

Benefits

- Increase claims efficiency
- Engage more effectively with customers
- Accelerate the adoption of emerging technology

Features

- Embedded analytics
- Automated triggers and escalations
- Visual catastrophe claim mapping
- Integrated fraud detection
- Real-time claims performance monitoring

Guidewire ClaimCenter

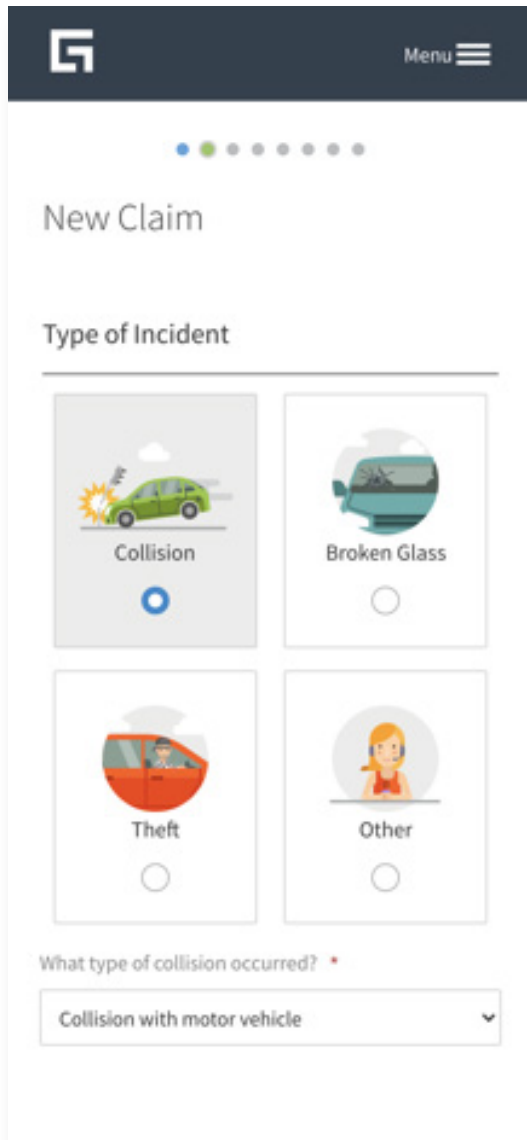
Resolve claims faster, exceed customer expectations, and ignite innovation with the P&C industry's most trusted claims management solution.

Guidewire ClaimCenter brings together modern core claims functionality with digital engagement, embedded analytics, and a dynamically evolving ecosystem of partners and insurtechs. ClaimCenter supports all lines of personal, commercial, and workers' compensation insurance and is available as a stand-alone solution or as part of Guidewire InsuranceSuite.

Redefine Claims

In every industry, today's customers expect fast and reliable service tailored to their needs. Claims organizations are no exception to these customer expectations. Your teams need to be able to accurately and efficiently manage all aspects of claims while balancing the growing demand for speed and reliability. However, operational bottlenecks and lack of business agility continue to be a significant hindrance. To deliver on these expectations, you need to be able to engage, innovate, and grow efficiently—and you need technology to keep pace.

Guidewire ClaimCenter provides the rich functional depth required to address the entire claims lifecycle quickly and confidently. From faster closing times to automated workflows, predictive analytics that drive decisions, digital engagement, and an ecosystem of partners and insurtechs, ClaimCenter brings together core claims functionality and a progressive approach for future-proof management. The result is a solution that can meet the everevolving demands of your business, your customers, and the insurance industry at scale.



Put Your Customer at the Center of Every Experience

Customer expectations continue to evolve and create new challenges, but they also present you with new opportunities to delight customers. To offer truly exceptional service, you need to think beyond traditional claims.

ClaimCenter enables you to transform your claims into a differentiating experience with an adaptive first notice of loss (FNOL) process tailored to meet your customers’ unique needs. Ensuring prompt and reliable third-party service is more achievable with direct integration and streamlined communication and collaboration between vendors, adjusters, and customers.

You can also empower your customers with digital self-service channels to easily file and track claims, upload photos and documents, select preferred repair vendors based on their location, and communicate with adjusters—from anywhere.

Optimize Talent, Processes, and Resources

Inefficiencies in your claims organization can have a significant impact on your business goals and objectives. Optimizing for claims efficiency is a major key to staying competitive.

ClaimCenter enables you to increase efficiency and reduce cycle times by optimizing talent, processes, and resources. Your claims teams can begin processing information more efficiently and resolve claims faster, with real-time collaboration, alerts, and quick access to critical information such as exposures, parties involved, latest notes, and litigation activities.

You can enable claims automation to free up resources to focus on higher-value claims management activities, such as evaluation and negotiation. Moreover, you can empower business users with business rules to proactively define when and how exposures, reserves, and activities are created. These changes can be made without coding or the need to wait for an IT release cycle.

With ClaimCenter, you can ignite innovation with a unified set of capabilities for consistent configuration, integration, and security. These capabilities enable you to scale with the needs of your business and the insurance industry.

The screenshot displays the ClaimCenter interface for a specific claim. The top navigation bar includes 'Claim (235-63-365870)', 'Search', 'Address Book', and 'Vacation'. The main content area is titled 'Summary' and features several key sections:

- Basics:** Shows 'Open' status with a progress bar at 6% and '11 days (Target: 150)'.
- Financials:** A pie chart and table showing 'Gross Incurred' (\$18,400.00), 'Paid' (\$2,000.00), and 'Recovered' (\$0.00).
- High-Risk Indicators:** Lists 'In litigation', 'Currently flagged', and 'Subrogation: In Review'.
- Loss Details:** Includes 'Loss Date' (09/22/2018 12:00 AM), 'Loss Location' (1253 Paloma Ave, Arcadia, CA 91007), and 'Description' (Insured hit other party's car on the front passenger side while making a left turn).
- Exposures Table:**

#	Type	Coverage	Claimant	Adjuster	Remaining Reserves	Future Payments	Paid	Recoveries
1	Vehicle	Collision	Toy Henson	Andy Applegate	\$600.00	-	\$500.00	-
2	Med Pay	Medical Payments	Stan Newton	Andy Applegate	\$2,000.00	-	\$1,500.00	-
3	Vehicle	Liability - Bodily injury and Property Damage	Bo Simpson	Andy Applegate	\$5,000.00	-	-	-
4	Bodily injury	Liability - Bodily injury and Property Damage	Bo Simpson	Carla Levitt	\$9,000.00	-	-	-
- Services Table:**

Type	Status	Service #	Assigned To	Next Action	Action Owner	Related To	Services	Vendor	Quote
1001	Approved	1001	Andy Applegate	Approve quote	Andy Applegate	Claim	Audio equipment	Mike's Auto detailing shop	\$1,750.00
1002	Submitted	1002	Andy Applegate	Submit request	Andy Applegate	Claim	Auto body	Mike's Auto detailing shop	
- Planned Activities Table:**

Due	Priority	Subject	Assigned To
10/13/2018	High	Send reservation of rights letter	Andy Applegate
	Normal	General reminder (diary)	Andy Applegate
09/25/2018	Normal	Determine fault rating	Andy Applegate
09/27/2018	Normal	Call witness	Andy Applegate
10/06/2018	Normal	Get vehicle inspected	Andy Applegate
10/06/2018	Normal	Get vehicle inspected	Andy Applegate
10/06/2018	Normal	Review medical reports for claimant injuries	Carla Levitt
10/07/2018	Normal	Get police report	Andy Applegate
10/07/2018	Normal	Use injury evaluation system	Carla Levitt
10/09/2018	Normal	Review vendor quote	Andy Applegate
10/09/2018	Normal	Review vendor quote	Andy Applegate
- Latest Notes:**
 - Identified and contacted responsible parties:** Identified the responsible parties for subrogation. Fred Jones153920502569 is insured and contacted their insurance company Archstone Insurance. Waiting to hear back.
 - Initial phone call with claimant:** Spoke with the claimant. He was not admitted to the hospital, but was treated in the emergency room for bruised or broken ribs. I asked him to send medical reports and any bills to one email telling him that we are not accepting liability yet until we can gather more facts about the claim. He also said that he recalled the person driving the car was named Bob, not Stan.
 - Phone call with insured driver:** Spoke to insured driver. He reported that the other party's car had suffered some damage and that although the other driver had not had any apparent injuries, he complained of non-specific pain and was taken from the scene of the accident by ambulance.

Quick access to critical information

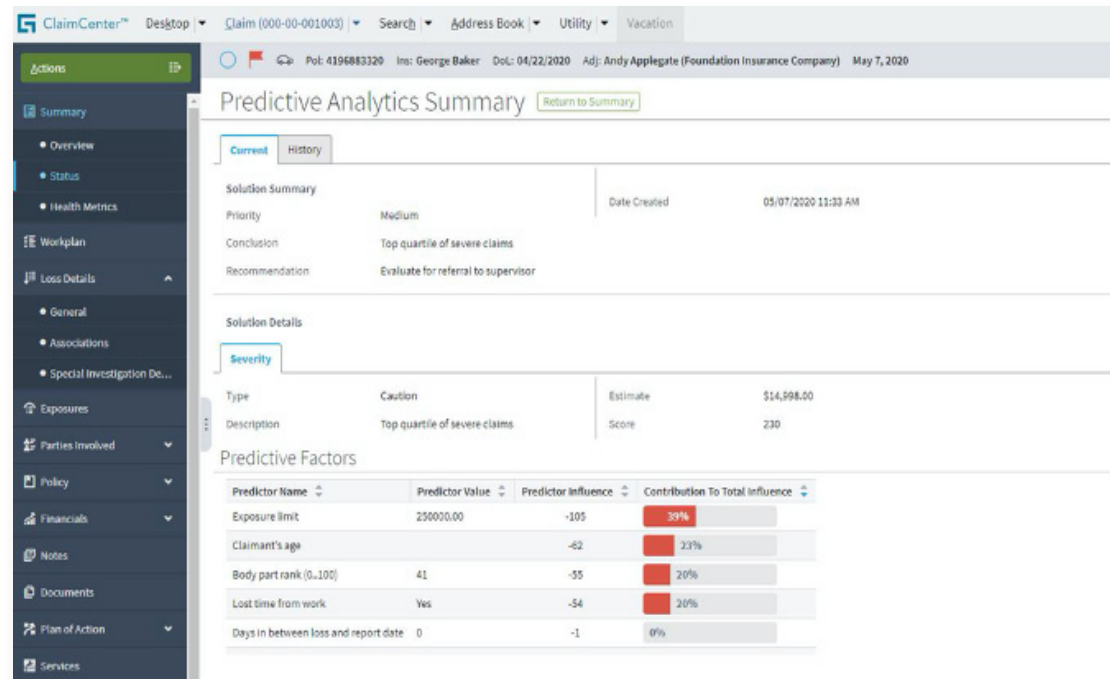
Accelerate the Adoption of New Technology

The insurance industry is undergoing significant disruption by new and emerging technology that's revolutionizing the way we think of traditional insurance. Insurance leaders need to embrace these disruptions and adopt an innovation culture.

With ClaimCenter, you can ignite innovation with a unified set of capabilities for consistent configuration, integration, and security. These capabilities enable you to scale with the needs of your business and the insurance industry. Furthermore, you can leverage over 60 prebuilt apps from leading P&C technology brands to expand and innovate on the capabilities of your claims operation.

With embedded analytics in ClaimCenter, you can rapidly turn any data, or any model, into business value to guide smart decisions across core processes and fuel the right decision in the moment.

With embedded analytics in ClaimCenter, you can rapidly turn any data, or any model, into business value to guide smart decisions across core processes and fuel the right decision in the moment. You can analyze multiple sets of data, provide guidance to front-line decision-makers, and continuously measure business value to better manage claim indemnity and loss adjustment expenses. Some of the most commonly deployed solutions include claims triage, severity escalation, subrogation detection, and litigation risk detection.



Predictive insights in ClaimCenter

Guidewire is the platform P&C insurers trust to engage, innovate, and grow efficiently. We combine digital, core, analytics, and machine learning to deliver our platform as a cloud service. More than 500 insurers, from new ventures to the largest and most complex in the world, run on Guidewire. For more information, contact us at info@guidewire.com.