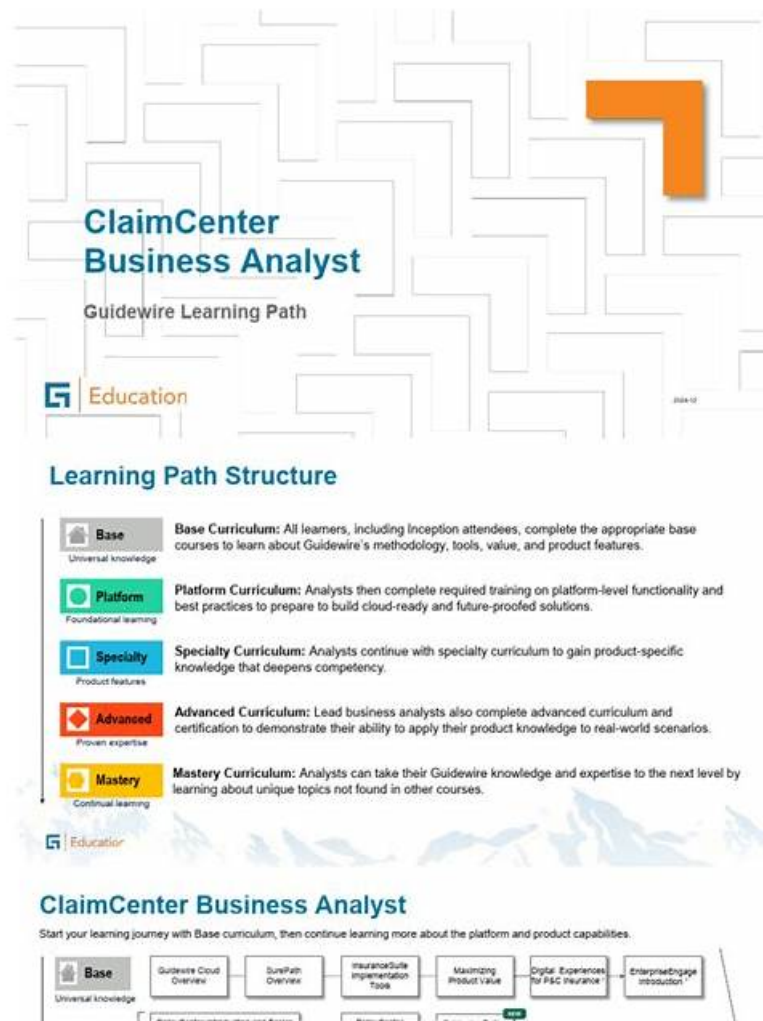


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問題 #11

An Adjuster at Succeed Insurance is handling a personal auto claim for an insured who hit a tree after swerving to avoid a child who ran into the road.

The Adjuster has this Authority Limit Profile:

□ The Adjuster creates a collision exposure and sets the initial reserves so that payments can be made to the insured for repairs to the damaged vehicle. No payments have been created yet.

The current financials for the claim are as follows:

Which two financial transactions will not require approval given that each option is the only transaction change rather than a cumulative change? (Choose two.)

- A. A partial payment of \$2,000 is made against the Claim Cost - Auto body reserve line.
- B. The Claim Cost - Auto body reserve line is increased to \$6,000.
- C. The Expense - A&O - Vehicle inspection reserve line is increased to \$550.
- D. A partial payment of \$1,100 is made against the Expense - A&O - Vehicle inspection reserve line.

答案: A,C

解題說明:

To determine if a transaction requires approval, we must compare the proposed transaction against the Adjuster's Authority Limits and the current financial state of the claim.

* Current State: Total Reserves = \$3,000 (\$2,500 Indemnity + \$500 Expense). Total Paid = \$0.

* Adjuster Limits:

* Claim Total Reserves Limit: \$5,000

* Payments Exceed Reserves Limit: \$500

Evaluation of Options:

* Option B (No Approval Required): Making a \$2,000 payment against the "Claim Cost - Auto body" reserve.

* The available reserve is \$2,500. Since $\$2,000 < \$2,500$, the payment does not exceed the reserve.

* The total payments on the claim would be \$2,000, which is well below the "Claim payments to date" limit of \$5,000.

* Option D (No Approval Required): Increasing the Expense reserve to \$550.

* This increases the total claim reserves from \$3,000 to \$3,050 ($\$2,500 + \550).

* Since \$3,050 is below the Adjuster's "Claim total reserves" limit of \$5,000, no approval is triggered.

Why other options require approval:

* Option A: A payment of \$1,100 against a \$500 reserve means the payment exceeds the reserve by \$600.

The Adjuster's limit for "Payments exceed reserves" is only \$500. Since $\$600 > \500 , approval is required.

* Option C: Increasing the Auto body reserve to \$6,000 would raise the total claim reserves to \$6,500 ($\$6,000 + \500). This exceeds the Adjuster's "Claim total reserves" limit of \$5,000, triggering an approval.

問題 #12

Which two actions may the Business Analyst (BA) perform based on the roles and permissions functionality of ClaimCenter? (Choose two.)

- A. Define a role that consolidates variable permissions across multiple users into a single set of permissions
- B. Establish a best practice which dictates that each user should be given unique permissions to increase the precision of security
- C. Create a collection of permissions to simplify the management of large groups of users with the same permissions
- D. Design requirements around different authority limits within the customer's organization

答案: A,C

解題說明:

The Roles and Permissions functionality (part of the Role-Based Access Control or RBAC model) in ClaimCenter is designed to simplify security administration. A Business Analyst utilizes this functionality to define how users access the system.

* Defining Roles (Option A): A "Role" in Guidewire is fundamentally a named container for a set of System Permissions (e.g., claimview, activitycreate). The BA defines a role (like "Adjuster" or

"Supervisor") by consolidating the necessary individual permissions into one single set.

* Simplifying Management (Option B): The primary benefit of this model is efficiency. Instead of assigning 50 individual permissions to 100 different users, the BA/Admin creates a "Collection of permissions" (the Role) and assigns that single Role to the group of users. This simplifies onboarding and maintenance.

Why other options are incorrect:

* Authority Limits (C): While related to security, Authority Limits (financial caps on reserves/payments) are technically distinct from "Roles and Permissions" functionality in the ClaimCenter object model.

Authority is handled via Authority Profiles, whereas Roles handle system access rights.

* Unique Permissions (D): This is the opposite of best practice. Assigning unique permissions to every user creates a maintenance nightmare. The best practice is to use standard Roles.

問題 #13

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

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 #14

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 will not revisit decisions already documented.
- C. We will challenge current processes.
- D. We are not building a system from scratch.

答案: C,D

解題說明:

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.

問題 #15

Succeed Insurance requires that a new 'Driver under 18?' field be added to the vehicle incident screen for personal auto claims to indicate whether or not the driver of the vehicle was a minor when the loss occurred.

The field will be set by calculating the driver's age using the date of loss and the driver's date of birth.

There are two validation requirements:

* The field must be set if the 'Date of Birth' field for the driver is not null.

* No payments can be made for collision exposures if the 'Date of Birth' field for the driver of the vehicle is null.

A Business Analyst (BA) documents the validation requirements in the validation tab of the User Story Card

'Adjudicate - Update Maintain Vehicle Incident for Personal Auto Claims' as shown in the exhibit.

What information in the two validation examples is either missing or incorrectly documented? (Choose two.)

- A. The first requirement does not need a value in the LOB column since the rule condition provides a test for the policy type.
- B. The first requirement is missing the name of the DV or LV file for the new field, and an error or warning message should be provided.
- C. The second requirement is missing a requirement number, and the rule condition should check for a policy type of personal auto.
- D. The first requirement includes information on how to set the new 'Driver under 18?' field in the Rules column, which is not needed.
- E. The second requirement is missing the name of the DV or LV file where the warning or error message will display when the validation fails.

答案: C,E

解題說明:

The User Story Card exhibit contains several documentation errors when compared to standard Guidewire requirements gathering best practices and the specific scenario provided.

* Missing Requirement Number and Logic Gap (Option C):

* Traceability: In the second row of the exhibit (the payment validation rule), the "Requirement Number" column is completely blank. Traceability back to the original requirements document is mandatory for all entries.

* Logic Precision: The requirement explicitly states that the rule applies to "personal auto claims"

. However, the logic documented in the "Rules" column (If Exposure Type = VehicleDamage Then Block...) does not check the Policy Type. It relies solely on the Exposure Type, which could exist on Commercial Auto policies as well. To accurately reflect the business requirement, the condition If PolicyType = Personal Auto must be added (similar to how it was done in the first row).

* Missing DV/LV Context for Validation (Option D):

* UI Anchoring: The second requirement is a validation rule that triggers an error ("Driver's Date of Birth is required..."). For the system to highlight the specific field on the screen (the "Driver Date of Birth" widget) when the error occurs, the rule must be associated with the specific Detail View (DV) or List View (LV) where that field resides (e.g., Vehicle Incident DV). The exhibit lists "Not Applicable" in the "Name of DV or LV" column. This is incorrect because providing the DV name ensures the error message is displayed contextually next to the field rather than as a generic page-level error, improving the user experience.

Why other options are incorrect:

* Option A: The LOB column is used for filtering, reporting, and release management. Even if the rule logic checks the policy type, the LOB column is required metadata and should not be removed.

* Option B: While the first requirement (the calculation) lacks a DV name (which it should have), it is a Business Rule (assignment), not a validation. Therefore, it does not generate an error or warning message for the user, so the second part of Option B is incorrect.

* Option E: The "Rules" column is exactly where the calculation logic (Date of Loss - Date of Birth) belongs. The developer needs this information to implement the automation.

問題 #16

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