有效的ClaimCenter-Business-Analysts考試心得和資格考試中的領先提供商和值得信賴的ClaimCenter-Business-Analysts最新考題

2026 KaoGuTi最新的ClaimCenter-Business-Analysts PDF版考試題庫和ClaimCenter-Business-Analysts考試問題和答案免費分享：https://drive.google.com/open?id=12IadzEPURyILzL1UHHGQvbDCdsCE7Fvc

什麼是KaoGuTi Guidewire的ClaimCenter-Business-Analysts考試認證培訓資料？網上有很多網站提供KaoGuTi Guidewire的ClaimCenter-Business-Analysts考試培訓資源，我們KaoGuTi為你提供最實際的資料，我們KaoGuTi專業的人才隊伍，認證專家，技術人員，以及全面的語言大師總是在研究最新的Guidewire的ClaimCenter-Business-Analysts考試，因此，真正相通過Guidewire的ClaimCenter-Business-Analysts考試認證，就請登錄KaoGuTi網站，它會讓你靠近你成功的曙光，一步一步進入你的夢想天堂。

我們KaoGuTi培訓資料可以測試你在準備考試時的知識，也可以評估在約定的時間內你的表現。為你獲得的成績以及突出的薄弱環節給出指示，從而改善了薄弱環節，KaoGuTi Guidewire的ClaimCenter-Business-Analysts考試培訓資料向你介紹不同的核心邏輯的主題，這樣你不僅學習還瞭解各種技術和科目，我們保證，我們的培訓資料是通過實踐檢驗了的，我們KaoGuTi為你的考試做足了充分的準備，我們的問題是全面的，但價格是合理的。

>> ClaimCenter-Business-Analysts考試心得 <<

完美的ClaimCenter-Business-Analysts考試心得和資格考試和神奇ClaimCenter-Business-Analysts中的領先提供者：ClaimCenter Business Analyst - Mammoth Proctored Exam

想要通過ClaimCenter-Business-Analysts認證考試並不是僅僅依靠與考試相關的書籍就可以辦到的。與其盲目地學習考試要求的相關知識，不如做一些有價值的試題。一本高效率的考古題是大家準備考試時必不可少的工具。所以，快點購買KaoGuTi的ClaimCenter-Business-Analysts考古題吧。這是一本命中率很高的考古題，比其他任何學習方法都有效。这是可以保证你一次就成功的难得的资料。

Guidewire ClaimCenter-Business-Analysts 考試大綱：

主題	簡介
主題 1	• 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	• 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 3	• 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.
主題 4	• 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.

最新的 Guidewire Certified Professional ClaimCenter-Business-Analysts 免費考試真題 (Q11-Q16):

問題 #11
A claim for an auto accident in California has been assigned to an insurance Adjuster in the Midwest region for investigation and processing. The claim has been flagged as "Low Complexity" in ClaimCenter. The Adjuster has an authority limit for total reserves of $30,000 and has created reserves totaling $35,000.
What is the correct approval routing for this transaction?

- A. The transaction will require approval from the Supervisor of the group.
- B. This transaction will require approval because the Adjuster does not work in the same region where the claim was reported.
- C. The transaction will require approval from another team member who has the authority limit to approve.
- D. This transaction will not require approval because the claim is identified as low complexity.

答案：A

解題說明：
Based on theGuidewire ClaimCenter Financials and Authority Limitsdocumentation, the correct behavior for this scenario is determined by the strict enforcement ofAuthority Limits, regardless of claim complexity or geographic region.
In ClaimCenter, every user is assigned specific authority limits for various financial transactions, including reserves, payments, and recovery reserves. These limits are absolute constraints designed to control financial exposure. In the scenario provided, the Adjuster attempted to set a reserve of$35,000, which exceeds their authorized limit of$30,000.
When a user submits a financial transaction that exceeds their pre-configured authority limit, ClaimCenter automatically triggers anApproval Workflow. The system validates the transaction amount against the user's limit at the time of submission. Since the limit is breached, the transaction is not committed immediately to the database as "Submitted"; instead, it enters a"Pending Approval"status.
Routing Logic:
The standard, out-of-the-box approval routing logic in ClaimCenter follows the Group Hierarchy.
* The system identifies the group to which the Adjuster belongs.
* It creates anApproval Activity.
* This activity is assigned to theSupervisorof that group.
The Supervisor must then review the transaction. If the Supervisor has sufficient authority (greater than $35,000), they can approve it. If the Supervisor also lacks sufficient authority, they must still "approve" it to escalate the request further up the hierarchy totheirmanager, until it reaches a user with sufficient limits.
Why other options are incorrect:
* A (Complexity):Claim complexity flags (e.g., "Low Complexity") are often used forAssignmentrules (Segment-based assignment) or straight-through processing ofdocuments, but they do not override Financial Authoritycontrols. A low-complexity claim still requires financial oversight if the dollar amount is high.
* B (Peer Approval):Approval routing is hierarchical, not peer-to-peer. It does not look for "any" team member; it looks specifically for the defined Supervisor.
* C (Region):The region mismatch might trigger an assignment rule or a validation warning depending on configuration, but the specific trigger for theapprovalhere is purely the financial discrepancy ($35k > $30k), not the geography.

問題 #12
An Adjuster at Succeed Insurance is handling a homeowners claim with a dwelling exposure for damage to the insured's home. The Adjuster's Authority Limit Profile has the following limits:
The table below is a view of the property claims organization within Succeed Insurance. The Adjuster is a member of the group Property - Team A.

The Adjuster creates a payment in the amount of $6,500 for repairs to the insured's home. How will it be processed assuming that the claim has sufficient reserves for the payment?

- A. The payment requires approval. An approval activity will be generated and routed to Supervisor D.
- B. The payment requires no approval. It will be processed and issued to the insured.
- C. The payment requires approval. An approval activity will be generated and routed to Supervisor C.
- D. The payment requires approval. An approval activity will be generated and routed to Supervisor A.

答案：A

解題說明：
This scenario involves checking financial Authority Limits and determining the correct Approval Routing hierarchy in Guidewire ClaimCenter.
* Check Authority Limits:First, compare the transaction amount against the user's specific limits.
* The payment is for "repairs to the insured's home," which is classified asClaim Cost(Indemnity).
* According to the provided Authority Limit Profile, the Adjuster has a "Payment amount" limit of $5,000for Claim Cost.
* The transaction amount is$6,500.
* Since$6,500 > $5,000, the limit is exceeded, meaning the paymentrequires approval(Ruling out Option B).
* Determine Routing:When a financial transaction requires approval, ClaimCenter routes the approval activity to the supervisor of the group to which the user belongs.
* The Adjuster is a member ofProperty - Team A.
* According to the Organization chart provided, the Supervisor for "Property - Team A" is Supervisor D.
* Therefore, the system will generate an approval activity and assign it specifically to Supervisor D). Supervisor C is the manager of theparentgroup (Western Property Group), so the activity would only go to them if Supervisor Dalsolacked the authority to approve the $6,500, requiring further escalation. However, the initial routing is always to the immediate supervisor.
Why other options are incorrect:
* Option A:Supervisor C is the "Grand-boss" (Supervisor of the parent group), not the immediate supervisor.
* Option B:The amount ($6,500) clearly exceeds the defined limit ($5,000), so automatic processing is impossible.
* Option C:Supervisor A is at the top of the hierarchy (Succeed Insurance), far removed from the initial approval step.

問題 #13
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. Document Control, UI Mockup, Typelist, Action Items, and Business Acceptance
- B. Change Summary, UI Fields, Typelist, Action Items, and Business Acceptance
- C. Change Summary, UI Mockup, UI Fields, Typelist, and Action Items
- D. Document Control, UI Mockup, UI Fields, Typelist, and Business Acceptance

答案：D

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 illustrateswhereon 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 typecodebeing 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 includesboththe visual requirements (Mockup/Fields) and the data requirement (Typelist) alongside the standard control and testing tabs (Document Control/Business Acceptance).

問題 #14
Which two components are necessary to create the check(s) using the wizard? (Choose two.)

- A. Payment tied to an activity
- B. Payee
- C. Date of the claim
- D. Payment tied to a reserve line

答案：B,D

解題說明：
The Check Wizard in Guidewire ClaimCenter enforces strict financial integrity rules. To successfully create a check, the user must define the source of funds and the recipient.
* Payment tied to a Reserve Line (Option A):Every payment must be allocated to a specificReserve Line(combination of Exposure, Cost Type, and Cost Category). This ensures that the payment consumes the correct financial reserves and maps to the correct coverage on the policy. You cannot create a "floating" payment; it must be tied to a reserve line.
* Payee (Option C):A check is a legal instrument that must be payable to a specific entity. Selecting a Payee(from the claim contacts) is a mandatory step in the wizard.
Why other options are incorrect:
* B (Activity):While paymentscanbe linked to activities (e.g., Service Requests), it is optional. Most indemnity payments are made directly without an underlying activity.
* D (Date of claim):The Loss Date is a property of the claim, but it is not a component selected or created duringthe check wizard process. The relevant dates in the wizard are the "Service Period" or
"Scheduled Send Date."

問題 #15
What two pieces of information enable the Business Analyst (BA) to trace back to the root cause of an issue?
(Choose two.)

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

答案：C,E

解題說明：
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 seeingwhoedited 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.

問題 #16
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松通過 Guidewire ClaimCenter-Business-Analysts 考試。

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