

**i** Within StrataTech you now have the ability to view your claims and its current status.

## HOW TO FIND YOUR CLAIM

### ➔ VIA POLICY SEARCH:

Search by entering your policy number, then from within the policy view click the "Claims View" Tab

### ➔ VIA CLAIMS SEARCH:

Search by entering your claim number in the claims search bar, then select the relevant claim from the list displayed.



**DASHBOARD**

**POLICY**  
NEW  
SEARCH

**CLAIMS**  
SEARCH

**HOW TO**

## VIEWING YOUR CLAIM

From the claims view you will be able to see:

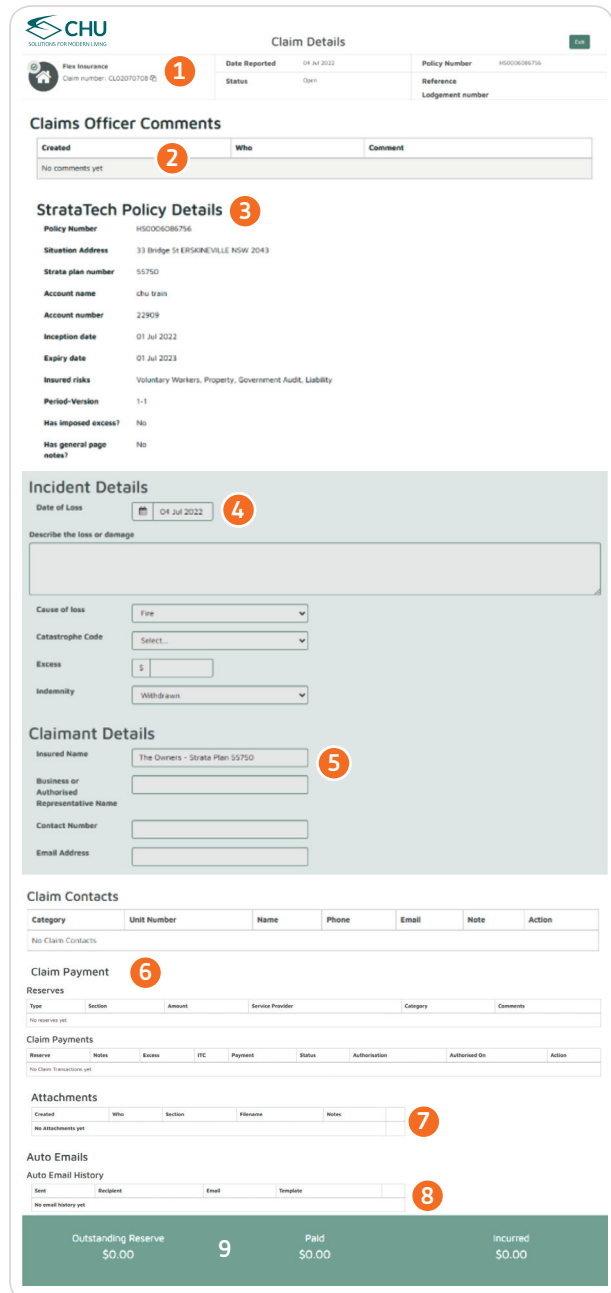
- 1 Claim number, lodgement number (if lodged online), date reported, and status
- 2 Claims officer comments
- 3 Policy details
- 4 Incident details
- 5 Claimant details
- 6 Claim payment details
- 7 Attachments which can be viewed and downloaded such as loss adjuster reports
- 8 Auto emails that have been sent
- 9 Financial status displayed in the footer showing the outstanding reserve, amount paid and incurred.



If you don't have a login for StrataTech please reach out to Flex on

PHONE:  
1300 201 021

EMAIL:  
info@flexinsurance.com.au



**Claim Details**

Flex Insurance  
Claim number: CL02070708 **1**

Date Reported: 04 Jul 2022  
Status: Open  
Policy Number: H500068756  
Reference: H500068756  
Lodgement number:

**Claims Officer Comments**

Created	Who	Comment
No comments yet <b>2</b>		

**StrataTech Policy Details** **3**

Policy Number: H500068756  
Situation Address: 33 Bridge St ERSKINEVILLE NSW 2043  
Strata plan number: 55750  
Account name: chu train  
Account number: 22909  
Inception date: 01 Jul 2022  
Expiry date: 01 Jul 2023  
Insured risks: Voluntary Workers, Property, Government Audit, Liability  
Period-Version: 1-1  
Has imposed excess?: No  
Has general page notes?: No

**Incident Details**

Date of Loss: 04 Jul 2022 **4**

Describe the loss or damage:

Cause of loss: Fire  
Catastrophe Code: Select...  
Excess: \$  
Indemnity: Withdrawn

**Claimant Details**

Insured Name: The Owners - Strata Plan 55750 **5**  
Business or Authorized Representative Name:  
Contact Number:  
Email Address:

**Claim Contacts**

Category	Unit Number	Name	Phone	Email	Note	Action
No Claim Contacts						

**Claim Payment** **6**

Reserves

Type	Section	Amount	Service Provider	Category	Comments
No reserves yet					

Claim Payments

Reserve	Notes	Excess	ETC	Payment	Status	Authorisation	Authorised On	Action
No Claim Transactions yet								

**Attachments**

Created	Who	Section	Filename	Notes
No Attachments yet <b>7</b>				

**Auto Emails**

Auto Email History

Date	Recipient	Email	Template
No email history yet <b>8</b>			

Outstanding Reserve: \$0.00 **9** Paid: \$0.00 Incurred: \$0.00