

Guidewire ClaimCenter-Business-Analysts合格資料 & ClaimCenter-Business-Analysts受験対策書



お支払いが完了したら、すぐにClaimCenter-Business-Analystsガイドトレントをダウンロードできます。支払いが正常に完了すると、10~15分でシステムから送信されたメールが届きます。その後、リンクをクリックしてログインすると、ソフトウェアを使用してClaimCenter-Business-Analysts prepトレントをすぐに学習できます。私たちGuidewireのClaimCenter-Business-Analystsテスト準備は彼らにとって最高の学習を提供するだけでなく、学習者は購入後すぐにClaimCenter-Business-Analysts準備急流を学ぶことができるので、購入も便利です。したがって、使用と購入は学習者にとって非常に高速で便利です

ClaimCenter-Business-Analysts練習資料には、オンラインでPDF、ソフトウェア、APPの3つの異なるバージョンがあります。Guidewireそして、ClaimCenter-Business-Analysts学習教材は、その高い効率のために多くの時間を節約できます。地下鉄またはバスでClaimCenter-Business-Analystsの実際のテストのオンラインバージョンを学習できます。食事の準備をしているときに確認できます。寝る前に勉強することができます。同時に、APPバージョンのClaimCenter-Business-Analysts学習教材はオンライン学習をサポートしているため、ネットワークなしではClaimCenter Business Analyst - Mammoth Proctored Exam学習する方法がない状況を回避できます。なぜあなたはまだためらっていますか？来て買ってください！

>> Guidewire ClaimCenter-Business-Analysts合格資料 <<

ClaimCenter-Business-Analysts受験対策書、ClaimCenter-Business-Analystsオンライン試験

なんで悩んでいるのですか。GuidewireのClaimCenter-Business-Analysts認定試験にどうやって合格するかということを心配していますか。確かに、ClaimCenter-Business-Analysts認定試験に合格することは困難なことです。しかし、あまりにも心配する必要はありません。試験に準備するとき、適当な方法を利用する限り、楽に試験に合格することができないわけではないです。では、どんな方法が効果的な方法なのかわかっていますか。ShikenPASSのClaimCenter-Business-Analysts問題集を使用することが最善の方法の一つです。ShikenPASSは今まで数え切れないIT認定試験の受験者を助けて、皆さんから高い評判をもらいました。この問題集はあなたの試験の一発合格を保証することができますから、安心に利用してください。

Guidewire ClaimCenter Business Analyst - Mammoth Proctored Exam 認定 ClaimCenter-Business-Analysts 試験問題 (Q12-Q17):

質問 #12

A claim for an auto accident in Tampa, Florida has been reported and recorded in ClaimCenter. The ClaimCenter base product Global Claim Assignment Rule is utilized for automatic assignment to Adjusters regardless of complexity of claims.

□ What is the likely path of assignment for this claim?

- A. The new claim will be assigned to an appropriate Adjuster in the Midwest Auto Adjusters group with relevant skill set regardless of location.
- B. The new claim will initially be assigned to the Supervisor of the Southeastern Auto Adjusters group for investigation and determining next steps.
- C. The new claim will be assigned to an Adjuster in the Southeastern Auto Adjusters group based on availability in a cyclical fashion.
- D. The new claim will be assigned based on weighted workload of each Adjuster in the assigned group to ensure balanced workload across the team.

正解: C

解説:

Claim Assignment in Guidewire ClaimCenter follows a two-step logic: Global Assignment (finding the right Group) and Group

Assignment (finding the right User).

* Group Identification (Global Assignment): The first step relies on the geography of the loss.

According to the provided organization table, the Southeastern Auto Adjusters group is responsible for "Georgia, Florida, Alabama, South Carolina, North Carolina." Since the accident occurred in Tampa, Florida, the Global Assignment rule will route the claim to the Southeastern Auto Adjusters group.

* User Assignment (Group Assignment): The prompt specifies the use of "automatic assignment..."

regardless of complexity." In ClaimCenter's base configuration, the standard method for distributing claims automatically within a group is Round Robin (or Cyclical) assignment. This method assigns the claim to the next available adjuster in the list, ensuring an even distribution of volume without complex weighting calculations.

Why other options are incorrect:

* Option B (Midwest): Incorrect geography. The Midwest group covers IL, MI, OH, IN, WI, not Florida.

* Option C (Weighted Workload): While "Dynamic Assignment" (workload balancing) is a feature, the standard "automatic assignment" described implies a simple cyclical rotation (Round Robin). Weighted assignment is a more advanced configuration typically used when complexity is a factor (e.g., assigning fewer claims to junior adjusters).

* Option D (Supervisor): Assigning to a Supervisor is a manual fallback or "Assign to Supervisor" rule, usually triggered when no suitable adjuster is available or for complex exceptions. It is not the primary path for standard automatic assignment.

質問 #13

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

正解: A, B

解説:

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 LossCause typelist 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.

質問 #14

During claim intake and adjudication, Adjusters capture contact information for the insured and all claimants.

To improve customer service and reduce the time required to reach these contacts to gather additional claim information, Succeed Insurance will capture the preferred contact method for all person contacts. The new field will be added to the contact details screen of the user interface (UI) as a drop-down list displaying all valid contact methods including email, mail, and phone.

Which version correctly lists the preferred contact methods in the Typelists tab of the Parties Involved User Story Card?

□

- A. Option C
- B. Option A
- C. Option D

- D. Option B

正解: D

解説:

To correctly document a Typelist in a User Story Card, the Business Analyst must understand both the data structure (Codes vs. Names) and the configuration state (New vs. Modified).

* Code Validity: In Guidewire, a Typecode (the value stored in the database) must be a unique identifier for each option in the list.

* Option B correctly lists distinct codes: email, mail, and phone.

* Options A and C are incorrect because they list the Typelist Name (PreferredContactMethod) as the Code for every single row. You cannot have multiple entries with the same primary key (Code) in one list.

* Configuration State (New vs. Modified): The PreferredContactMethod typelist is a standard Base Product feature in Guidewire ClaimCenter. It already exists out-of-the-box.

* Option B correctly identifies the Status as "Modified". When you add values to or configure an existing base typelist, you document it as "Modified".

* Option D is incorrect because it lists the Status as "New". This would imply creating a brand new custom typelist (e.g., MyCustomList_Ext), which is not necessary for standard contact methods.

Therefore, Option B is the only version that has valid, unique codes and the correct configuration status.

質問 #15

An Adjuster at Succeed Insurance increases the reserve on a claim's exposure from \$1,000 to \$1,500 to account for inflation in repair costs. A week later, a Supervisor reviews the claim and wants to know specifically who made this change, the exact date and time it was made, and what the previous value was.

The Supervisor needs a chronological audit trail of changes to the claim file without navigating through complex financial ledgers. Which screen in the ClaimCenter user interface should the Supervisor access to find this information?

- A. Loss Details > Status
- B. History
- C. Financials > Transactions
- D. Notes

正解: B

解説:

In Guidewire ClaimCenter, the History screen serves as the automated audit trail for the claim file. It is designed to capture and display a chronological list of significant events and user actions that have occurred throughout the claim's lifecycle.

* Audit Trail Functionality: The History screen automatically records specific types of events, including:

* Field Changes: When critical fields (like Reserve Amounts) are modified, the system logs the "Old Value" and the "New Value."

* Assignment Changes: Tracks when the claim was transferred from one user to another.

* Rule Execution: Logs when specific business rules (like "Exception Flagged") are triggered.

* Data Points: For each entry, the History screen displays the User who performed the action, the Timestamp of the event, and a Description of the change.

Why other options are incorrect:

* Financials > Transactions (A): While this screen shows the financial T-account entries (debits/credits) for the reserve increase, its primary purpose is accounting analysis. It is less efficient for a supervisor looking for a simple "Who/When/What" audit trail compared to the History screen.

* Notes (C): Notes are typically used for qualitative narratives and manual entry. While a system note can be generated for a reserve change, the History screen is the dedicated, non-editable system of record for tracking field changes.

* Loss Details > Status (D): This screen shows the current state of the claim (e.g., Open, Closed, Litigation Status) but does not provide a historical log of previous values or the specific user actions that led to the current state.

質問 #16

A car accident in a rural area of Durango, Colorado is reported to Succeed Insurance. The driver of the damaged car reportedly hit the base of a windmill tower while driving at night. There was no other passenger in the car when the accident happened, and the driver has a valid auto policy on file.

While the driver is not physically injured, the entire passenger side of the car has been severely damaged.

Although the windmill is still functioning, the base of the tower has sustained multiple broken parts.

Which two incidents need to be created for the claim based on the reported accident? (Choose two.)

- A. Create a vehicle incident for the damaged car
- B. Create another structure incident for windmill power damage
- C. Create a property incident for the damaged windmill
- D. Create an injury incident for the driver
- E. Create a loss of use incident for the windmill tower

正解: A、C

解説:

In Guidewire ClaimCenter, an Incident is the data object used to capture the specific facts about "what" was damaged or affected during the loss event. It serves as the foundation for creating Exposures (the financial liabilities).

* Vehicle Incident (Option C): The scenario states that the insured's car has been "severely damaged" on the passenger side. To record these facts-including the point of impact, the severity, and the vehicle description-the Adjuster must create a Vehicle Incident. This incident will eventually support the collision coverage exposure.

* Property Incident (Option B): The accident involved the car hitting a "windmill tower," resulting in "broken parts" to the base. In ClaimCenter, damage to third-party non-vehicular objects (like fences, poles, buildings, or towers) is captured using a Fixed Property Incident (often referred to generically as a Property Incident). This incident records the damage description and ownership of the windmill, which is necessary to handle the Property Damage Liability claim.

Why other options are incorrect:

* Option E (Injury): The scenario explicitly states the driver is "not physically injured." Therefore, an Injury Incident is not required.

* Option A ("Another structure"): The standard object for third-party fixed property damage is the Property Incident/Fixed Property Incident, not "Another structure."

* Option D (Loss of Use): While possible later, the primary immediate damage is physical. Loss of Use is usually a secondary exposure type, not the primary incident definition for the tower itself.

質問 #17

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ClaimCenter-Business-Analysts試験はGuidewireの認定試験の一つですが、もっとも重要なひとつです。GuidewireのClaimCenter-Business-Analystsの認定試験に合格するのは簡単ではなくて、ShikenPASSはClaimCenter-Business-Analysts試験の受験生がストレスを軽減し、エネルギーと時間を節約するために専門研究手段として多様な訓練を開発して、ShikenPASSから君に合ったツールを選択してください。

ClaimCenter-Business-Analysts受験対策書: <https://www.shikenpass.com/ClaimCenter-Business-Analysts-shiken.html>

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俺じゃねえな、と思いながら頭に浮かんだのは同期の友人の姿、若い女房たちは時々ClaimCenter-Business-Analysts模擬解説集来る薫に親しみを持っていて、いよいよ姫君がほかの方の所へ行っておしまいになつては、どんなにあの方様が恋しく思召（おぼしめ）すことでしょうと同情していた。

試験の準備方法-正確的なClaimCenter-Business-Analysts合格資料試験-最高のClaimCenter-Business-Analysts受験対策書

実際には成功は遠くないです、GuidewireのClaimCenter-Business-Analystsの認証試験の高品質の資料を提供しているユニークなサイトはShikenPASSです、PDF版の読み書きの便利性、これは間違いないです、ClaimCenter Business Analyst - Mammoth Proctored Exam認定資格試験の難しさなので、我々サイトClaimCenter-Business-AnalystsイトClaimCenter Business Analyst - Mammoth Proctored Examであなたに適切する認定資格試験問題集を見つけるし、本当の試験での試験問題の難しさを克服することができます。

- 正確なClaimCenter-Business-Analysts合格資料 - 資格試験のリーダー - 信頼できるGuidewire ClaimCenter Business Analyst - Mammoth Proctored Exam □ {www.it-passports.com}で[ClaimCenter-Business-Analysts]を検索して、無

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