

完全覆蓋的ClaimCenter-Business-Analysts證照資訊和最新Guidewire認證培訓 -授權的Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam



Professional Proctored Exam Guide

ClaimCenter Business Analysts

This exam guide is designed to help you evaluate your readiness to successfully complete the Professional certification exam for ClaimCenter business analysts. It includes information about the target audience, required prerequisites, recommended training, and test topics. Guidewire recommends a mix of training, hands-on product experience, and knowledge of best practices to maximize your chances of success on this exam.

Target Audience

The Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam is recommended for any business analyst who works with ClaimCenter as part of Guidewire InsuranceSuite or Digital implementations. This exam validates that business analysts can interpret a variety of ClaimCenter requirements effectively and efficiently. Those who pass this exam will become a Certified Professional, one of two certifications required for business analysts to earn the esteemed Certified Ace designation.

Why Certify?

Guidewire certifications allow learners to demonstrate increasing competency in their role. The Certified Professional designation is a coveted achievement that will help elevate you from the crowd. Certified Professionals are more productive, more self-sufficient, and more prepared to capture high-quality requirements that maximize product capabilities.

Certification Dependencies

Prerequisite Certifications

Business analysts do not need an existing Guidewire certification before they pursue the Certified Professional designation. Those who pass the Professional Certification - ClaimCenter Business Analyst - Jasper Proctored Exam will become a Certified Professional in the ClaimCenter business analyst track.

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P.S. Testpdf在Google Drive上分享了免費的2026 Guidewire ClaimCenter-Business-Analysts考試題庫：<https://drive.google.com/open?id=1qMqrAlivkRYBj-ajXB6pScWTp-GcA7MU>

如果你發現我們ClaimCenter-Business-Analysts有任何品質問題或者沒有考過，我們將無條件全額退款，Testpdf是專業提供Guidewire的ClaimCenter-Business-Analysts最新考題和答案的網站，幾乎全部覆蓋了ClaimCenter-Business-Analysts全部的知識點。

有很多網站提供資訊Guidewire的ClaimCenter-Business-Analysts考試，為你提供 Guidewire的ClaimCenter-Business-Analysts考試認證和其他的培訓資料，Testpdf是唯一的網站，為你提供優質的Guidewire的ClaimCenter-Business-Analysts考試認證資料，在Testpdf指導和幫助下，你完全可以通過你的第一次Guidewire的ClaimCenter-Business-Analysts考試，我們Testpdf提供的試題及答案是由現代和充滿活力的資訊技術專家利用他們的豐富的知識和不斷積累的經驗，為你的未來在IT行業更上一層樓。

>> ClaimCenter-Business-Analysts證照資訊 <<

ClaimCenter-Business-Analysts證照資訊和資格考試中的領導者和ClaimCenter-Business-Analysts證照信息

在IT行業中工作的人們現在最想參加的考試好像是Guidewire的認證考試吧。作為被廣泛認證的考試，Guidewire的考

試越來越受大家的歡迎。其中，ClaimCenter-Business-Analysts認證考試就是最重要的一個考試。這個考試的認證資格可以證明你擁有很高的技能。但是，和考試的重要性一樣，這個考試也是非常難的。要通过考试是有些难，但是不用担心。Testpdf可以帮助你通过ClaimCenter-Business-Analysts考试。

Guidewire ClaimCenter-Business-Analysts 考試大綱：

主題	簡介
主題 1	<ul style="list-style-type: none">Behavior Driven Development at Guidewire: This section introduces BDD methodology and its application in Guidewire implementations, focusing on collaborative development approaches and writing clear, testable requirements using BDD principles.
主題 2	<ul style="list-style-type: none">Claim Center Data Model and Adjudication: This domain examines ClaimCenter's data model architecture, claim setup, adjudication processes, financial terminology and concepts, and payment creation procedures.
主題 3	<ul style="list-style-type: none">Claim Processes and Maintenance: This section focuses on end-to-end claims processes, organizational structure setup, line of business coverage configuration, claim intake procedures, and ongoing claim maintenance activities.
主題 4	<ul style="list-style-type: none">Claim Center Financials Transactions: This section covers financial controls including payment approvals and holds, contact and vendor management, service request handling, and security framework with permissions and access control lists.

最新的 Guidewire Certified Professional ClaimCenter-Business-Analysts 免費考試真題 (Q43-Q48):

問題 #43

Drivers for Rideshare companies need insurance that provides protection when they are driving the vehicle for personal reasons. This will be the Succeed Insurance standard Personal Auto Policy. However, they also need insurance to protect them from the increased risks associated with working as a Rideshare Driver. This would include when they are logged in to the Rideshare application waiting for a customer match, on their way to pick up a customer, but not when a customer has entered the vehicle.

When a driver is working as a Rideshare Driver, this new Rideshare coverage will protect them from the following types of risks, and there is a need to be able to collect the appropriate information about the losses:

. Injury to a first-party driver

. Damaged personal property of the third-party passengers

Which two exposures need to be configured? (Choose two.)

- A. Rideshare Liability Under Insured Motorist
- **B. Rideshare Personal Property Protection**
- C. Rideshare Liability Bodily Injury
- D. Rideshare Liability Personal Injury Protection
- **E. Rideshare Medical Payments**

答案：B,E

解題說明：

250 to 350 words From Exact Extract of Guidewire ClaimCenter Business Analyst documentation:

To satisfy the requirements for the new "Rideshare" coverage product, the Business Analyst must map the described risks to the correct Exposure Types in the ClaimCenter data model.

* Risk: Injury to a first-party driver:In insurance terminology, "First Party" refers to the insured (the driver). Coverage for injuries sustained by the driver themselves is typically handled by Medical Payments(MedPay) or Personal Injury Protection (PIP). Among the choices provided,Rideshare Medical Payments (Option C)is the correct exposure type to cover medical costs for the driver regardless of fault. (Option E, Liability Bodily Injury, would cover injuries toothersthat the driver hit).

* Risk: Damaged personal property of third-party passengers:This refers to liability for damage to property belonging to others. While typically "Property Damage Liability," the specific option provided that fits this description isRideshare Personal Property Protection (Option B). This exposure would be configured to capture details about the damaged items (e.g., luggage, electronics) belonging to the passengers.

Why other options are incorrect:

* Option E (Liability Bodily Injury):This is for Third Party injuries (e.g., pedestrians or people in other cars), not the First Party

driver.

* Option D (Under Insured Motorist): This applies when the Rideshare driver is hit by someone else who doesn't have enough insurance. The prompt focuses on the risk of the driver working, not the financial failure of others.

問題 #44

An auto accident in Chicago, Illinois has been reported to Succeed Insurance. The customer service representative uses the ClaimCenter standard Claim Wizard to set up the new claim. The policy is verified in effect and based on the reported exposures the total loss points calculated is 38. There is also a note to have an expert inspection via approved vendor. What is the most likely claim setup with regards to this reported auto accident?

- A. The new claim will be segmented as high complexity auto claim, assigned to Midwest Complex Auto Adjusters Group, with activity for vehicle inspection.
- B. The new claim will be segmented as low complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- C. The new claim will be segmented as mid-complexity auto claim, assigned to Midwest Low Complexity Auto Adjusters Group, with activity for vehicle inspection.
- D. The new claim will be segmented as high complexity auto claim, assigned to a Supervisor for further determination on next steps due to complexity.

答案: A

解題說明:

ClaimCenter uses a logic-based process called Segmentation to categorize claims and Assignment to route them.

* Complexity (Points): The "Total Loss Points" score of 38 is significantly high. In standard configuration, high scores (typically indicating severe damage or total loss potential) trigger a High Complexity segmentation.

* Assignment (Geography): The accident occurred in Chicago (Midwest). The assignment rules will match the geography (Midwest) with the complexity (High/Complex). Therefore, it routes to the Midwest Complex Auto Adjusters Group.

* Workplan (Activity): The specific note regarding an "expert inspection" translates into a generated Activity (likely "Assign Vehicle Inspection" or similar) added to the claim's workplan.

Why other options are incorrect:

* A & D (Low/Mid Complexity): A score of 38 is too high for "Low Complexity" (which is usually for simple fender benders). Assigning a complex claim to a "Low Complexity" group would violate standard routing logic.

* C (Supervisor): Modern ClaimCenter configurations prefer Straight-Through Processing (STP) to a working group. Routing to a Supervisor is generally a fallback for exceptions, whereas this is a standard high-severity scenario that should go directly to the specialized adjusters.

問題 #45

What are two recommended best practices with user interface (UI) mock-ups in a ClaimCenter implementation project? (Choose two.)

- A. When creating a user interface (UI) mock-up, a Business Analyst (BA) should take a clear screen shot. User interface (UI) mock-up tools should not be used.
- B. A live system demonstration is acceptable in place of using a user interface (UI) mock-up to describe needed changes to the user interface.
- C. When a Business Analyst (BA) does not have access to a tool, it is acceptable to take a clear screen shot, then indicate on the image how the screen should appear to meet the requirements.
- D. A Business Analyst (BA) should document the requirement number associated with the mock-up and then use a user interface (UI) mock-up tool to build the mock-up.

答案: C,D

解題說明:

In a Guidewire implementation, User Interface (UI) mock-ups serve as critical visual aids to bridge the gap between written business requirements and the final technical solution.

* Best Practice 1 (Option B): While sophisticated prototyping tools (like Balsamiq or Axure) are valuable, they are not always strictly necessary for every change. A "low-fidelity" mock-up is often sufficient and highly effective for minor adjustments. If a BA lacks access to specialized software, the recommended best practice is to take a screenshot of the existing ClaimCenter screen and overlay it with text boxes, arrows, or simple graphics (using tools like Paint or PowerPoint) to clearly indicate where fields should be added, moved, or removed. The goal is clarity of intent, not artistic perfection.

* Best Practice 2 (Option D): Traceability is fundamental to the Agile and hybrid methodologies used in Guidewire projects. Every artifact, including mock-ups, must be traceable back to the specific User Story or Requirement Number it supports. By explicitly documenting the requirement number on or with the mock-up, the BA ensures that developers understand exactly which functionality is being visualized and that QA testers can validate the final screen against the correct scope.

Why other options are incorrect:

* Option A: A live demo shows the current state. It cannot effectively demonstrate future changes (fields that don't exist yet) without a visual mock-up to accompany the explanation.

* Option C: Stating that tools "should not be used" is incorrect; tools are generally encouraged when available to create high-fidelity prototypes.

問題 #46

Losses incurred because of an accident with other vehicles can be very large. Because of the risk of large losses, all claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not. The claim must show whether there were passengers in the vehicle at the time of the accident. Succeed wants the ability to include a very detailed description of the loss event information on intake of the claim.

When the claim is created, Succeed wants to flag the claim with a reminder for the Adjuster to contact the insured.

There should be reminders for the Adjuster to complete the following items for every new claim created:

- . Review any photographs of the accident
- . Contact and Interview each passenger
- . Collect statements from each witness
- . Record the vehicle's mileage

Which business requirement is based on assumptions?

- A. There should be reminders for the Adjuster to complete the following items for every new claim created: collect statements from each witness.
- B. All claims must include both a police report and the details of any passengers in the vehicle, whether they sustained injuries or not.
- C. There should be reminders for the Adjuster to complete the following items for every new claim created: review any photographs of the accident.
- D. When the claim is created, we want to flag the claim with a reminder for the Adjuster to contact the insured.

答案: C

解題說明:

In the context of business requirements analysis, an assumption is a statement that is accepted as true or certain to happen without proof.

* Why A is the correct answer: The requirement to generate a reminder to "review any photographs" for every new claim assumes that photographs will be available for every accident. In reality, photos are not always taken or provided at the First Notice of Loss (FNOL). Creating a mandatory task for an optional piece of evidence is based on the assumption of data availability.

* Why D is incorrect: "All claims must include a police report..." is a Business Rule or constraint. It is a mandatory condition imposed by the business ("must include") rather than an assumption about what is currently present.

* Why B is incorrect: Contacting the insured is a standard, universal step in the claims process that applies to every claim, so it is not considered an assumption.

問題 #47

Succeed Insurance has a strategic initiative to offer pay-as-you-drive personal auto insurance to compete with other large carriers. Customers who choose these policies must either own a vehicle that is equipped with a monitoring device or agree to install a device provided by Succeed. The monitoring device collects information about how the drivers of a covered vehicle drive, including how fast they drive, how hard they brake, and how many miles/kilometers the vehicle travels within a policy period.

This information is logged, and premiums are based on how the insured's driving behavior is categorized.

When a claim is reported, the log files must be obtained in order to analyze the information captured by the monitoring device at the time of the incident.

Succeed plans to collect and evaluate the Vehicle Monitoring Log files in the first implementation phase, which is scheduled for release in 60 days. The project sponsors have instructed the implementation team to use base product functionality over customization. Integration should be leveraged where possible to avoid manual data entry.

The New Claim Wizard must capture whether or not the vehicle has a monitoring device installed when a personal auto claim is created against a pay-as-you-drive policy.

Which feature of the base product enforces this claim creation requirement?

- A. Create a Validation rule enforcing the Ability to pay validation level.
- B. Create a Validation rule enforcing the Load and save validation level.
- **C. Create a Validation rule enforcing the New loss completion validation level.**
- D. Create a Validation rule enforcing a new custom Validation level for mechanical requirements.

答案： C

解題說明：

In Guidewire ClaimCenter, Validation Rules are used to enforce data integrity and business requirements at specific stages of the claim lifecycle. These stages are defined by Validation Levels.

* New Loss Completion (Option B): This validation level is specifically designed as the "gatekeeper" for the New Claim Wizard (FNOL). Rules triggered at this level run when the user attempts to click

"Finish" to submit the new claim. If a rule fails (e.g., "If Policy Type = Pay-as-you-drive AND Monitoring Device is Null"), the system prevents the claim from being created and highlights the missing field. This directly meets the requirement to enforce data capture "when a personal auto claim is created." Why other options are incorrect:

* Ability to Pay (A): This level runs when a user tries to issue a check. Using this would allow the claim to be created without the device info, only blocking the user later when they try to pay, which is too late for the requirement.

* Custom Level (C): Creating custom levels is possible but discouraged when a standard level fits the purpose, aligning with the "use base product functionality" principle.

* Load and Save (D): This level runs every time the claim is saved (even as a draft). Enforcing mandatory fields here can frustrate users who need to save their work partially complete.

問題 #48

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如果你選擇了報名參加Guidewire ClaimCenter-Business-Analysts 認證考試，你就應該馬上選擇一份好的學習資料或培訓課程來準備考試。因為Guidewire ClaimCenter-Business-Analysts 是一個很難通過的認證考試，要想通過考試必須為考試做好充分的準備。

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