and insurance agents themselves (Yusuf & Babalola, 2009; Sadikin & Adisasmito, 2016; Puspita & Novita, 2022).

Insurance agent fraud cases will therefore be of interest to be explored in greater depth through this study. While this study differs from existing studies, it is important to note that previous studies have highlighted insurance company fraud. However, this study is different because it is more specific, namely uncovering patterns of insurance agent fraud. The purpose of this study is to uncover patterns of fraud committed by unscrupulous insurance agents. While the researchers' initial findings on the pattern of fraud by insurance agents were based on insurance agents promoting products that were not in accordance with company procedures, and what insurance agents conveyed were unnecessary and even not recommended by insurance companies, such as insurance agents who put more emphasis on product promotion. investment rather than unit link, so that prospective customers are trapped by the submission of unscrupulous insurance agents so that prospective customers register with insurance companies. Of course, from these initial findings, it is interesting for researchers to explore more in-depth information related to various patterns of fraud committed by insurance agents.

## **Methods**

This research uses a qualitative method using a case study approach. The case studies used by researchers aim to uncover different patterns of fraud perpetrated by insurance agents. (Kamayanti, 2016). A case study approach helps researchers understand the dynamics associated with several current situations in a particular context (Massaro, 2019). Specifically, the case study approach is called plural because it refers to individuals, groups, institutions, and communities (Wrona & Gunnesch, 2016) However, in this study, researchers will focus on multiple individuals who are solicited for their opinions and experiences related to fraudulent insurance agents.

The case study approach has the contextual nature of referencing and focusing on case studies, but of course case studies are highly relevant and dependent on the circumstances and conditions of a particular location. In this study, researchers aim to interview, document, and observe, but also use a case-study approach to deal with the data collections obtained by researchers. We will later ensure that the results of the data analysis are consistent with the purpose of this study, which is to uncover fraud patterns among unscrupulous insurance agents. Researchers also perform data analysis techniques using interactive models that begin with several stages such as data collection, data reduction, data presentation, and final conclusions (Ridder, 2017; Goffin et al., 2019).

**Table 1. List of Informants**

Name (anonymous)	Description
Jaka	Insurance Agency
Yonif	Insurance Agency
Ajik	Former Insurance Agent
Coky	Insurance Customers

The table above is a collection of informants selected by the researcher. Since the informant is the person being investigated and plays an important role in the process of completing the investigation, the presence of the informant under investigation may be useful in determining opinions and experiences regarding fraudulent patterns of malicious insurance agents (Moleong, 2013). On the other hand, the information providers selected by the researchers are information providers directly connected to the world of insurance, such as insurance agents, former insurance agents, and customers registered with insurance companies. A few informants selected by the investigator will be asked for their opinions and experiences regarding insurance agency fraud patterns.

Moreover, from the data obtained by the researchers, both the interviews, the documentation and the observations, of course, from these data, the researchers have made observations relevant to their findings of fraud patterns perpetrated by unscrupulous insurance agents. Evaluate the results. In this study, the researchers used a triangulation technique to determine whether the researchers had a better understanding, including data from interviews with insurance agents compared to interviews with other insurance agents, former insurance agents, and insurance customers. Check the validity of the retrieved data (Sugiyono, 2011). An important role of researchers in data collection is to interact with selected informants such as insurance agents, former insurance agents and insurance customers. Of course, to obtain this vital data, researchers must come in person to the home of the informant of their choice. Even if a coffee shop was chosen as a good place to keep the information when verifying it.

### **Findings**

As the researchers explained above, this study will be different from existing studies, so it should be noted that previous studies have focused on insurance company fraud. However, this study is different as it is more specific in uncovering patterns of fraud by insurance agents. Fraud in the insurance industry is common, both by insurance companies and by insurance agents themselves. From several informants that the researcher interviewed directly, both at the informant's house and in other locations such as coffee shops, the researcher obtained some important information related to the pattern of fraud committed by insurance agents.

### **Product Promotion That Does Not Conform To The Company's Procedures "The Trap Of Unscrupulous Insurance Agents"**

Not only are insurance agents spearheading the company's success, insurance agents have the important job of promoting the company they work for. (Alfitriana, 2021; Mulhadi & Harianto, 2022). In terms of product promotion, insurance agencies approach all potential customers, both the lower middle class and the upper middle class. Of course, this is done by insurance agents with the goal of getting as many potential customers as possible to get registered with the insurance company. With so many customers registered with the company,

insurance agents are judged by the company for their good performance in terms of finding customers.

However, sometimes problems arise with insurance agents. These issues arise from some unscrupulous insurance agents when it comes to promoting the company's products, and fraud can even occur by unscrupulous insurance agents. An unscrupulous insurance agent may continue to do as he pleases to promote the insurance company's products, even though what the insurance agent tells potential customers may not be in line with the insurance company's procedures. More details related to this, the researcher tried to ask directly one of the informants that the researcher chose regarding the promotion of insurance agents, this was revealed by one of the insurance agents, Mr. Jaka:

*“Let me tell you, please respect my privacy. In fact, insurance agents advertising their products are always counterfeit and even if they do not follow the company's procedures, for example, an insurance company may sell two products containing a unit link and an investment if the unit link is the original insurance product. Have, but if the investment is money it goes into the insurance company. But my friends and other insurance agents focus on promoting investment so that potential customers want to participate and enroll”.*

As one of the insurance agents, Mr. Jaka, said about his experience in promoting insurance products, essentially to promote the insurance company, insurance agents have their own way of promoting the company. , promotions may not follow company procedures. Insurance companies have two products, namely unit link and investment, but insurance agents here only explain and guide investment products, not unit link products which are clearly not communicated by insurance agents. Therefore, promotions delivered by unscrupulous insurance agents are one of the traps to get potential customers interested and register as customers with insurance companies. However, this information is not sufficient until here, the researcher wants to review more deeply related to the pattern of fraud committed by unscrupulous insurance agents, so the researchers asked another insurance agent, namely Mr. Yonif:

*“Well... yes, this method has been around for a long time to advertise products. The goal is to attract the attention of potential customers and sometimes to catch them. Unit Link is an insurance product, but investment is an insurance company. However, the prospective customer, even if it is credited to the insurance company, will obviously not be able to receive the money paid in installments again unless the customer falls ill or becomes ill, but if necessary, I believe you can receive it at any time. The company pays for the treatment as it is quite expensive.”.*

As Mr. Yonif, an insurance agent, says, insurance companies have two products: unit-linked and investment. Unit-linked itself is an insurance product, and investment is money from the customer to the insurance company. However, in this case, it seems that unscrupulous insurance agents are trapping prospective customers who do not understand the world of insurance, how individual product promotion insurance agents always explain investment products to prospective customers. Can't you just explain the unit-linked product by using the Money entered into the insurance company cannot be recovered unless the customer is in trouble. If you get sick and the treatment costs a lot, the company will pay for it. However, the recognition of insurance agents was deemed insufficient, so the researchers tried to directly ask one of the insurance customers, Mr. Coky:

*“When I registered with an insurance agent, it was true that at first I thought that insurance was like a bank that could save money, but it turned out that when I needed to get a few months installments, my money couldn't be taken again unless I was sick, and wanted treatment to be covered by the insurance company. At first, I didn't really understand insurance because what the insurance agent said about investment products can be taken when we need it”.*

From Pak Coky's recognition as a registered customer of an insurance company and his limited understanding of the insurance world, Pak Coky believes that insurance is a bank where you can deposit money and receive it at any given time. Mr. Coky is interested in registering. But Mr. Coky is wrong in thinking that the money that goes to the insurance company is non-refundable unless the customer is sick and the treatment costs a lot of money. Of course, this is a misunderstanding Mr. Corkey about the insurance industry and sticks to what the insurance agents themselves say.

In this case, the unscrupulous insurance agent is trying to attract potential customers by advertising their own insurance agent in such a way that the prospect will be interested in registering with the insurance company and making an insurance contract between the two parties. Even if the information provided by the insurance agent was not included in the insurance company's procedures, the insurance agent was, of course, in breach of internal rules and procedures. Researchers therefore believe that this is the first part of the rogue insurance agency fraud pattern. Unscrupulous insurance agent scams do not follow the company's procedures and promote in an honest manner, so potential customers fall into the sweet temptation of unscrupulous insurance agents.

### **Prospect Manipulation "Unscrupulous Insurance Agent and Doctor's Game"**

To be registered as a customer with an insurance company, of course, the prospective customer must first register with an insurance company, either registering through an insurance agent or coming directly to an insurance company, but so far there are still many prospective customers who register themselves through an insurance agent, because insurance agents prefer to know and get to know these prospective customers, so far insurance agents are also more approachable to prospective customers. Of course, to register as an insurance customer, in addition to these requirements for becoming an insurance customer, there are some requirements that prospective customers must meet, such as the requirement to deposit personal identification data such as an ID card (KTP). I have. In addition, it is necessary to meet the standards set by the company. As explained by Mr. Jaka as an Insurance Agent:

*"like this, the prospective customer in addition to depositing the requirements, of course there are criteria that must be complied with in registering as an insurance customer, one of the criteria is a healthy person aka not suffering from disease, but so far these criteria do not apply to insurance agents, so insurance agents remain enter people who have suffered from illness by hiding it in the company".*

Researchers understand what Mr. Jaka as an insurance agent said. In terms of registering as an insurance customer, in addition to the requirements that prospective customers must deposit, there are also standards that prospective customers must follow. This means that the prospective customer is not ill at the time of enrollment as an insurance agent. These criteria are absolutely necessary for prospective customers to comply with because this company is a health insurance company. However, so far these criteria do not apply to unscrupulous insurance agents, so that unscrupulous insurance agents still include people who are already suffering from illness in the company because the reason is that they want many prospective customers to register with insurance companies even though that person is suffering from illness. However, this information is not sufficient until here, the researcher still wants to find answers from other informants, so the researcher conducted an interview with one of the former insurance agents, namely Mr. Ajik:

*"From my experience as an insurance agent, if a person who is already ill cannot register with an insurance company, but can do so without the company's knowledge, then registering and running for election is the way to go. A few months later, we insurance agents are working with doctors to allow*

*customers to declare new illnesses after being enrolled as insurance customers. So far, I have often worked with multiple doctors, so they definitely want to help with this”.*

As Mr. Ajik, a former insurance agent, said, Ajik's experience provides researchers with additional information about fraud by insurance agents. Ajik clarified that insurance company procedures do not allow people who are sick to register with an insurance company, but this means that even if a prospective customer is sick, of course they will be harassed by unscrupulous insurance agents. does not apply by working with your doctor to determine if you are hiding in the company, you can enroll with an insurance company. Of course, during this time there were several occasions when unscrupulous insurance agents cooperated with doctors to hide illnesses contracted by prospective customers who enrolled with the company, allowing customers to be declared ill by doctors after enrollment. was. A few months with the insurance company. It is true that this scam is often used by unscrupulous insurance agents to hide the fact that sick customers are cooperating with their doctors to register with the insurance company. As such, we can say that this fraud pattern is manipulation of prospective customers by unscrupulous insurance agents to remain registered with the insurance company.

### **Fraudulent Insurance Agents in Insurance Claims**

If you are registered with an insurance company, of course you have rights and obligations in relation to the insurance contract between you and the company, including the right to get treatment for minor illnesses and expensive illnesses. The policyholder dies in the middle of the policy, but the installments remain. You deserve financial security and protection for the bereaved (Kurniawan et al., 2020). Of course, insurance claims are not immediately given to the family of the customer's heirs, to get the claim requires requirements that must be met by the family of the customer's heir who has died, as stated by Mr. Yonif as an insurance agent:

*“It's usually like this, the family of the deceased customer can claim the insurance, but there are requirements that must be met. If your family can't afford to pay, our insurance agent will offer you an offer to be bailed out first and fluids replaced later”.*

What was conveyed by Mr. Yonif implies that fraud exists in the insurance world, one of which is fraud carried out by the insurance agents themselves. money to be disbursed, even though the money can be disbursed and given in accordance with the installments that have been running without having to pay money again, but in reality it is not so that the family of the customer's heirs claim to have to deposit the requirements again and that is a form of money that must be repaid by the customer's family. Here, the insurance agent tries to trap the customer's family by offering to pay the insurance agent later when the money is due. Of course, this is part of a common pattern of fraud with insurance agents. Now the researchers wanted to do a deeper investigation related to this insurance agent fraud pattern, so they asked Mr. Ajik, as a former insurance agent:

*“Hemmm.. that's one of the traps too, it wasn't actually bailed out by the insurance agent, just pretended to bail out the agent, later the liquid money wasn't given 100% and at best the customer 60-70% of the families are stuck, the rest is paid by the agency's own insurance, later reasoning that the agency cannot pay for everything”.*

What Ajik revealed about his experience in the insurance world is that due to the lack of knowledge from the family of the customer's heirs who make insurance claims, this is probably due to unscrupulous insurance agents. by ensnaring the family of the customer's heirs. You can receive money in ongoing installments even if you don't make further payments, and the company can help your heir's family cover the financial risks associated with hospital, funeral, and other death expenses. must be guaranteed. But the reality is otherwise, the deceased

customer's family heirs have to pay again to pay and receive the money. The unscrupulous insurance agent tries to offer to pay the terms that must be deposited in order to be able to withdraw the customer's money, but the insurance agent does not. Making illegal profits from your client's heirs is part of the trap of unscrupulous insurance agents, so you don't have to pay at all. In addition, the problem is that when the money is paid, of course, 100% does not go to the customer's heir family, but 60-70% of the total amount is paid by unscrupulous insurance agents. Paid. It is therefore clear that this pattern of fraud is also often perpetrated by unscrupulous insurance agents for personal gain in the form of customer claims.

### **Purpose of Fraud Insurance Agencies to Get Promotions**

An insurance agent who has worked for an insurance company for a long time, of course the insurance agent has high motivation in terms of his work, one of which is an insurance agent will look for as many prospective customers as possible to join and register with an insurance company. Sometimes to smoothen his work, an insurance agent will do everything he can to get prospective customers to be registered with the company, so not infrequently negative ways will be done by unscrupulous insurance agents in order to get as many customers as possible to be registered with the company. As stated by an insurance agent, Mr. Jaka:

*“When visiting prospects, lure them in, for example, by offering gifts or non-medical bonuses when they sign up. This is because every insurance agent which is joining targeted to obtain a minimum premium of 50 million per year.”.*

From Mr. Jaka's expression, it implies that whatever the insurance agent does to smooth out his way of getting as many customers as possible to be registered with the company, even though the method used by the insurance agent is not in accordance with the company's procedures, just as the insurance agent will promise a more gifts and bonuses if the prospective customer registers with the insurance company, even though it is clear what the insurance agent said is not in the company. Of course, unscrupulous insurance agents do so with the reason that they want to get a target, they must deposit a minimum premium of 50 million per year for each agent to the company. From a target that is so heavy and difficult, the insurance agent will focus and be motivated in his work in a bad way, of course what the insurance agent does will trigger an act of fraud even though the insurance company itself is not allowed to promote the insurance agent outside the company's procedures. This information is not sufficient until here, so the researcher tried to ask another insurance agent, Mr. Yonif:

*“It's true that we have a target, apart from that target, we as insurance agents also have high motivation to get promoted, so insurance agents will do everything possible. For example, yes, for example, if we have personal identity data such as another person's Identity Card (KTP), it can be registered by an insurance agent, then we will pay the installments every month, because the more people who register through us, the greater our chances of getting a promotion. position in the company”.*

In line with what was said by Mr. Yonif, for the recognition and honesty of Mr. Yonif, that there were indeed fraudulent acts committed by insurance agents and there were various patterns. As stated by Mr. Yonif that in addition to the targets that must be achieved by unscrupulous insurance agents, of course there are other fraud patterns such as insurance agents having personal identity data of other people such as Identity Cards (KTP), so unscrupulous insurance agents can register with the company on behalf of the person who has the personal identity, of course the monthly installments of the agents themselves who pay. In addition to the fraudulent actions, it is in line with previous findings that there are various patterns of fraud such as traps by insurance agents on prospective customers by luring customers by saying they will give gifts and bonuses to customers if they register with the company. Of course, from the

various patterns of fraud committed by the insurance agent, there are factors that influence it, in addition to the factor of wanting to get more money from the fraud, another factor is that the insurance agent is motivated to move up in the company, so there are various negative ways of unscrupulous agents. Insurance is done in order to get many prospective customers registered with insurance companies.

### **Conclusion**

At the end of this study, researchers draw conclusions from several findings related to insurance agent fraud patterns. First, promotions carried out by insurance agents to prospective customers do not follow company procedures. Second, unscrupulous insurance agents often work with doctors to manipulate prospective customers suffering from illnesses into enrolling them with the company. Third, in the claim of a customer who dies, the family of the customer's heir is required to pay money to disburse the customer's claim, even though it is just a trap and a trick of the insurance agent to benefit from fraud. Fourth, the purpose of fraudulent insurance agents is to get a promotion because in one year insurance agents must get 50 million of minimum premium target which is deposited with the company in order to be promoted in the company, so that various negative ways are carried out by insurance agents.

The results of this study, researchers hope to be able to provide more benefits to several parties, such as insurance companies, insurance customers, and the wider community so that they know about various fraudulent practices in the insurance world, especially those carried out by unscrupulous insurance agents. Suggestions for further researchers is how the results of these findings can be useful and can be used as a reference for further research, especially those who will examine the insurance world, both with the theme of fraud committed by insurance companies and insurance agents. While this study only focuses on the fraud pattern of insurance agents, the researcher suggests that future researchers should try to update this research with the theme of revealing patterns of fraud in cooperation between insurance companies and insurance agents.

### **References**

- Abdulkadir, M. (2002). *Hukum Asuransi Indonesia*. Bandung: Citra aditya Bakti.
- Alfitriana, N. (2021). Pengaruh Motivasi Kerja terhadap Kinerja Agen Asuransi (Studi Kasus terhadap Agen Asuransi pada PT. Prudential Life Assurance PAM BSD Kota Tangerang Selatan). *Jurnal Al-Shifa*, pp. 1(2), 124-130. <http://jurnal.uinbanten.ac.id/index.php/alshifa/article/view/3841>.
- Awaloedin, A., Sutendi, H. H., & Kusdani, D. (2021). Investigasi Kecurangan dalam Klaim Program Asuransi Kesehatan Hospital Cash Plan. *Management Studies and Entrepreneurship Journal* (pp. 2(1). 7-25). DOI: <https://doi.org/10.37385/msej.v2i1.148>.
- Basturk, H. F. (2020). Insurance Fraud: The Case in Turkey. *Contemporary Issues in Audit Management and Forensic Accounting*, pp. 102, 77-97. <https://doi.org/10.1108/S1569-375920200000102009>.
- Goffin, K, Ahlström, P, P., Bianchi, M, & Richtnér. (2019). Perspective: State-of-the-Art: The Quality of Case Study Research in Innovation Management. *Journal of Product Innovation Management*. (pp. 36(5), 586-615). <https://doi.org/10.1111/jpim.12492>.
- Gomes, C., & Yang, H. (2021). Insurance fraud detection with unsupervised deep learning. *Journal of Risk and Insurance*, pp. 88: 591–624. <https://doi.org/10.1111/jori.12359>.



- Hariyadi, E., & Triyanto, A. (2017). Peran Agen Asuransi Syariah dalam Meningkatkan Pemahaman Masyarakat tentang Asuransi Syariah. *Jurnal Ekonomi dan Perbankan Syariah*, pp. 5(1), 19-37, ISSN (cet): 2355-1755.
- Harsono, S. D. (2005). *Prinsip-Prinsip dan Praktik Asuransi*. Jakarta Insurance Institute: Yayasan Pengembangan Ilmu Asuransi.
- Jie, L., Lan, Q., Zhu, E., Xu, Y., & Zhu, D. (2022). A Study of Health Insurance Fraud in China and Recommendations for Fraud Detection and Prevention. *Journal of Organizational and End User Computing (JOEUC)*, p. 34(4). <https://doi.org/10.4018/JOEUC.301271>.
- Kamayanti, A. (2016). *Metodologi Penelitian Kualitatif Akuntansi*. Pengantar Religiositas Keilmuan. Jakarta: Penerbit Peneleh.
- Ketut, S. (2017). Kecurangan dan Perlindungan Konsumen Asuransi. *Jurnal Vokasi Indonesia*. pp. 5(1), <http://www.jvi.ui.ac.id/index.php/jvi/article/view/79/pdf>.
- Kurniawan, S., Disemadi, S. H., & Purwanti, A. (2020). Urgensi Pencegahan Tindak Pidana Curang (Fraud) Dalam Klaim Asuransi. *Halu Oleo Law Review*, pp. 4(1), 38-5. <http://dx.doi.org/10.33561/holrev.v4i1.10863>.
- Massaro, M., Dumay, J, & Bagnoli, C. (2019). Transparency and the Rhetorical Use of Citations to Robert Yin in Case Study Research. *Meditari Accountancy Research*. (pp. 27(1), 44-71). <https://doi.org/10.1108/MEDAR-08-2017-0202>.
- Moleong, L. J. (2013). *Metode Penelitian Kualitatif*. Edisi Revisi. Bandung: PT. Remaja Rosdakarya.
- Mulhadi, & Harianto, D. (2022). Misrepresentation Sabagai Fraud dalam Perkara Kontrak Asuransi yang Dilakukan Penanggung. *Jurnal Arena Hukum*, pp. 15(1), 59-78. <https://doi.org/10.21776/ub>.
- Musyahida, S., Asizah, N., & Rahmawati. (2020). Etika Agen Asuransi Allianz Syariah Dalam Memasarkan Produk Asuransi Jiwa Pada PT. Asuransi Allianz Kota Palu. *Jurnal Ilmu Ekonomi dan Bisnis Islam*, pp. 2(1), e-ISSN: 2686-6633.
- Neale, & Fullerton. (2010). The international search for ethics norms: which consumer behaviors do consumers consider (un) acceptable??. *Journal of Services Marketing*, pp. 24(6), 476-486. <https://doi.org/10.1108/0887604101107259>.
- Ortega, V. J., Boza, B. L., & Mauricio, D. (2021). Fourteen years of manifestations and factors of health insurance fraud, 2006–2020: a scoping review. *Health and Justice*, pp. 1(2), <https://doi.org/10.1186/s40352-021-00149-3>.
- Prihartono, M. w. (2001). *Manajemen Pemasaran dan Tata Usaha Asuransi*. Yogyakarta: Kanisius.
- Puspita, C. A., & Novita, R. T. (2022). Tinjauan Yuridis terhadap Asuransi Jiwa dalam Proses Pelaksanaan Penyelesaian Klaim Pembayaran Asuransi. *Jurnal Komunikasi dan Informasi Hukum*, pp. 1(1), <https://doi.org/10.56211/rechtsnormen.v1i1.99>.
- Ridder, H. (2017). The Theory Contribution of Case Study Research Designs. *Business Research*. (pp. 10(2), 281-305). <https://doi.org/10.1007/s40685-017-0045-z>.
- Sadikin, H., & Adisasmito, W. (2016). Analisis Pengaruh Dimensi Fraud Triangle Dalam Kebijakan Pencegahan Fraud Terhadap Program Jaminan Kesehatan Nasional di RSUP

- Nasional Cipto Mangunkusumo. *Jurnal Ekonomi Kesehatan Indonesia*, pp. 1(2), 152-162. <http://dx.doi.org/10.7454/eki.v1i2.1871>.
- Saldamli, G., Reddy, V., Bojja, S. K., Gururaja, K. M., Doddaveerappa, Y., & Tawalbeh, L. (2020). Health Care Insurance Fraud Detection Using Blockchain. *Seventh International Conference on Software Defined Systems (SDS)*, pp. 145-152. <https://doi.org/10.1109/SDS49854.2020.9143900>.
- Santoso, R. M., & Jatmika, D. (2017). Hubungan Resiliensi dengan Work Engagement pada Agen Asuransi PT X. Article in *Jurnal Ecops*, pp. 4(2), 117-123. <https://doi.org/10.20527/ecopsy.v4i2.3853>.
- Sheshasaayee, A., & Thomas, S. S. (2018). A Purview of the Impact of Supervised Learning Methodologies on Health Insurance Fraud Detection. *Information Systems Design Intelligent Applications*, pp. 672, 978–984. [https://doi.org/10.1007/978-981-10-7512-4\\_98](https://doi.org/10.1007/978-981-10-7512-4_98).
- Sugiyono. (2011). *Metode Penelitian Kuantitatif, Kualitatif & R&D*. Bandung: Penerbit CV Alfabeta.
- Syakir, S. M. (2004). *Asuransi Syariah (Life and General) Konsep dan Sistem Operasiona*. Jakarta: Gema Insani.
- Telvisia, I., & Suyasa, Y. P. (2008). Kesesuaian Minat terhadap Pekerjaan: Pegawai Produktif (Studi pada Agen Asuransi Jiwa di Jakarta). *Phronesis Jurnal Ilmiah Psikologi Industri dan Organisasi*, pp. 10(1), 76-95. <http://repository.untar.ac.id/id/eprint/9884>.
- Wang, L. S., Pai, T. H., Fang Wu, M., Wu, F., & Li, L. C. (2016). The evaluation of trustworthiness to identify health insurance fraud in dentistry. *Artificial Intelligence in Medicine. Elsevier*, pp. 75, 40-50. <https://doi.org/10.1016/j.artmed.2016.12.002>.
- Widiyanto, & Fauziah. (2021). Tanggung Jawab Hukum Agen Asuransi Terkait Praktik Fraud Pda Perusahaan Asuransi Yang Merugikan Nasabah. *Jurnal Program Pascasarjana Hukum Universitas Islam As-Syafi'iyah* , pp. 7(1), 104-119. <https://doi.org/10.34005/veritas.v7i1.1282>.
- Wrona, T., & Gunnesch, M. (2016). The One Who Sees More is More Right: How Theory Enhances the 'Repertoire to Interpret' in Qualitative Case Study Research. *Journal of Business Economics*. (pp. 86(7), 723-749). <https://doi.org/10.1007/s11573-015-0799-8>.
- Yusuf, O. T., & Babalola, R. A. (2009). Control of insurance fraud in Nigeria: an exploratory study (case study). *Journal of Financial Crime*, pp. 16(4), 418-435. <http://dx.doi.org/10.1108/13590790910993744>.
- Zourrig , H., Park , J., Hedhli , E. K., & Zhang, M. (2018). The effect of cultural tightness–looseness on fraud perception in insurance services. *International Journal of Quality and Service Sciences*, pp. 10(2), 138-148. <https://doi.org/10.1108/IJQSS-02-2017-0016>.