

ClaimCenter-Business-Analysts Originale Fragen & ClaimCenter-Business-Analysts Deutsch Prüfungsfragen



Übrigens, Sie können die vollständige Version der It-Pruefung ClaimCenter-Business-Analysts Prüfungsfragen aus dem Cloud-Speicher herunterladen: <https://drive.google.com/open?id=1KB6m4aZip0kLAHkhi-5utu36d0LXtHut>

Es ist nicht so einfach, die ClaimCenter-Business-Analysts Prüfung zu bestehen. ClaimCenter-Business-Analysts Prüfung erfordert ein hohes Maß an Fachwissen der IT. Wenn es Ihnen dieses Wissen fehlt, kann It-Pruefung Ihnen die Kenntnissequellen zur Verfügung stehen. Mit ihren reichen Fachkenntnissen und Erfahrungen bietet der Expertenteam die relevanten Fragen und Antworten der ClaimCenter-Business-Analysts Zertifizierungsprüfung. Wenn Sie It-Pruefung wählen, versprechen wir Ihnen nicht nur eine 100%-Pass-Garantie, sondern stellt Ihnen auch einen einjährigen kostenlosen Update-Service zur Verfügung. Falls Sie in der Prüfung durchfallen, zahlen wir Ihnen die gesamte Summe zurück.

Guidewire ClaimCenter-Business-Analysts Prüfungsplan:

Thema	Einzelheiten
Thema 1	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.
Thema 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.
Thema 3	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.
Thema 4	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 Originale Fragen <<

Guidewire ClaimCenter-Business-Analysts Deutsch Prüfungsfragen & ClaimCenter-Business-Analysts Zertifizierung

Was wissen Sie über die Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfungen? Als eine sehr populäre Guidewire Zertifizierungsprüfung ist diese Prüfung sehr wichtig. Aber wenn Sie für die bessere Vorbereitung der Guidewire ClaimCenter-Business-Analysts Prüfungen die Schulungsunterlagen finden, ist es nicht leicht für Sie eine sehr ausgezeichnetes Nachschlagebuch

finden. Und Was können Sie machen? Es macht nichts. Wir It-Prüfung Ihre Wünsche kennen und Ihre Bedürfnisse erfüllen bei Angeboten der besten Prüfungsfragen und Antworten zur Guidewire ClaimCenter-Business-Analysts Zertifizierung.

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam ClaimCenter-Business-Analysts Prüfungsfragen mit Lösungen (Q28-Q33):

28. Frage

Succeed Insurance is implementing a slightly modified version of ClaimCenter to suit its organization's needs.

The modification will include adding two new required fields to the standard user interface to capture the reporter's Preferred Language and Preferred Contact Time. This requirement is critical for Succeed to improve efficiency and the expediency of claims processing in its region.

Under which ClaimCenter theme will the User Story Card be found for documenting these requirements?

- A. Adjudicate
- B. Special Services
- **C. Intake**
- D. Settle/Close

Antwort: C

Begründung:

In the Guidewire implementation methodology, User Stories are categorized into Themes that align with the high-level business processes of the claim lifecycle.

* Intake (Option A): The Intake theme covers the First Notice of Loss (FNOL) process and the "New Claim Wizard." The requirement specified is to capture data regarding the "Reporter" (the person reporting the loss) and their contact preferences. In ClaimCenter, Reporter information is collected at the very beginning of the New Claim Wizard (Step 1: Search/Create Policy and Reporter). Because this data entry occurs during the initial setup of the claim, the User Story governing these UI changes belongs to the Intake theme.

* Context: Improving "expediency of claims processing" often relies on accurate data capture at the Intake stage so that downstream assignment and communication can be handled correctly from the start.

Why other options are incorrect:

* Adjudicate (B): This theme covers the investigation, evaluation, and negotiation phases that occur after the claim is created.

* Settle/Close (D): This theme covers the payment issuance and final closure of the file.

* Special Services (C): This typically refers to Vendor Management or specialized sub-processes, not the core FNOL reporter data.

29. Frage

When capturing information about a damaged vehicle, Succeed Insurance requires that the total distance driven (miles/km) for the vehicle be captured as well. What is the best practice for a Business Analyst (BA) to determine if ClaimCenter already has a field to capture distance driven?

- **A. Check the full view of the Data Dictionary to see if a relevant field exists on the Vehicle entity.**
- B. Start Guidewire Studio, search for a Vehicle Incident screen and review it for a relevant field.
- C. Log in to ClaimCenter and review the Vehicle Incident screen to see if there is a relevant field.
- D. Review the Guidewire ClaimCenter Application Guide for information on creating a vehicle incident.

Antwort: A

Begründung:

The Data Dictionary is the definitive reference tool for Business Analysts to explore the data model of a Guidewire application.

* Best Practice: To determine if a specific data point (like "distance driven" or "odometer reading") exists in the system's schema, the BA should consult the Data Dictionary. This auto-generated documentation lists all entities (such as Vehicle or VehicleIncident) and their associated fields (columns), along with data types and descriptions. This confirms existence even if the field is not currently exposed on the user interface.

* Why Option B is better than A: Checking the UI (Option A) is unreliable because a field may exist in the database but be hidden, disabled, or not placed on the specific screen the BA is viewing.

* Why Option B is better than C: The Application Guide (Option C) describes standard features and workflows but does not provide a granular, technical list of every database column, nor does it reflect any custom schema extensions added by the implementation team.

* Why Option B is better than D: While Guidewire Studio (Option D) is a powerful tool that can verify this, it is primarily a developer environment. For a Business Analyst, the Data Dictionary is the intended, accessible "Source of Truth" artifact for data modeling.

questions without requiring IDE access or technical code navigation.

30. Frage

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

Antwort: B

Begründung:

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 as Claim Cost (Indemnity).

* According to the provided Authority Limit Profile, the Adjuster has a "Payment amount" limit of \$5,000 for Claim Cost.

* The transaction amount is \$6,500.

* Since $\$6,500 > \$5,000$, the limit is exceeded, meaning the payment requires 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 of Property - 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 the parent group (Western Property Group), so the activity would only go to them if Supervisor D also lacked 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.

31. Frage

Succeed Insurance needs the ability to associate a primary hospital with an injury incident if the injured party received treatment.

When treatment is needed, the primary hospital name should display on the injury incident screen along with other details about the injury and treatment received.

The primary hospital should be added to the injury incident in one of the following ways:

. Select the name from a list of medical care organizations already associated with the claim.

. Enter the contact details directly in the incident.

. Search the Address Book from the incident to locate a hospital.

Which two requirements must be documented to associate the primary hospital with the claim? (Choose two.)

- A. A new Hospital contact subtype
- **B. A new field on the incident screen to add a contact with a role**
- **C. A new primary hospital role**
- D. A new field in the Address Book to identify a vendor as a hospital

Antwort: B,C

Begründung:

To implement the functionality of associating a specific contact (the "Primary Hospital") with an entity (the "Injury Incident") in Guidewire ClaimCenter, two core configuration components are required:

* A new primary hospital role (Option B): In ClaimCenter, the relationship between a Contact and a Claim (or Incident) is defined by a Role. While the contact itself might be a "Medical Care Organization" (existing subtype), the context of its relationship to this specific incident is that it is the

"Primary Hospital". Defining this role allows the system to distinguish this hospital from other medical providers on the same claim.

* A new field on the incident screen (Option C): To allow the user to select, add, or view this contact, a UI element (specifically a Claim Contact Picker or Input widget) must be added to the Injury Incident screen. This field will be configured to store the relationship and allows the user to perform the required actions: selecting from existing contacts (filtered by the role), entering new ones, or searching the Address Book.

Why other options are incorrect:

* A (New Subtype): The base product already includes the MedicalCareOrg contact subtype, which is sufficient to store hospital data. Creating a new subtype is unnecessary unless the data structure (fields) of a hospital is fundamentally different from other medical providers.

* D (Address Book Field): Contacts in the Address Book are typically identified by tags or their Subtype, not by adding a custom field just to identify them as a vendor/hospital.

32. Frage

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

- A. 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.
- 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 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.
- D. 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.

Antwort: A,D

Begründung:

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.

33. Frage

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Viele Kandidaten, die sich auf die Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfung vorbereiten, haben auf anderen Websites auch die Online-Ressourcen zur Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfung gesehen. Aber unsere Prüfung ist eine einzige Website, die von den professionellen IT-Experten nach den Nachschlagen bearbeiteten Guidewire ClaimCenter-Business-Analysts Prüfungsfragen und Antworten bieten. Wir versprechen, dass Sie mit unseren Schulungsunterlagen die Guidewire ClaimCenter-Business-Analysts Zertifizierungsprüfung beim ersten Versuch bestehen können.

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