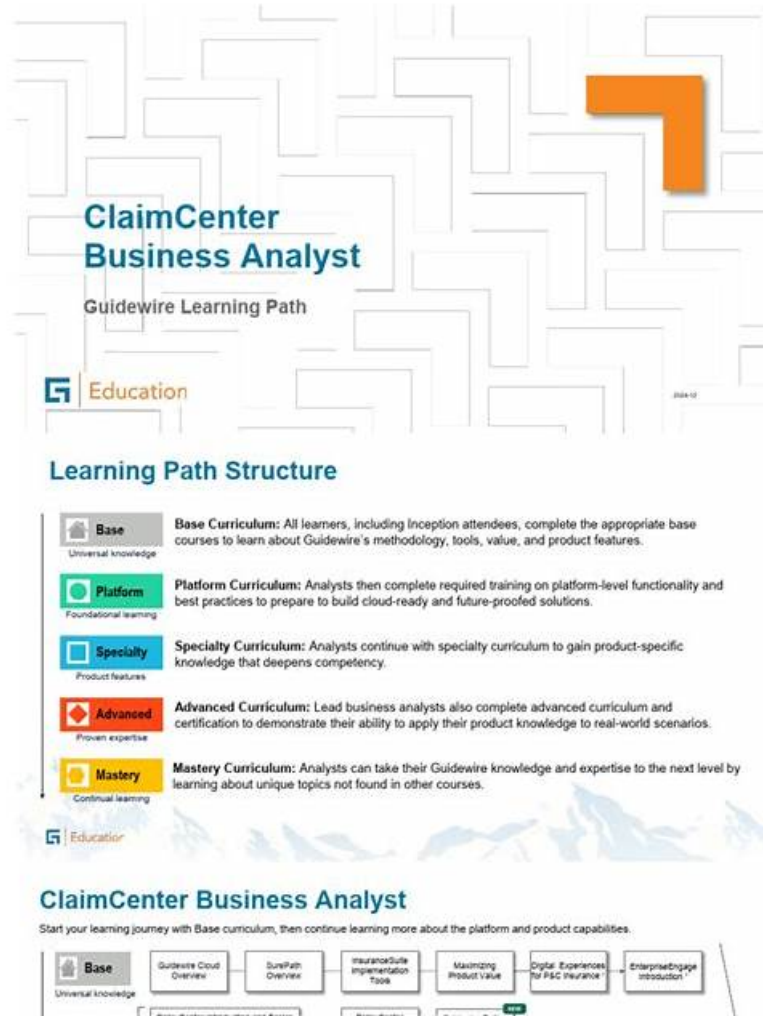


ClaimCenter-Business-Analysts対策学習 & ClaimCenter-Business-Analysts参考書勉強



効果的な勤勉さが結果に正比例することは誰もが知っているので、長年の勤勉な作業によって、私たちの専門家は頻繁にテストされた知識をあなたの参考のために ClaimCenter Business Analyst - Mammoth Proctored Exam 実践資料に集めました。ですから、ClaimCenter Business Analyst - Mammoth Proctored Exam トレーニング資料は彼らの努力の成果です。ClaimCenter Business Analyst - Mammoth Proctored Exam の実践教材に頼ることで、以前に想像していた以上の成果を絶対に得ることができます。ClaimCenter Business Analyst - Mammoth Proctored Exam の実際の ClaimCenter-Business-Analysts テストを選択した顧客から収集された明確なデータがあり、合格率は98~100%です。したがって、成功を収めるチャンスは、当社の資料によって大幅に向上します。

Guidewire ClaimCenter-Business-Analysts 認定試験の出題範囲:

トピック	出題範囲
トピック 1	<ul style="list-style-type: none"> Quality Analyst Basics: This domain covers quality assurance fundamentals including driving quality throughout development, integrating quality from inception, risk assessment and mitigation, test strategy selection, and defect management processes.
トピック 2	<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.

- 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.

>> ClaimCenter-Business-Analysts対策学習 <<

Guidewire ClaimCenter-Business-Analysts参考書勉強 & ClaimCenter-Business-Analystsトレーニング

GuidewireのClaimCenter-Business-Analysts試験の合格書は君の仕事の上で更に一步の昇進と生活条件の向上を助けられて、大きな財産に相当します。GuidewireのClaimCenter-Business-Analysts認定試験はIT専門知識のレベルの考察として、とっても重要な地位になりつつます。It-Passportsは最も正確なGuidewireのClaimCenter-Business-Analysts試験資料を追求しています。

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam 認定 ClaimCenter-Business-Analysts 試験問題 (Q29-Q34):

質問 # 29

What two pieces of information enable the Business Analyst (BA) to trace back to the root cause of an issue? (Choose two.)

- A. The unique Story Card number associated with the acceptance criteria
- B. The unique requirement numbers related to User Story
- C. The change history on the Document Control tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card
- D. The caution points indicated on the User Story Workflow
- E. The Approver Notes on the Acceptance tab of the Adjudicate - Create and Maintain Exposures for Vehicle User Story Card

正解: A、B

解説:

In Guidewire implementation methodology (Agile/SurePath), Traceability is maintained through specific unique identifiers that link the code and test cases back to the business definition.

* Unique Requirement Numbers (Option E): Every granular business requirement is assigned a unique ID (e.g., CC-FNOL-001). If a defect or issue arises during testing or production, the BA uses this number to find the exact text of the requirement that was implemented. This helps determine if the issue is a "bug" (code doesn't match requirement) or a "gap" (requirement was missing or wrong).

* Unique Story Card Number (Option A): User Stories act as containers for requirements. The Story Card Number (e.g., Story-105) links the individual requirements to the broader feature context. Tracing back to the Story Card allows the BA to review the original scope, the UI mockups, and the Acceptance Criteria associated with that feature to understand the "Root Cause" of the misunderstanding or failure.

Why other options are incorrect:

* Option B (Caution points): These are process diagrams notes, useful for training but not for system traceability.

* Option C (Change History): While useful for seeing who edited a document, it does not provide the structural link between a system error and the business definition like the IDs do.

* Option D (Approver Notes): These confirm sign-off but rarely contain the functional detail needed to diagnose a root cause.

質問 # 30

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

正解: A

解説:

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.

質問 # 31

Which set of three objects is required to create a liability exposure?

- A. Claimant, Incident, Reserve Line
- B. Claimant, Coverage (type and subtype), Reserve Line
- C. Coverage (type and subtype), Incident, Reserve Line
- D. Claimant, Coverage (type and subtype), Incident

正解: D

解説:

In the Guidewire ClaimCenter object model, a Liability Exposure represents a specific potential financial obligation to a third party. To successfully instantiate (create) a new exposure record, the system requires three fundamental data associations to define "Who, What, and How":

* Claimant:The specific person or entity seeking compensation (the "Who"). Every exposure must be linked to a contact designated as the claimant.

* Coverage (Type and Subtype):The specific contractual provision from the policy that applies to the loss (the "How"). The exposure must link back to a valid coverage on the verified policy to confirm the insurer is liable.

* Incident:The specific details of the event or damage (the "What"). In ClaimCenter, an Incident is a distinct object (e.g., Vehicle Incident, Injury Incident) that captures the facts of the loss. Multiple exposures can link to the same incident (e.g., Bodily Injury and Property Damage exposures both linking to the same Vehicle Incident), but every exposure requires one underlying incident to define the scope of the damage.

Why other options are incorrect:

* Reserve Line (A, C, D):A Reserve Line is a financial accounting object created after the exposure exists to set aside funds. It is a child object of the exposure, not a prerequisite for creating the exposure itself.

質問 # 32

Succeed Insurance is expanding into California, Texas, and Arizona which have large Spanish-speaking customer bases. Currently language is not considered in assignment. Succeed wants the ability to assign claims to appropriate bilingual Adjusters. Succeed also needs the ability to identify the preferred language of the customers.

The company is planning to implement a slightly modified version of ClaimCenter to suit its organization's needs. The modification will include adding two new required fields to the existing user interface (UI) to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to enhance the operational efficiency and expediency of claims processing in its region.

Which two guiding principles apply to this implementation? (Choose two.)

- A. We will include scope that accelerates time-to-market.
- **B. We are not building a system from scratch.**
- C. We will not revisit decisions already documented.
- **D. We will challenge current processes.**

正解: B、D

解説:

In Guidewire implementation projects (often following the SurePath methodology), specific Guiding Principles are established to manage scope and ensure project success.

* "We are not building a system from scratch" (Option A): This is the foundational principle of package software implementation. The scenario explicitly states that Succeed is implementing a

"slightly modified version of ClaimCenter" (using the base product) rather than building a custom solution. The project team accepts that they are starting with a robust, pre-built application and will only modify it where necessary (e.g., the two specific fields).

* "We will challenge current processes" (Option B): The scenario notes that "Currently language is not considered in assignment." To successfully implement the new requirement (bilingual assignment), the project team must challenge and change the legacy business process. Instead of automating the old way of working (which ignored language), they are defining a new, more efficient process that leverages the tool's capabilities.

Why other options are incorrect:

* Option C: Adding scope (new fields) generally increases risk and time rather than accelerating it, unless the scope is strictly MVP. The primary focus here is efficiency, not just speed of deployment.

* Option D: While "not revisiting decisions" is a good governance rule, it is not the primary principle illustrated by the decision to modify the UI for specific business value.

質問 # 33

A Business Analyst (BA) has identified a new typecode essential for Succeed Insurance implementation. During adjudication, Adjusters need to be able to update the loss cause value to reflect the new typecode. Which tabs in a Guidewire Story Card should be used to document the business requirement?

- A. Change Summary, UI Fields, Typelist, Action Items, and Business Acceptance
- B. Change Summary, UI Mockup, UI Fields, Typelist, and Action Items
- C. Document Control, UI Mockup, Typelist, Action Items, and Business Acceptance
- **D. Document Control, UI Mockup, UI Fields, Typelist, and Business Acceptance**

正解: D

解説:

To fully document a requirement that involves both a User Interface change (updating a value on a screen) and a Data Model change (adding a new typecode), the standard Guidewire Story Card tabs required are:

* Document Control: Captures the metadata (Author, Version, Owner) to track the requirement's history.

* UI Mockup: Visually illustrates where on the screen the "Loss Cause" field is located and how the dropdown should appear to the Adjuster.

* UI Fields: Defines the specific behavior of the field (e.g., Is it mandatory? Is it editable during adjudication? What is the label?).

* Typelist: This is critical for this specific scenario. It lists the actual Code, Name, and Description of the new typecode being added to the "Loss Cause" typelist.

* Business Acceptance: Defines the testable criteria (Acceptance Criteria) to verify that the adjuster can successfully select the new value and save the claim.

Why Option B is correct: It is the only option that includes both the visual requirements (Mockup/Fields) and the data requirement (Typelist) alongside the standard control and testing tabs (Document Control/Business Acceptance).

質問 # 34

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今日の社会では、能力を高めるために証明書を取得することを優先する人がますます増えています。まったく新しい観点から、ClaimCenter-Business-Analysts学習資料は、ClaimCenter-Business-Analysts認定の取得を目指すほとんどのオフィスワーカーに役立つように設計されています。当社のClaimCenter-Business-Analystsテストガイドは、現代の人材開発に歩調を合わせ、すべての学習者を社会のニーズに適合させます。ClaimCenter-Business-Analystsの最新の質問が、関連する知識の蓄積と能力強化のための最初の選択肢になることは間違いありません。

