**Use Case:** Get paid for car accident

**PRIMARY ACTORS: Claimant** – Accident victim making claim.

**Insurance Company** Company insuring **Claimant**

**Agent Insurance Company** representative processing

claim.

**Level:** Summary

Main success scenario

1. **Claimant** submits claim with substantiating data.

2. **Insurance Company** verifies **Claimant** owns a valid policy

3. **Insurance Company** assigns **Agent** to examine case

4. **Agent** verifies all details are within policy guidelines

5. **Insurance Company** pays **Claimant**

Extensions:

1a. Submitted data is incomplete:

1a1. **Insurance Company** requests missing information

1a2. **Claimant** supplies missing information

2a. **Claimant** does not own a valid policy:

2a1. **Insurance Company** declines claim, notifies **Claimant**, records all this, and terminates proceedings.

3a. No **Agents** are available at this time

3a1. (What does the **Insurance Company** do here?)

4a. Accident violates basic policy guidelines:

4a1. **Insurance Company** declines claim, notifies **Claimant**, records all this, and terminates proceedings.

4b. Accident violates some minor policy guidelines:

4b1. **Insurance Company** begins negotiation with **Claimant**

as to degree of payment to be made.

Insurance Claim – Not Enough Forward Progress.

Here is a different example in which the diversion is not as blatant as the in the previous example but is still equally distracting. Its steps are not “leveled”, and so while there is no explicit diversion as shown in the previous example, there is not enough forward progress being made:

CLAIM INSURANCE

**Primary Actor: Claimant** – policyholder reporting accident claim

**Level**: Summary.

**Main success scenario:**

1. Claimant obtains claim form.

2. Claimant enters name and address on claim form.

3. Claimant enters policy information on claim form.

4. Claimant enters accident information on claim form.

5. Claimant photocopies ticket and attaches it to claim form.

6. Claimant photocopies claim form and puts it in file cabinet.

7. Insurance company checks whether claimant owns a valid policy.

8. Insurance company determines that claimant does own a valid policy.

9. Insurance company assigns agent to examine case.

10. Agent verifies all details are within policy guidelines.

11. Insurance company pays claimant

In the above example, steps one through five are a necessary part of the process, but waste a lot of the reader's energy by making very little overall progress. It would be more succinct, easier to read, and just as informative to write:

1. Claimant submits claim with substantiating data.

Step six does not bring any forward progress to the use case - indeed, it is superfluous.

Users may want to save copies of their claim forms (that is their prerogative). They may also want to post a their insurance agents' pictures on the wall for dart practice, or use them to line

a birdcage. Again, that is their prerogative. These actions have nothing to do with the use cases; the insurance company will process their claim regardless. This sentence can bedeleted.

Step seven says, "checks whether." This commonly used phrase shows only half of the needed action. The check will either succeed or fail. Sayings “checks whether” implies that the writer must write another sentence saying what the outcome will be. However, a use

case step shows *accomplishment*, in other words, that the check succeeds. A failure on the verification will show up in an extension condition. Therefore, steps seven and eight should

be merged, becoming the shorter, clearer:

2. Insurance company verifies claimant owns a valid policy.

At this point, we can revise the above, 11-step scenario into a five-step scenario, in which each step carries its own weight, making distinct to wards a specific goal.

CLAIM INSURANCE

**Primary Actor: Claimant** – policyholder reporting accident claim

**Level**: Summary.

**Main success scenario:**

1. Claimant submits claim with substantiating data.

2. Insurance company verifies claimant owns a valid policy.

3. Insurance company assigns agent to examine case.

4. Agent verifies all details are within policy guidelines.

5. Insurance company pays claimant

FILE ACCIDENT CLAIM

**Primary Actor: Claimant** – policyholder reporting accident claim

**Level**: User Goal.

**Main success scenario:**

1. **Claimant** accesses Accident Reporting System via Internet.

2. **Claimant** identifies self to system using name and policy

number.

3. **System** verifies claimant owns a valid policy.

4. **Claimant** submits claim with substantiating data including name of both parties,investigating officer, and citation number, if applicable.

5. **System** logs claim and acknowledges its receipt to the claimant

6. **Requestor**: mark request delivered.