ABBYY



ABBYY Vantage

ACORD 2 Automobile Loss Notice Document Skill Guide

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About ABBYY Vantage

ABBYY Vantage is a comprehensive Content Intelligence platform that provides AI-powered cognitive services and pre-trained and trainable skills that can "understand" business documents and extract actionable data and insights.

This no-code / low-code platform makes today's digital worker and processes smarter and empowers the new citizen developer to accelerate digital transformation initiatives and expand automation to new processes in a fast and simple way, making an immediate impact on business results and customer experience.

Types of documents that can be processed with Vantage

Vantage is capable of processing structured, semi-structured, and unstructured documents in a variety of input formats and languages.

- **Structured documents** are documents which always include the exact type of information in the exact same locations. One example of structured documents are pre-formatted forms.
- Semi-structured documents are documents which generally include the same or similar information, but in each document the location, size, and number of fields may vary from document to document. Examples of semi-structured documents are bills, payment orders, and invoices.
- **Unstructured documents** are documents which consist of continuous text. Required information is usually located inside a sentence that can be on any page of the document. Examples of unstructured documents are contracts, lease agreements, and e-mail messages.

Note: Use Advanced Designer to create skills for extracting data from unstructured documents. The Vantage platform comes with a set of built-in skills, which can extract data from certain document types out-of-the-box (i.e. invoices, purchase orders, receipts, bills of lading, delivery notes). These skills can be adjusted according to specific requirements and further trained based on customer-specific documents.

Vantage users have also the option to design and train a completely new Document skill, Classification skill, and/or Process skill based on their own document set.

ACORD 2 Automobile Loss Notice - Document Skill

The **ACORD 2 Automobile Loss Notice** skill extracts data from ACORD forms. This form is used to report both commercial and personal lines automobile losses.

The ACORD 2 Automobile Loss Notice skill is a preview skill. It has been trained on a small document set and is intended to be used by citizen developers as a quick-start basis for processing ACORD 2 forms. The skill may require further training on your specific documents before it can be used in production.

Countries and Languages

Countries	Languages	
USA	English	

Extracted Fields

	Field	Description
	Date	The date on which the form is completed.
	Agency Name	The full name of the producer or agency.
	Agency Address	The address of the producer or agency.
	Contact Name	The name of the primary contact person at the producer's establishment.
Identification	Phone	The phone number of the primary contact person at the producer's establishment.
	Fax	The fax number of the producer or agency.
	E-mail	The e-mail address of the primary contact person at the producer's establishment.
	Code	The identification code assigned to the producer (for example, agency or brokerage firm) by the insurer.
	Subcode	The identification code assigned by the insurer to the sub-producer (for

		Field	Description
			example, natural person) within a producer's office (for example, agency or brokerage).
	Agency Custor	The identification number of the customer assigned by the producer (for example, agency or brokerage).	
	Insured Location	on Code	The code or identifier associated with the insured location for an insurance policy.
		Date	The date on which the loss occurred.
	Date of Loss	Time	The approximate time at which the loss occurred.
	and Time	AM	Indicates that the time specified is AM.
		PM	Indicates that the time specified is PM.
Carrier		Carrier Name	The insurer's full legal company name(s) as per the file copy of the policy.
	Carrier	Carrier Address	The address of the company.
	NAIC Code	The identification code assigned to	

	Description		
			the insurer by the NAIC.
	Policy Number	The identifier assigned by the insurer to the policy or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured person's license or contract number is specified instead.	
	Policy Type	The type of policy issued to the insured person (for example, personal auto, truckers, garage liability, commercial property, builder's risk, etc.).	
Insured	Name of Insure	ed	The insured person (natural or legal) covered by the insurance policy.
	Date of Birth		The date of birth of the insured person.
	FEIN		The tax identifier of the named insured person.

	Description			
				The insured person's marital status.
		• S - Single		
				M - Married
				• D - Divorced
	Marital Status o	or Civil I	Union	P - Separated
				• W - Widowed
			C - Domestic Partner (unmarried)	
				• V - Civil Union
				• U - Unknown
				• O - Other
		Phone	1	The primary phone number of the insured person.
	e		Home	Indicates that the primary phone number is for a home phone.
		Phon e Type	е	Business
	Phone 2	Phone	2	The secondary phone number of

	Field				
				Home	Indicates that the secondary phone number is for a home phone.
		Phon e Type	Business	Indicates that the secondary phone number is for a business phone.	
			Cell	Indicates that the secondary phone number is for a cell phone.	
		Phone 3		The third phone number of the insured person.	
		one 3 Phon e Type	Home	Indicates that the third phone number is for a home phone.	
	Phone 3		е	е	Business
			Cell	Indicates that the third phone number is for a cell phone.	
	Mailing Address Primary E-mail	es		The mailing address of the insured person.	
		I		The primary e- mail address of the insured person.	
	Secondary E-mail			The secondary e- mail address of	

Field				Description
				the insured person.
	Contact Insured			Indicates whether the individual to be contacted is the same as the insured person.
	Name of Contact			The full name (first, middle, last) of the individual to be contacted as a representative of the insured person on all subsequent business relating to this incident.
	Phone 1	Phone 1		The primary phone number of the representative of the insured person.
Contact		Phone Type	Home	Indicates that the primary phone number is for a home phone.
			Business	Indicates that the primary phone number is for a business phone.
			Cell	Indicates that the primary phone number is for a cell phone.
	Phone 2	2	The secondary phone number of the representative of the insured person.	
		Phone Type	Home	Indicates that the secondary phone

	Field																		
				number is for a home phone.															
			Business	Indicates that the secondary phone number is for a business phone.															
			Cell	Indicates that the secondary phone number is for a cell phone.															
	Phone 3	Phone 3	3	The third phone number of the representative of the insured person.															
				Home	Indicates that the third phone number is for a home phone.														
			Phone Type			- 1												Business	Indicates that the third phone number is for a business phone.
				Cell	Indicates that the third phone number is for a cell phone.														
	Mailing Address			The mailing address of the representative of the insured person.															
Primary E-mail				The primary e- mail address of the representative of the insured person.															
	Secondary E-mail			The secondary e- mail address of															

Field			Description
			the representative of the insured person.
		Street	The physical street address of the loss location.
		City State ZIP	The city, state or province and postal code of the loss location.
		Country	The country of the loss location.
Location of Loss Loss Description of Acciden	Address		
		Description of Location of Loss	The description of the location of loss if not at a specific street address.
	Description of Accident		An explanation of how the loss occurred.
Police or Fire Department Contacted		nent Contacted	The name of the municipal, country or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.

	Description		
	Report Number		The report number assigned by the authority contacted.
		Vehicle Number	The producer- assigned vehicle number.
		Year	The model year of the vehicle.
		Make	The manufacturer of the vehicle.
Insured Vehicle Owner	Vohicle	Model	The manufacturer's model name for the vehicle.
	Verlicie	Body Type	The body type of the vehicle.
		VIN	The car's vehicle identification number.
		Plate Number	The license plate number.
		State	The state or province in which the vehicle is registered.
	Owner	Same as Insured	Indicates whether the owner of the insured vehicle is the same as the named insured person.
	Owner	Owner's Name	The full name of the person (natural or legal) that is the owner of the vehicle or property.

Fiel	Description				
	Owner's	s Addre	The address of the owner.		
		Phone	÷1	The primary phone number of the owner of the vehicle or property.	
	Phone		Home	Indicates that the primary phone number is for a home phone.	
		Phon e Type	Business	Indicates that the primary phone number is for a business phone.	
				Cell	Indicates that the primary phone number is for a cell phone.
	Phone 2	Phone	e 2	The secondary phone number of the owner of the vehicle or property.	
				Home	Indicates that the secondary phone number is for a home phone.
		Phon e Type	Business	Indicates that the secondary phone number is for a business phone.	
			Cell	Indicates that the secondary phone number is for a cell phone.	
	Primary	/ E-mai	I	The primary e- mail address of the owner of the	

	Field				
					vehicle or property.
		Secondary E-I	mail		The secondary e-mail address of the owner of the vehicle or property.
		Same as Own	Same as Owner		Indicates whether the owner was the driver of the insured vehicle.
		Driver's Name	;		The name of the driver.
		Driver's Address			The address of the driver.
Driver			Phone 1		The primary phone number of the driver.
	Driver			Home	Indicates that the primary phone number is for a home phone.
		Phone 1	ho ne Ty pe	Business	Indicates that the primary phone number is for a business phone.
P			Cell	Indicates that the primary phone number is for a cell phone.	
		Ph	one 2	The secondary phone number of the driver.	
	Phone 2	P ho ne Ty	Home	Indicates that the secondary phone number is for a home phone.	

Field			Description
		Business	Indicates that the secondary phone number is for a business phone.
		Cell	Indicates that the secondary phone number is for a cell phone.
Primary	/ E-mail		The primary e- mail address of the driver.
Secondary E-mail			The secondary e-mail address of the driver.
Relatio	nship to In	The relationship of the driver to the named insured person.	
Date of	Birth	The birth date of the driver.	
Driver's	License N	The driver's license number.	
State			The state in which the driver is licensed.
Purpos	e of Use		A short description of the purpose of the trip during which the accident occurred (e.g., trip to store or commuting to work).
User	Yes		Indicates whether the driver had
Permis sion	No		permission to use the vehicle.

	Description	
	Describe Damage	Description of any damage to the vehicle or property.
	Child Seat Installed	Indicates whether a standard child passenger restraint system (child seat) was installed in the vehicle at the time of the accident. Possible values: Yes, No.
	Child Seat In Use	Indicates whether the child passenger restraint system (child seat) was in use by a child during the time of the accident. Possible values: Yes, No.
	Did Child Seat Sustain a Loss	Indicates whether the child passenger restraint system (child seat) sustained a loss at the time of the accident. Possible values: Yes, No.
	Estimate Amount	An estimate for the cost of repairing the vehicle or property.
	Where Can Vehicle Be Seen	The address where the adjuster

	Field		
			can inspect the vehicle or property.
	When Can Vehicle Be Seen		The time period during which the vehicle or property is available for inspection.
	Carrier of Other Insurance		The insurer's name on any other applicable insurance.
	Policy Number		The policy number of any other applicable insurance.
	Vehicle Non-Vehicle		Indicates whether the damage was inflicted on a vehicle.
	Damaged Vehicle	Vehicle Number	The producer- assigned vehicle number.
		Year	The model year of the vehicle.
Other Vehicle or Property Damaged		Make	The manufacturer of the vehicle.
		Model	The manufacturer's model name for the vehicle.
		Body Type	The body type of the vehicle.
		VIN	The car's vehicle identification number (VIN).

	Field		
		Plate Number	The license plate number.
		State	The state or province in which the vehicle is registered.
	Property Description		A brief description of the type of property damaged, such as home or fence.
		Yes	Indicates whether
Other Vehicle or Property Insured	No	the damaged property or vehicle was insured or not.	
	Carrier or Agency Name		The insurer's name on any other applicable insurance.
	NAIC Code		The NAIC code of the insurance company that issued the policy.
	Policy Number		The policy number of any other applicable insurance.
	Owner	Owner's Name	The full name of the person (natural or legal) that is the owner of the vehicle or property.
		Owner's Address	The address of the owner of the vehicle or property.

Field					Description
			Phone 1		The primary phone number of the owner of the vehicle or property.
		Phone 1	Phone Type	Home	Indicates that the primary phone number is for a home phone.
				Busines s	Indicates that the primary phone number is for a business phone.
			Cell	Indicates that the primary phone number is for a cell phone.	
	Pho		Phone 2		The secondary phone number of the owner of the vehicle or property.
		Phone 2	Phone Type	Home	Indicates that the secondary phone number is for a home phone.
				Busines s	Indicates that the secondary phone number is for a business phone.
		Се	Cell	Indicates that the secondary phone number is for a cell phone.	
		Primary E-mail			The primary e- mail address of the owner of the vehicle or property.

Field					Description
		Secondary E-mail			The secondary e- mail address of the owner of the vehicle or property.
		Same as	Owner	Indicates whether the owner was the driver of the insured vehicle.	
		Driver's N	ame		The name of the driver.
		Driver's A	ddress		The address of the driver.
Drive	Driver		Phone 1		The primary phone number of the driver.
		Phone 1	Phone Type	Home	Indicates that the primary phone number is for a home phone.
				Busines s	Indicates that the primary phone number is for a business phone.
				Cell	Indicates that the primary phone number is for a cell phone.
			Phone 2		The secondary phone number of the driver.
		Phone 2	Phone	Home	Indicates that the secondary phone number is for a home phone.
		Туре	Busines s	Indicates that the secondary phone number is for a business phone.	

Field					Description
				Cell	Indicates that the secondary phone number is for a cell phone.
			-mail		The primary e- mail address of the driver.
		Secondar	y E-mail		The secondary e- mail address of the driver.
	Describe Damage				Description of any damage to the vehicle or property.
	Estimate Amount				An estimate for the cost of repairing the vehicle or property.
	Where Can Damage Be Seen				The location where the adjuster can inspect the vehicle or property.
	Name				The name of a person that was injured in the incident or accident.
Injured (repeating group)	Address				The address of a person that was injured in the incident or accident.
	Phone				The primary phone number of the injured party.
	Pedestrian				Indicates whether the injured party

	Field	Description
		was a pedestrian.
Insured Vehicle Other Vehicle	Insured Vehicle	Indicates whether the injured party was in the vehicle of the insured person.
	Other Vehicle	Indicates whether the injured party was in a vehicle other than the vehicle of the insured person.
	Age	The age of the injured party at the time of the incident.
	Extent of Injury	A brief description of the injury sustained by the injured party.
Witnesses or Passengers (repeating group)	Name	The name of a person that was a witness to the incident or an uninjured passenger.
	Address	The address of a person that was a witness to the incident.
	Phone	The primary phone number of a person that was a witness to the incident.
	Insured Vehicle	Indicates whether the witness was in the vehicle of the insured person at

	Field	Description
		the time of the incident.
	Other Vehicle	Indicates whether the witness was in a vehicle other than that of the insured person at the time of the incident.
Reported by		The name of the individual that reported the loss.
Reported to		The name of the individual within the agency or company to whom this loss was reported.
Remarks		Other general remarks regarding the automobile loss notice.

Key Fields

- Date
- Agency Name
- Agency Customer ID
- Name of Insured
- Plate Number

Validation Rules

Rule	Description
Copy Owner/Driver Details if Same as Insured/Owner	If Insured Vehicle/Owner/Same as Insured is checked, and Owner's Name or Owner's Address are empty, the rule copies values of the Insured/Name of Insured and Insured/Mailing address fields to the corresponding Owner's Name and Owner's Address fields.

Rule	Description
	If Insured Vehicle/Driver/Same as Owner is checked, and Driver's Name or Driver's Address are empty, the rule copies values of the Owner's Name and Owner's address fields to the corresponding Driver's Name and Driver's Address fields.
Copy DamagedVehicle DriverDetails if Same as Owner	If Other Vehicle or Property Damaged/Driver/Same as Owner is checked, and Driver's Name or Driver's Address are empty, the rule copies the values of the Owner's Name and Owner's address fields to the corresponding Driver's Name and Driver's Address fields.
User With Permission Yes Checkmark, User With Permission No Checkmark, Other Vehicle or Property Insured Yes Checkmark, Other Vehicle or Property Insured No Checkmark	Where applicable, converts all true-or-false fields (e.g., checkmarks, yes or no fields, etc.) to Y/N format.

Using a Skill in ABBYY Vantage

To use a skill in ABBYY Vantage, you need to import it to your Skill Catalog.

To import a skill, open the **Skill Catalog** and click the https://doi.org/10.1001/j.lmport button in the toolbar. In the dialog box that will open, specify a path to the archive that contains the skill you are importing.

This skill will be uploaded to your **Skill Catalog** and published.

If the chosen archive is larger than 2 GB, you will see a dialog box with a link to a shared folder and its credentials.

You should open this folder and upload the archive. The skill will be imported to Vantage automatically. The archive will then be deleted from the shared folder. All files uploaded to this folder afterwards will be transferred to the exception folder. Hence you may use this folder to import only one skill. The folder remains active for 14 days.

The version of the imported skill will be 1.0. If such a skill previously existed in the tenant and was deleted, the version number of the deleted skill will be incremented and assigned to the imported skill. The version number of the imported built-in skills is always the same as at the time of export.

If the skill you are importing already exists in your **Skill Catalog**, ABBYY Vantage will display a warning message and will ask whether you want to create a new version of the existing skill or save the new skill under a different name. If you choose the latter, the new skill will be called *Imported skill name New*.

Note: Vantage supports the import of skills exported from Advanced Designer. However, such skills will only be trainable in Vantage if a Fast Learning activity was added to the document processing flow in Advanced Designer.

Importing a Document skill with data catalogs

Data catalogs exported with a skill are imported according to the table below:

Does a catalog with the same name exist in your tenant?		Import of the catalog	Import of the data (if data was exported)
No		The catalog is imported.	The data is imported.
Yes	The set of columns and their types are the same.	The catalog is not imported.	The data is imported. Previous data in the catalog is lost.
	The set of columns and/or their types differ.	The catalog is imported with the name <catalog_name skill_name="">.</catalog_name>	The data is imported.

Importing a Process skill

If you import a Process skill that was exported without referenced skills, you have to make sure that all the referenced skills exist in the **Skill Catalog**. If necessary, such skills should be imported before the Process skill, otherwise you'll get an error when importing the Process skill.

If you import a Process skill that was exported with referenced skills, they will be imported as follows:

- If such a skill exists in the Catalog, it will not be imported. The skill from the Catalog will be used, even if the skill in the import archive has a newer version.
- If a skill with the same name exists in the Catalog, the skill will be imported and renamed. The link in the Process skill will be updated.

If the imported skill has shared folder import set up, this feature needs to be enabled manually after the import.

Note: The availability of this feature depends on the user's role. For more information about roles, see Role-Based Access Control.

To publish a skill:

- 1. Select one by left-clicking it and then click Apublish in the toolbar. This will open the Skill Designer's **Publish** tab, where you will have to fill out some information.
- 2. Click the **Publish Skill** button either at the bottom of the Skill Designer window or in the **Actions** pane.

Note: The availability of this feature depends on the user's role. For more information about roles, see Role-Based Access Control.

You can start using a skill right away or try it out on your documents first. To try out a skill, click the **Try** button in the **Skill Catalog**.

For more information on importing, publishing, or trying out skills, please refer to the ABBYY Vantage Skill Catalog Guide.

If a skill does not fully meet your processing requirements, you can edit it to suit your needs. For detailed instructions, please refer to the ABBYY Vantage Skill Designer Guide.

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