

ClaimCenter-Business-Analysts權威認證， ClaimCenter-Business-Analysts考題免費下載



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. KaoGuTi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=1CxdmfcwV46zIUUh9SnpGUXo6sDfHdB>

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Guidewire ClaimCenter-Business-Analysts 考試大綱：

主題	簡介
主題 1	<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 2	<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 3	<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.
主題 4	<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 5	<ul style="list-style-type: none"> InsuranceSuite Analyst Fundamentals: This domain covers InsuranceSuite platform fundamentals including user interface, data model, application logic, integration mechanisms, and hands-on workshop exercises for practical application.

>> ClaimCenter-Business-Analysts權威認證 <<

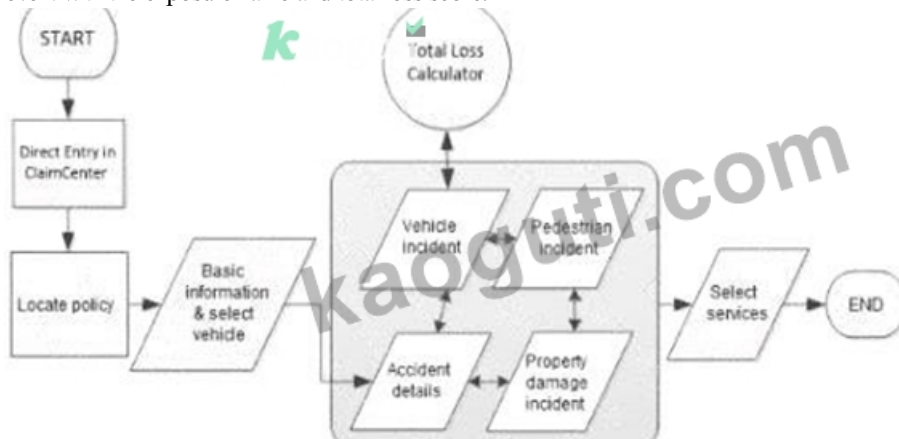
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最新的 Guidewire Certified Professional ClaimCenter-Business-Analysts 免費考試真題 (Q34-Q39):

問題 #34

Whenever the Total Loss Calculator determines that a vehicle is a total loss, Succeed Insurance wants to create a custom history event with the exposure name and total loss score.



Which step in the claim setup process flow must be completed before the history event can be created?

- A. Add a new step after the Vehicle Incident step to create the history event.
- **B. Add a new step after the Total Loss Calculator to create the history event.**
- C. Add a new step before the Total Loss Calculator to create the history event.
- D. Add a new step before the Vehicle Incident step to create the history event.

答案： B

解題說明：

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

In Guidewire ClaimCenter workflow analysis and configuration, defining the correct sequence of operations is critically dependent on Data Availability and Data Dependency.

The specific requirement here dictates that the custom history event must capture the Total Loss Score. In the context of the ClaimCenter object model and process flow, the Total Loss Score is an output value generated specifically by the Total Loss Calculator engine. Before this calculator runs, the score attribute is effectively null or non-existent. Therefore, to satisfy the business requirement, the step that writes the history event must be placed after the step that generates the data it needs to record.

* Process Logic: If the Business Analyst were to place the history event creation step before the Total Loss Calculator (Option B) or before the Vehicle Incident (Option D), the system would attempt to write a record containing a score that has not yet been calculated. This would result in either a system error or a history event with a blank/zero value, failing to meet the business requirement.

* Dependency Chain: The workflow dependency is: Vehicle Data Entry -> Total Loss Calculation -> Score Generation -> History Event Creation.

* Implementation Note: In a typical Guidewire implementation, this logic is often handled via "Event Fired" rules or specific "Exit Points" in the workflow. The system waits for the confirmation that the Total Loss calculation service has successfully returned a result. Once that transaction is committed and the score is persisted on the Vehicle or Exposure entity, the subsequent rule to generate the History Event can trigger successfully.

Consequently, Option C is the only viable placement in the process flow. It ensures that the prerequisite action (calculation) is complete and the required data payload (the score) is available for the subsequent action (logging the history event).

問題 #35

Under the Travel loss type, Succeed Insurance offers personal travel policies as part of its travel line of business.

Which two pieces of information in the user interface (UI) will be different for a personal travel claim than for a personal auto or homeowners claim? (Choose two.)

- A. The values displayed in the list of loss causes
- B. The values displayed in the list of fault ratings
- C. Incident types available for recording damage
- D. The format of the Financial Summary screen
- E. Contact information collected for the insured

答案: A,C

解題說明:

Guidewire ClaimCenter is designed to support multiple Lines of Business (LOB), and the User Interface adapts dynamically based on the policy type associated with the claim.

* Incident Types (Option B): The "Incident" is the object that describes what was damaged or lost.

* For Auto, the UI displays Vehicle Incidents (describing cars).

* For Homeowners, the UI displays Dwelling or Fixed Property Incidents.

* For Travel, the UI will display distinct incident types such as Baggage Incident (for lost luggage) or Trip Cancellation Incident. These are fundamentally different data objects with different fields.

* Loss Causes (Option C): The Loss Cause type list is filtered by the Line of Business.

* Auto claims show causes like "Collision," "Rear-end," or "Theft of Vehicle."

* Travel claims will show completely different values such as "Trip Delay," "Lost Baggage,"

"Medical Emergency," or "Cancellation."

Why other options are incorrect:

* Financial Summary (A): The structural format of the Financial Summary screen (displaying Reserve Lines, Payments, and Remaining Reserves) is a core system framework that remains consistent across all lines of business.

* Contact Information (E): The Contact entity (Name, Address, Phone) is a shared entity. The fields used to capture a person's details are generally the same whether they are a driver, a homeowner, or a traveler.

問題 #36

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

答案： C

解題說明：

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).

問題 #37

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 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.

No payments can be made on the claim until a flag indicating that the Vehicle Monitoring Log file has been processed has been set to 'Yes'.

Which feature of the base product prevents payments from being made on the claim?

- A. Validation rule enforcing the Ability to pay validation level.
- B. Transaction Validation rule requiring approval for payments with unprocessed log files.
- C. Validation rule enforcing the Send to external system validation level.
- D. Authority Limit for any payment with a policy type of Pay-as-you-drive.

答案： A

解題說明：

In Guidewire ClaimCenter, the Ability to Pay validation level is the specific "gatekeeper" designed to verify that a claim is mature enough and has sufficient data to allow financial transactions to be issued.

* Validation Levels: ClaimCenter uses validation levels (e.g., Load, New Loss, Ability to Pay) to enforce data integrity at different stages of the claim lifecycle.

* Blocking Payments: When a user attempts to create a check, the system triggers the rules associated with the Ability to Pay level. If any rule at this level fails (returns an error), the system prevents the payment wizard from completing.

* Scenario Application: The Business Analyst can define a rule at the "Ability to Pay" level that checks the condition: "If Policy Type is Pay-as-you-drive AND Log Processed Flag is NOT 'Yes', then throw an error." This fulfills the requirement to strictly block payments ("No payments can be made") rather than just route them for approval.

Why other options are incorrect:

- * Authority Limits (B) control the amount of money a user can approve, not the prerequisites (like data flags) for making a payment.
- * Transaction Validation requiring approval (C) would route the payment to a supervisor, but it implies the payment could be made if approved. The requirement states "No payments can be made," implying a hard system stop, which validation rules provide.
- * Send to External System (D) validates data just before it leaves the system (e.g., for check printing), which is often too late in the workflow for business-logic stops like reviewing a log file.

問題 #38

Succeed Insurance requires that all vehicles involved in collisions be evaluated to determine if the vehicle is a total loss. A vehicle claim is deemed a total loss using a calculation based on points earned for selecting specific vehicle information.

What are two examples of acceptance criteria for this business requirement? (Choose two.)

- A. Validate the assignment to the Salvage Group when calculated points are 25 or greater.
- B. Ensure that the business rule generates the Review for Salvage Activity.
- C. Create a business rule to calculate total loss points.
- D. Add a question to the Total Loss Calculator that identifies the relevant damage.

答案: A,B

解題說明:

Acceptance Criteria (AC) are specific conditions that the software must satisfy to be accepted by the user. In the context of a User Story, AC must be written as testable outcomes or verification steps (pass/fail conditions), not as implementation tasks for the developer.

* Option D (Testable Outcome): "Validate the assignment to the Salvage Group when calculated points are 25 or greater." This is a perfect example of AC. It describes a specific scenario (Points \geq 25) and the expected system behavior (Assign to Salvage Group). A tester can run this scenario and objectively determine if the system passes or fails.

* Option A (Testable Outcome): "Ensure that the business rule generates the Review for Salvage Activity." Similarly, this describes the expected result of the logic. It does not tell the developer how to write the code, but it tells the QA team what to look for (the creation of a specific Activity) to confirm the requirement is met.

Why other options are incorrect:

* Option B ("Add a question..."): This is an Implementation Task. It describes work the developer must do ("Add a question"), but it is not a criterion for verifying the end-to-end business value.

* Option C ("Create a business rule..."): This is also an Implementation Task. A user cannot "test" that a rule was created; they test the effect of that rule (which is described in A and D). Acceptance criteria focus on the "What" (behavior), while tasks focus on the "How" (configuration).

Here are the 100% verified answers for Question 16 and Question 17, formatted as requested.

問題 #39

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