

16.09

DECISION DOSSIER · MOTOR CLAIMS

The check said yes at 15:38. At 15:40 the mandate narrowed.

A motor insurer lets an agent decide routine settlements up to €5,000 under mandate MC-05.2. On 16 September a settlement is permitted and waits for the 16:00 payment run. Two minutes later the third referral for the same reason narrows the mandate to recommend. The room decides what happens next.

Before the session, ten minutes: read pages 1 to 4; pages 7 and 8 are the record of the two acts, field by field, for the seats that read records. **In the session:** pages 5 and 6, the questions, in pairs, then together. Write down what you would do, who decides, and which evidence you would ask for. Where the dossier does not say, say what you would need to know.

In the dossier

- the timeline, 10 to 21 September
- claim 4493, its wording, and the mandate
- release v2.4 and the record as at 16:00
- a letter from a policyholder
- the questions
- the record of the two acts, field by field

Where it comes from

The motor case of the control plane map: claim 4476, wording v14, mandate MC-05, rule R-02, and the loop that narrows and restores it. The dossier adds what happens between the permit and the payment.

THE SITUATION

Ten days in September, **one rule, three referrals**

The insurer handles 200,000 motor claims a year. About 96,000 pass through the agent, some 384 a working day. Under MC-05.2 the agent decides routine settlements up to €5,000 and asks the payment service to pay; the payment service releases settlements in runs at 10:00, 13:00, and 16:00. Rule R-02 narrows the mandate to recommend after three referrals for one reason within seven days.

- 10.09 The wording index is rebuilt. Unknown to anyone, the rebuild restores v13 text for policies renewed in August, which have moved onto v14.
- 11.09 08:31 Claim 4476, contract 88-1201, renewed onto v14 on 12.08. The agent declares v13; the check finds v14 in the policy record and refers the claim. Referral 1.
- 11.09 15:20 Handler H-117, signing limit €10,000, confirms v14 and pays €2,710 the same afternoon.
- 13.09 Claim 4482, filed on a Sunday, the same mismatch. Referral 2.
- 16.09 15:38 Claim 4493 is permitted under MC-05.2 and joins the queue for the 16:00 run, with 41 other permitted settlements.
- 16.09 15:40 Claim 4490, the same mismatch. Referral 3. R-02 narrows MC-05.2 to MC-05.3, recommend only. The Head of Motor Claims and the CRO are alerted.
- 16.09 16:00 The payment run starts.
- 16.09 16:10 The Head of Motor Claims, who owns MC-05, is on leave until 21.09. Her deputy is the Head of Claims Operations.
- 17.09 Review MR-117 finds the cause: the index rebuild of 10.09. The policy data team re-indexes and verifies 12 lookups.
- 18.09 The policyholder of claim 4476 writes (page 5). The weather service forecasts a storm for 22.09: claims are expected to double on 22 and 23 September.
- 21.09 After 20 clean proposals, restoration to MC-05.4 is proposed for signature.

The capacity, from the case pack. While MC-05.3 is in force, every one of the agent's claims needs a handler's decision: 384 a day, at 4.2 minutes each, about 27 handler-hours, three to four handlers. On a storm day, about 54 hours and seven handlers. On a normal day the check refers about 38 claims, three hours of work.

EXHIBIT A · CLAIM 4493

CONTRACT	77-0412, private car, on wording v13 for the policy period to 30.11.2026; its renewal, and the move to v14, come in December
LOSS	08.09.2026, a collision in a car park; no injury
ESTIMATE	€3,300, verified against the repairer network
PROPOSAL	€3,300 – excess €400 = €2,900 to repairer B-117 · operation C4493-S1
AGENT'S BASIS	wording v13, §4.2

EXHIBIT B · THE WORDING, AS CLAIMS WITH THEIR SOURCE

CLAIM	SOURCE	OWNER	VALID
The excess on contract 88-1201 is €250	wording v14 §4.2	policy data team	from 12.08.2026
~~The excess on contract 88-1201 is €400~~	wording v13 §4.2	policy data team	to 11.08.2026, superseded
The excess on contract 77-0412 is €400	wording v13 §4.2	policy data team	to 30.11.2026
Accidental damage is covered on both contracts	v13 §2.1 · v14 §2.1	policy data team	in force
The customer receives the reasons for a settlement	conduct rules, as the insurer reads them	compliance	in force

The signed wording is the binding source. The claims are what the agent may use, each traced to its clause; where they disagree, the wording wins and the claim is corrected.

EXHIBIT C · MANDATE MC-05, VERSION 05.2, SINCE 15.06.2026

OWNER	Head of Motor Claims
AGENT	claims-agent-01, acting for Motor Claims
ACTION	decide routine motor settlements within the limits and request execution through the payment service
LEVEL	decide: the agent decides within the mandate; the payment service executes
LIMIT	€5,000 per settlement · €1.5m per day across the deployment
CONDITIONS	applicable wording confirmed against the authoritative record · verified estimate · no prior payment
REVIEW TRIGGER	three referrals for one reason in seven days (R-02); a referral that finds a settlement already paid on the wrong wording narrows at once
RESTRICTION	rule R-02: restrict to recommendations and open a review
REVOCATION	the owner, or a revocation rule
CHALLENGER	Chief risk officer, the second line
RESTORE	after 20 clean proposals from a test chosen for the cause and run by model risk, on the owner's signature; after a serious defect, the CRO signs as well
EXPIRY	31.12.2026, or the next release of the agent, whichever comes first; renewed on the evidence of the quarter
DEPUTY	the Head of Claims Operations signs in the owner's absence, within the same limits

EXHIBIT D · RELEASE V2.4, THE MANIFEST

IDENTITY	claims-agent-01, its own identity, tokens valid for 15 minutes
MODEL ROUTE	a small model (tier-1 model, version 2026.06.1, hash 7c41e0) reads every claim; a larger model (tier-2 model, version 2026.05.2, hash e9a3b7) reassesses about one in five · a provider change to either model under the same name is a new release
INSTRUCTIONS	prompt set claims-settle 2.4
TOOLS	policy record lookup (read) · estimate service (read) · payment request, through the check only (write)
RETRIEVAL	the wording index, built with the release on 01.09.2026; rebuilt by the data team on 10.09.2026, a change nobody classed
DEPENDS ON	mandate MC-05 · control standard CS-3: refer above €5,000 or on any mismatch of basis
VALIDATED	by model risk on 01.09.2026, report MRV-031 · weekly evaluation on a sample of settled claims by the claims quality team

EXHIBIT E · THE RECORD, AS IT STANDS AT 16:00:00 ON 16.09

C4476-S1 · 11.09 08:31 · claims-agent-01 · release v2.4 · MC-05.2 · declared v13 / applicable v14 for 88-1201 (renewed 12.08) · estimate €2,960 · €2,560 proposed · REFER
C4476-S2 · 11.09 15:20 · handler H-117, signing limit €10,000 · wording v14 §4.2, excess €250 · €2,960 – €250 = €2,710 · PERMIT · paid, receipt P-4476
C4493-S1 · claims-agent-01 · release v2.4 · MC-05.2 · basis v13 for 77-0412 (policy record: v13 to 30.11) · €2,900 to B-117
six of six · PERMIT · 15:38:12 · permit bound to MC-05.2, release v2.4, and this exact action · valid for the next payment run · queued for 16:00
C4490-S1 · claims-agent-01 · release v2.4 · MC-05.2 · declared v13 / applicable v14 for 61-3307 · €2,600 proposed · REFER · 15:40:29
owner: Motor Claims Review · reason: basis mismatch (3)
R-02 · three referrals for one reason in seven days: C4476, C4482, C4490 · MC-05.2 → MC-05.3, recommend · 15:40:31
alerts: Head of Motor Claims, chief risk officer · review MR-117 opened
16:00:00 · payment run · 42 settlements in the queue, permitted between 13:02 and 15:38, among them C4493-S1

The payment service holds the credential to pay. The agent cannot pay; it can only ask, through the check.

What the record does not yet show is what the payment service did at 16:00:00 with the 42 permitted settlements. That is question 1.

EXHIBIT F · A LETTER, 18.09

"My claim 4476 was settled on 11 September for €2,710. My neighbour, insured with you as well, was paid within minutes of claiming; mine took until the afternoon. Why was my claim handled differently, how was the amount worked out, and was a computer involved in the decision? I would like a person to look at it again."

1. Does claim 4493 pay at 16:00, and the other 41 settlements in the queue? What does the payment service do, and what does the record show afterwards?

touches w3 · w4 · p4 · w5

2. The owner of MC-05 is on leave until 21.09. Who may restore the mandate before then, who may stop that, and who decides if the CRO disagrees?

touches w3 · w6 · e3 · e4

3. From 15:40 until authority returns, with a storm on 22.09: who takes the queue, in which order, and what are customers told?

touches w4 · w6 · e6 · the customer

4. Which evidence, produced by someone who did not run the agent, shows that no settlement was paid on the wrong wording since 10.09?

touches w5 · p2 · p5 · e5

5. What test must pass before MC-05.4 is signed? Are 20 clean proposals enough, and who decides that?

touches w6 · p6 · e4 · w1

6. What does the policyholder of claim 4476 receive, from whom, and by when? Does Article 22 GDPR apply to her settlement?

touches w5 · w4 · the customer

Afterwards, on your own workflow. For each question, mark the boxes it touches on the print map of your own workflow: not in place, designed, operating, or evidenced. Where the room disagrees, keep both marks and write down who resolves it.

THE RECORD, FILLED · CLAIM 4471 · THE CLEAN ACT

Claim 4471 11.09.2026 · permitted at 08:14, paid in the 10:00 run

The fourteen fields of the record line (part three, slide 9), filled for this act; Exhibit E on page 4 continues the record on the day of the dossier.

FIELD	WHAT IT HOLDS	CLAIM 4471 · THE CLEAN ACT
BEFORE THE ACT · WHAT THE CHECK READ		
when	the second the check decided, and the second the act committed	decided 11.09.2026 08:14:06 · committed 10:00:41, the payment run
the agent and its identity	which agent, acting for whom, under its own identity, and how long its credential lived	claims-agent-01, acting for Motor Claims · its own identity · token issued 08:12:50, valid 15 minutes
the release	the release id, each model by version and hash, the prompt set, the validation report	v2.4 · tier-1 model 2026.06.1 (7c41e0) · tier-2 model 2026.05.2 (e9a3b7) · prompt set claims-settle 2.4 · validated by model risk, MRV-031, 01.09.2026
the basis	each claim the act relied on, its version, and its standing at that second on both axes: evidential warrant, and authority	The excess on policy 88-1201 is €250 · wording v14 §4.2 · from 12.08.2026 · warrant validated · current · uncontradicted · authority: the signed wording · the policy data team Policy 88-1201 covers accidental damage · wording v14 §2.1 · from 12.08.2026 · warrant validated · current · uncontradicted · authority: the signed wording · the policy data team The repair estimate for claim 4471 is €3,650 · the claim file · 11.09.2026 08:13 · warrant validated against the repairer network · authority: claims operations
the mandate version	the mandate in force at that second, with its level and its limit	MC-05.2 · since 15.06.2026 · decide · €5,000 a settlement · €1.5m a day across the deployment
the control standard	the control standard version and the rule set the check applied	CS-3 v2026.2 · rule set RS-MC-05 r14
the consequence tier	the tier the act was classified into, and the version of the taxonomy that classified it	routine · taxonomy CT-2026.1 · to €5,000, one policyholder, recoverable inside the recall window, inside the firm
AT THE ACT · WHAT THE CHECK DECIDED		
the check's decision	permit, refer, or block, how many of the six inputs held, and the reason code	PERMIT · six of six · reason code OK
the exact act	what was done, to whom, for how much, under which id, once	settle claim 4471 · €3,400 to B-082 · C4471-S1 · once
the permit	its id and what it was bound to: the mandate version, the release, the basis version, the exact act; and how long it held	PR-4471-1 · bound to MC-05.2, release v2.4, wording v14 §4.2 and estimate E-4471-1, €3,400 to B-082 · valid for the next payment run
AFTER THE ACT · WHAT CAME BACK		
the receipt	what the receiving system returned, and the reconciliation against it: one permit, one act, one receipt	P-4471 · €3,400 · the 10:00 run · acknowledged by the payment service 10:00:41 · reconciled against the payment ledger: one permit, one payment, one receipt
the human decision	where a person decided: who, under which authority, what they confirmed, and when	none needed
the cost	what the decision cost in tokens, and in a person's time where one was needed	€0.34 in tokens · no reviewer time
retention	how long the record, the manifest, and the permits are kept, and personal data inside them by its purpose	the record, the manifest, and the permits: ten years from the act, the period the insurer sets for settlement decisions of this tier (illustrative) · personal data by purpose and retention rule · a corrected fact is a new, linked entry

control standard CS-3, version 2026.2 · rule set RS-MC-05 r14: refer above €5,000, on any mismatch of basis, on any prior payment · CT-2026.1 · the insurer's consequence taxonomy · proposed by the CRO with compliance and Motor Claims, set by the board, 06.2026 · ids and figures invented

THE RECORD, FILLED · CLAIM 4476 · THE REFERRAL

Claim 4476 11.09.2026 · referred at 08:31, decided by a handler at 15:20, paid in the 16:00 run

The fourteen fields of the record line (part three, slide 9), filled for this act; Exhibit E on page 4 continues the record on the day of the dossier. The agent's line and the person's are marked S1 and S2.

FIELD	WHAT IT HOLDS	CLAIM 4476 · THE REFERRAL
BEFORE THE ACT · WHAT THE CHECK READ		
when	the second the check decided, and the second the act committed	S1 referred 11.09.2026 08:31:12 S2 decided 11.09.2026 15:20:05 · committed 16:00:38, the payment run
the agent and its identity	which agent, acting for whom, under its own identity, and how long its credential lived	S1 claims-agent-01, acting for Motor Claims · its own identity · token valid 15 minutes S2 handler H-117, Motor Claims · her own login · signing limit €10,000
the release	the release id, each model by version and hash, the prompt set, the validation report	S1 v2.4 · tier-1 model 2026.06.1 (7c41e0) · tier-2 model 2026.05.2 (e9a3b7) · prompt set claims-settle 2.4 S2 none · a person's decision in the claims system
the basis	each claim the act relied on, its version, and its standing at that second on both axes: evidential warrant, and authority	The excess on policy 88-1201 is €400 · declared: wording v13 \$4.2 · superseded for 88-1201 since 12.08.2026 · warrant fails on currency · contradicted by the policy record · authority: the signed wording · the policy data team The excess on policy 88-1201 is €250 · applicable: wording v14 \$4.2 · from 12.08.2026 · confirmed by H-117 at 15:19 · warrant validated · current · authority: the signed wording · the policy data team The repair estimate for claim 4476 is €2,960 · the claim file · 11.09.2026 08:30 · warrant validated against the repairer network · authority: claims operations
the mandate version	the mandate in force at that second, with its level and its limit	S1 MC-05.2 · decide · €5,000 a settlement S2 the handler's delegated authority · €10,000 · the delegated authority policy
the control standard	the control standard version and the rule set the check applied	CS-3 v2026.2 · rule set RS-MC-05 r14
the consequence tier	the tier the act was classified into, and the version of the taxonomy that classified it	routine · taxonomy CT-2026.1
AT THE ACT · WHAT THE CHECK DECIDED		
the check's decision	permit, refer, or block, how many of the six inputs held, and the reason code	S1 REFER · five of six · reason code BASIS-01: declared v13, applicable v14 for 88-1201 · owner: Motor Claims Review S2 PERMIT · the handler's decision, within her limit
the exact act	what was done, to whom, for how much, under which id, once	S1 proposed €2,560 to B-104 · C4476-S1 · not executed S2 settle claim 4476 · €2,710 to B-104 · C4476-S2 · once
the permit	its id and what it was bound to: the mandate version, the release, the basis version, the exact act; and how long it held	S1 none · the proposal went to the review queue with the reason S2 PR-4476-2 · bound to the handler's authority, wording v14 \$4.2, €2,710 to B-104 · valid for the next payment run
AFTER THE ACT · WHAT CAME BACK		
the receipt	what the receiving system returned, and the reconciliation against it: one permit, one act, one receipt	S1 none S2 P-4476 · €2,710 · the 16:00 run · acknowledged by the payment service · one retry carried the same id, paid once · reconciled
the human decision	where a person decided: who, under which authority, what they confirmed, and when	S1 none yet · referred to a person with the reason S2 handler H-117 confirmed v14 for 88-1201 and decided €2,960 – €250 = €2,710, at 15:20
the cost	what the decision cost in tokens, and in a person's time where one was needed	S1 €0.34 in tokens S2 €4.20 of a handler's time
retention	how long the record, the manifest, and the permits are kept, and personal data inside them by its purpose	the record, the manifest, and the permits: ten years from the act, the period the insurer sets for settlement decisions of this tier (illustrative) · personal data by purpose and retention rule · a corrected fact is a new, linked entry

ids and figures invented; the control standard and the taxonomy are on the page before