

<the name should be the goal as a short active verb phrase>

**Context of Use:** <a longer statement of the goal, if needed, its normal occurrence conditions>

**Scope:** <design scope, what system is being considered black-box under design>

**Level:** <one of: summary, user-goal, subfunction>

**Primary Actor:** <a role name for the primary actor or description>

**Stakeholders and Interests:** <list of stakeholders and key interests in the use case>

**Precondition:** <what we expect is already the state of the world>

**Minimal Guarantees:** <how the interests are protected under all exits>

**Success Guarantees:** <the state of the world if goal succeeds>

**Trigger:** <what starts the use case, may be time event>

**Main Success Scenario:**

<put here the steps of the scenario from trigger to goal delivery and any cleanup after>

<step #> <action description>

**Extensions:**

<put here there extensions, one at a time, each referring to the step of the main scenario>

<step altered> <condition>: <action or sub use case>

<step altered> <condition>: <action or sub use case>

**Technology & Data Variations List:**

<put here the variations that will cause eventual bifurcation in the scenario>

<step or variation # > <list of variations>


<step or variation # > <list of variations>


**Related Information:**

<whatever your project needs for additional information>

## Use Case 22 Register a Loss

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**Scope:** "System" means the claims-capturing computer system .

**Level:** Blue (user goal) 

**Release:** 2

**Status:** Reviewed

**Revision:** Current

**Context of Use:** Capture loss fully.

**Primary Actor:** Clerk

**Preconditions:** Clerk has already logged in.

**Trigger:** Clerk has already started entering loss.

**Success Guarantee:** Loss information is captured and stored.

**Minimal Guarantee:** Nothing happens.

**Stakeholders and Interests:** As before

**Main Success Scenario:**

To speed up the clerk's work, the System should do its work asynchronously, as soon as the required data is captured. The Clerk can enter data in any order to match the needs of the moment. The following sequence is foreseen as the most likely.

1. Clerk enters insured's policy number or else name and date of incident. System populates available policy information and indicates that claim is matched to policy.
2. Clerk enters basic loss information. System confirms there are no existing, possibly competing claims and assigns a claim number.
3. Clerk continues entering loss information specific to claim line.
4. Clerk has System pull other coverage information from other computer systems.
5. Clerk selects and assigns an Adjuster.
6. Clerk confirms they are finished; System saves and triggers acknowledgment to be sent to Agent.

**Extensions:**

- \*a. Power failure during loss capture:
  - \*a1. System autosaves intermittently (possibly at certain transaction commit points, open issue).
- \*b. Claim is not for our company to handle:
  - \*b1. Clerk indicates to System that claim is entered "only for recording purposes" and either continues or ends loss.
- 1a. Found policy information does not match the insured's information:
  - 1a1. Clerk enters correct policy number or insured name and asks System to populate with new policy index information.
- 1b. Using search details, System could not find a policy:
  - 1b1. Clerk returns to loss and enters available data.
- 1c. Clerk changed policy number, date of loss, or claim line after initial policy match:
  - 1c1. System validates changes, populates loss with correct policy information, validates and indicates that claim is matched to policy.
    - 1c1a. System cannot validate policy match:
      - 1c1a1. System warns Clerk.
      - 1c1a2. Clerk finds the policy using the search details for "policy."
    - 1c2. System warns Clerk to re-evaluate coverage.
- 1d. Clerk wants to restart a loss which has been interrupted, saved, or needs completion:
  - 1d1. Clerk finds a loss using search details for "loss."
  - 1d2. System opens it for editing.

- 2-5a. Clerk changes claim line previously entered and no line-specific data has been entered:
  - 2-5a1. System presents appropriate line-specific sections of loss based on Clerk entering a different claim line.
- 2-5b. Clerk changes claim line previously entered and there is data in some of the line-specific fields:
  - 2-5b1. System warns that data exists and asks Clerk to either cancel changes or proceed with new claim line.
    - 2-5b1a. Clerk cancels change: System continues with the loss.
    - 2-5b1b. Clerk insists on new claim line: System blanks out data which is line specific (it keeps all basic claim-level data).
- 2c. System detects possible duplicate claim:
  - 2c1. System displays a list of possible duplicate claims from within loss database.
  - 2c2. Clerk selects and views a claim from the list. This step may be repeated multiple times.
    - 2c2a. Clerk finds that the claim is a duplicate:

Clerk opens duplicate claim from list of claims for editing if not yet marked completed (based on Clerk's security profile). Clerk may delete any data in previously saved file.
    - 2c2b. Clerk finds that the claim is not a duplicate: Clerk returns to loss and completes it.
- 2d. Preliminary loss information is changed after initial duplicate claim check is done:
  - 2d1. System performs duplicate claim check again.
- 2e. Clerk can save the loss any time before completion of steps 2 through 6. (Some reasons to save may be just a comfort level or that the Clerk must interrupt entry for some reason—e.g., claim must be handled by and immediately transferred to higher-level Adjuster).
  - 2e1. Clerk has System save the loss for completion at a later time.
- 4-5a. Either claim line or loss description (see business rules) is changed after coverage was reviewed by Clerk:
  - 4-5a1. System warns Clerk to re-evaluate coverage.
- 6a. Clerk confirms he/she is finished without completing minimum information:
  - 6a1. System warns Clerk it cannot accept the loss without date of loss, insured name or policy number, and handling Adjuster:
    - 6a1a. Clerk decides to continue entering loss or decides to save without marking complete.
    - 6a1b. Clerk insists on exiting without entering minimum information: System discards any intermediate saves and exits.
  - 6a2. System warns Clerk it cannot assign claim number without required fields (claim line, date of loss, policy number, or insured name): System directs Clerk to fields that require entry.

6b. Time-out: Clerk has saved the loss temporarily, intending to return; System decides it is time to commit and log the loss, but handling Adjuster has still not been entered:

6b1. System assigns default Adjuster (see Business Rules).

**Frequency of Occurrence: ??**

**Business Rules:**

\*, When does saved loss go to main system (timelines)?

1. Minimum fields needed for saving a loss (and be able to find it again) are: . . .

2. Claim number, once assigned by system, cannot be changed.

3. Business rules for manual entry of claim number—needed?

4. Loss description consists of two fields, one being free form, the other from a pull-down menu.

5. System should know how to find coverage depending on policy prefix.

6. Required fields in order to confirm a loss is finished are: . . .

6b. Rules for default Adjuster are: . . .

**Data descriptions used:**

Search details for policy, policy index information, preliminary loss information, claim-line-specific loss information, additional information.

Search details for loss, duplicate claim check criteria, list of possible duplicate claims, a claim from the list.

**UI Links:** To be documented

**Owner:** Susan and Nancy

**Critical Reviewers:** Alistair, Eric . . .

**Open Issues:**

How often does it autosave?

Agent acknowledgment cards—where and how do they print, etc.?

## Use Case 2 Get Paid for Car Accident *P*

**Primary Actor:** Claimant

**Scope:** Insurance company ("MyInsCo")

**Level:** Summary

**Stakeholders and Interests:**

Claimant—to get paid the most possible.

MyInsCo—to pay the smallest appropriate amount.

Department of Insurance—to see that all guidelines are followed.

**Precondition:** None.

**Minimal Guarantees:** MyInsCo logs the claim and all activities.

**Success Guarantees:** Claimant and MyInsCo agree on amount to be paid; claimant gets paid that.

**Trigger:** Claimant submits a claim.

**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. Insurance company verifies all details are within policy guidelines.
5. Insurance company pays claimant and closes file.

**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 denies claim, notifies claimant, records all this, 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 denies claim, notifies claimant, records all this, terminates proceedings.
- 4b. Accident violates some minor policy guidelines:
  - 4b1. Insurance company begins negotiation with claimant as to amount of payment to be made.