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Analysis of the Effectiveness and Obstacles to the Implementation of PT Asuransi Jasa Raharja Makassar City Branch in the Protection of Accident Victims

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ABSTRACT

Examining the effectiveness and obstacles in the implementation of the accident victim protection program by PT Asuransi Jasa Raharja Makassar City Branch. This study uses a qualitative approach method to analyze the performance of PT Asuransi Jasa Raharja in providing compensation to traffic accident victims. Data is collected through in-depth interviews with related parties, direct observation of the service process, and analysis of documents such as financial statements and accident data. Internal factors such as service quality, product innovation, and HR competence are evaluated, while external factors such as community compliance with SWDKLLJ, accident rates, and inter-agency coordination are also considered. The results of the research are expected to provide strategic recommendations for PT Asuransi Jasa Raharja Makassar City Branch to increase the effectiveness of the program, overcome existing obstacles, and increase public satisfaction with the services provided. The study also highlights the importance of synergy with relevant agencies such as the police and health agencies to speed up the claims process and provide optimal protection for accident victims.

Keywords: Insurance, Jasa Raharja, Accident Victims

INTRODUCTION

The development of social protection systems in the transportation sector has become an essential component in efforts to enhance public safety and ensure adequate protection for victims of traffic accidents. Traffic accidents remain one of the leading causes of injury and mortality in many countries, including Indonesia. Consequently, the presence of an effective protection system is necessary to ensure that accident victims receive timely assistance and appropriate financial compensation. In this context, insurance institutions play a crucial role as financial protection mechanisms for individuals who suffer losses due to unforeseen events.

Conceptually, insurance represents an agreement between two parties, namely the insurance company and the policyholder, which forms the basis for the payment of premiums by the policyholder in exchange for risk protection. Through this mechanism, insurance companies provide compensation to insured individuals for losses, damages, incurred costs, loss of profits, or legal liability to third parties resulting from uncertain events. Insurance may also provide payments based on the death or survival of the insured with predetermined benefits or returns derived from fund management activities conducted by the insurance company. Generally, insurance products can be classified into two major categories, namely general insurance and life insurance. General insurance includes coverage for motor vehicles, property, accidents, credit, money, and other forms of financial loss. Meanwhile, life insurance covers products such as term life insurance, whole life insurance, and unit linked insurance. In essence, the primary objective of insurance is to transfer risk arising from uncertain events to another party that is willing to bear such risks in exchange for compensation (Simanjuntak).

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In the context of traffic accident protection, the Indonesian government assigns a specific mandate to PT Asuransi Jasa Raharja as a state owned enterprise responsible for managing traffic accident insurance. This institution plays a significant role in providing financial protection to victims of traffic accidents, including passengers of public transportation and victims of road traffic accidents. The legal foundation for this protection is regulated under Law Number 33 of 1964 concerning the Mandatory Passenger Accident Insurance Fund. This law ensures compensation for passengers of public transportation who experience accidents while traveling by buses, trains, ships, or aircraft. Furthermore, Law Number 34 of 1964 regulates the Road Traffic Accident Fund, which provides protection for victims of road traffic accidents, including pedestrians and motor vehicle users who are involved in traffic incidents.

As an institution responsible for protecting accident victims, PT Asuransi Jasa Raharja plays an important role in supporting the national transportation safety system. The effectiveness of its implementation largely depends on strong coordination among various institutions involved in accident response, including the police, hospitals, and other government agencies responsible for emergency management. Studies indicate that intersectoral coordination is essential in delivering comprehensive assistance to accident victims, ranging from emergency medical treatment to the provision of compensation for victims or their families (Njaine et al., 2025). Strengthening emergency care networks and ensuring the availability of adequate equipment are also critical factors in improving the quality of services provided to accident victims (Amesti et al., 2025; Moosazadeh et al., 2013; Widiss, 1975)

In addition to institutional coordination, the preparedness of human resources also plays a critical role in ensuring effective protection for accident victims. Traffic police officers are often the first responders at accident scenes, making their capacity to provide initial emergency assistance crucial for the survival of victims. Research shows that adequate training for first responders significantly contributes to improving post crash care and emergency response outcomes (Burman et al., 1977; Lukumay et al., 2019; Thompson et al., 2015) (Lukumay et al., 2019). However, public knowledge regarding first aid practices remains limited, which often results in panic and lack of preparedness during accident situations (Yari et al., 2025).

Despite the existence of such protection mechanisms, the implementation of accident victim protection systems still faces several challenges. One of the primary obstacles involves limited resources, including insufficient facilities, personnel, and financial support required to deliver effective services. These limitations may hinder both the provision of immediate assistance and the distribution of compensation to victims. Additionally, organizational and policy related challenges such as high staff turnover, limited training opportunities, and inadequate monitoring and evaluation mechanisms may reduce the effectiveness of accident victim protection programs (Annisa et al., 2020).

Public awareness also represents an important factor influencing the effectiveness of accident protection programs. Limited public understanding of traffic safety and the insurance protection mechanisms provided by the government often prevents victims from fully utilizing their rights to compensation. Therefore, increasing public awareness through traffic safety campaigns and educational programs regarding accident insurance protection is necessary to enhance the effectiveness of the protection system.

Based on these considerations, the effectiveness of accident victim protection implemented by PT Asuransi Jasa Raharja is influenced by several factors, including intersectoral coordination, human resource preparedness, the availability of supporting facilities, policy support, and public awareness. Therefore, analyzing the effectiveness and obstacles faced by PT Asuransi Jasa Raharja Makassar City Branch in protecting accident victims becomes important to understand how effectively this protection system operates and to identify the key challenges encountered in its implementation.

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METHOD

This study employs a qualitative research approach aimed at obtaining an in-depth understanding of the mechanisms and practices related to accident victim insurance services at PT Asuransi Jasa Raharja. The qualitative approach allows researchers to explore phenomena directly through interaction with respondents, enabling a comprehensive understanding of institutional practices, service procedures, and the experiences of actors involved in the implementation of insurance services. Data were collected through direct interaction between researchers and respondents using structured and unstructured questions designed to obtain relevant information related to the research objectives.

The research was conducted at PT Asuransi Jasa Raharja Makassar Branch, located on Jl. DR. Ratulangi No. 77, Mamajang District, Makassar City. The data collection process took place in October 2025. This location was selected purposively based on group deliberation, considering that PT Jasa Raharja is a government-owned insurance institution responsible for providing compensation and protection for victims of traffic accidents. The selection of this institution was therefore considered relevant to the research topic, as it allows the study to examine directly the implementation of accident insurance services and the mechanisms involved in providing compensation to victims. Through this approach, the research seeks to produce a systematic and contextual description of the operational practices of PT Jasa Raharja in handling accident victim insurance services.

RESULT AND DISCUSSION

Servants in the implementation of protection for accident victims, PT Jasa Raharja face a number of administrative obstacles. These obstacles arise due to incomplete or invalid victim data, such as identity, address, and vehicle data, so the verification process takes longer. In addition, delays in reporting accidents from the police or hospitals also slow down the settlement of claims. The public still does not understand the importance of fast reporting and completeness of documents, so claims submitted are often delayed. The low public understanding of claim rights and procedures is one of the factors that increase administrative obstacles.

On the other hand, the challenges faced include the limited number of field officers and the lack of optimal use of technology for the detection and follow-up of accident reports. The uneven socialization of policies, especially in remote areas, has also slowed down public understanding of Jasa Raharja's protection procedures. The procedure for submitting claims at PT Asuransi Jasa Raharja has basically been systematic. The process begins with reporting the accident to the police or Jasa Raharja officers, either by the victim's family, witnesses, or other parties who know about the incident. The report contains important details such as the time, place, cause of the incident, and the identity of the victim. After the report is received, the officer conducts verification to ensure the validity of the data and the suitability of the information with other supporting documents.

Furthermore, the victim or heirs complete the required documents before the company processes the compensation payment. For deceased victims, payments are made on the same day after verification is completed, while claims for injured victims take a maximum of 14 working days. Although the procedure is simple, there are cases where the claim is rejected because the victim does not meet the requirements, for example the vehicle used has not paid taxes or SWDKLLJ for several years.

In processing claims, injured victims must complete a number of documents such as accident reports from the police, personal identity, family cards, treatment certificates, receipts for treatment costs, and account numbers for compensation disbursement. For a claim

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for a deceased victim, more documents are needed, including death certificates, heirs' letters, and other supporting documents. Incompleteness of documents or delays in their provision can result in delays in disbursement of funds, reduction in compensation, and even denial of claims if data discrepancies are found.

Regarding efforts to prevent claim fraud, PT Jasa Raharja implements supervision measures such as field checks to match claim data with actual conditions. The verification process is also carried out in layers so that each stage can detect potential non-conformities. The company leverages data integration across agencies, such as police and hospitals, to identify indications of false claims. In the case of document forgery or unauthorized claims, Jasa Raharja conducts strict checks through data validation, coordination with authorities, implementation of digital systems, and internal audits. If elements of fraud are found, the company can involve law enforcement officials to sanction the perpetrator.

Factors that affect the effectiveness of accident victim protection include internal and external factors. From the internal side, the competence of human resources, digital service systems, administrative quality, and discipline to standard operating procedures greatly determine the speed and accuracy of service. The reach of service offices also affects the ease of public access to information and assistance. From the external side, low public compliance in paying SWDKLLJ, high accident rates, and inaccurate reporting are significant obstacles. In addition, geographical conditions and the level of public understanding of legal obligations and claim mechanisms also strengthen the challenges faced by Jasa Raharja. As part of the internal evaluation, PT Jasa Raharja routinely reviews service procedures to ensure their suitability with field dynamics. Simplifying the claim process is carried out to make services more efficient without reducing the accuracy of verification.

Evaluation of human resource performance is also a concern through trainings that improve communication skills, understanding of regulations, and the quality of public services. In the field of technology, the company continues to optimize digital systems such as the JRku application and the integration of IRSMS data with the National Police and Dukcapil so that accident reports can be processed in real-time. Strengthening data security and system reliability is part of efforts to maintain service quality. The implementation of the accident victim protection program at the Makassar Branch is carried out comprehensively through the provision of quick compensation, integrated accident services, accident prevention campaigns, and close coordination with various related agencies.

Digital system integration helps to increase transparency and speed up the service process. All of these efforts aim to ensure that victims and their heirs get their rights in a humane, fair, and timely manner, as well as build public trust in Jasa Raharja as a responsible accident protection provider.

The protection of accident victims does not solely depend on the availability of insurance schemes that provide financial compensation, but also on the effectiveness of administrative mechanisms and claim procedures applied in the compensation process. In practice, several studies indicate that administrative processes in accident victim protection often encounter various challenges that may delay or hinder the delivery of compensation to victims. These challenges are associated with complex administrative procedures, limited coordination among institutions, and legal frameworks governing claim processes. Therefore, understanding administrative obstacles and the effectiveness of claim procedures is essential for improving accident victim protection systems.

One of the primary administrative challenges in accident victim protection relates to the determination of responsibility or causality in accident events. In many cases, establishing the causal relationship between an accident and the damages suffered by victims requires multiple stages of verification and medical assessment. These procedures frequently involve several parties, including medical professionals, insurance institutions, and legal authorities,

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which may lead to delays in decision making regarding compensation claims (Blazhynska et al., 2025; Frej & Hupka, 2025; Woods et al., 2023). When disagreements arise regarding the cause of the accident or the severity of the injuries suffered by victims, the process may escalate into legal proceedings, which further prolongs the settlement of claims.

Bureaucratic barriers also represent a significant factor affecting the effectiveness of accident victim protection systems. Lengthy administrative procedures, overlapping institutional functions, and limited human resources often contribute to inefficiencies in delivering services to victims. Additionally, fragmentation among institutions involved in the victim assistance network constitutes a major challenge. Lack of coordination between healthcare services, social support institutions, and insurance organizations may hinder continuous recovery efforts and reduce the overall effectiveness of accident victim protection programs (Cartwright et al., 2023; Jaździk-Osmólska et al., 2024; Shaikh et al., 2024).

The complexity of legal and administrative frameworks further complicates the protection process for accident victims. Medical practitioners responsible for treating victims are often required to comply with multiple legal and administrative requirements related to medical reporting and documentation. Without adequate understanding of these frameworks, medical professionals may face difficulties in providing the documentation necessary to support insurance claims. Consequently, knowledge of administrative pathways within social insurance systems becomes crucial for enabling medical practitioners to effectively contribute to the accident victim protection process (Agustina et al., 2023; Faure & Weber, 2014)

In addition to administrative constraints, accident compensation claims may also encounter legal and economic barriers. Civil litigation systems in certain jurisdictions often create obstacles for victims seeking compensation. Lengthy legal procedures, high litigation costs, and uncertainties regarding compensation outcomes may discourage victims from pursuing claims. Furthermore, the likelihood of obtaining compensation may vary depending on the jurisdiction in which the case is filed, resulting in disparities in recovery opportunities and compensation awards (Costello, 2005; Scholz et al., 2006)

The speed of compensation delivery also represents a critical element within accident victim protection systems. Rapid compensation mechanisms are essential to help victims and their families cope with the financial consequences of accidents. However, research indicates that claim procedures are often delayed due to complex administrative processes or prolonged litigation mechanisms. Consequently, several scholars have emphasized the importance of developing faster and more efficient claim settlement mechanisms, including out of court settlement procedures.

Medical documentation also plays a fundamental role in accident insurance claim procedures. Medical records prepared by the physicians who initially treat accident victims serve as key evidence for determining the severity of injuries and the impact of accidents on victims' health conditions. Accurate and comprehensive documentation enables insurance institutions to monitor medical treatment and verify compensation claims submitted by victims (Scholz et al., 2006). Therefore, the quality of medical reporting significantly influences the efficiency and reliability of administrative claim processes.

Social barriers may also influence the claim process for accident victims. Studies indicate that victims sometimes face difficulties in reporting accidents or submitting claims due to limited knowledge of claim procedures, language barriers, or pressure from employers or other parties discouraging them from reporting incidents. Such conditions may prevent victims from receiving the compensation to which they are entitled.

Based on these findings, it can be concluded that administrative and procedural barriers remain significant factors affecting the effectiveness of accident victim protection systems. Bureaucratic complexity, service fragmentation, documentation limitations, and legal and

social obstacles may delay compensation processes for victims. Therefore, improvements are required through the simplification of administrative procedures, enhanced coordination among institutions, strengthened medical documentation systems, and the development of faster and more efficient claim settlement mechanisms to ensure more effective protection for accident victims.

CONCLUSION

Based on the overall research activities, the effectiveness of compensation services by PT. Raharja's services in various regions are considered good and quite good, and its implementation has been in accordance with the applicable laws and regulations, but its effectiveness in the field is hampered by external factors (lack of public understanding and problems with document management from related parties/victims) and the need for internal improvement (optimization of human resources and education).

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