



Date received

Claim No.

Receipt No.

# LOST / DAMAGED TICKET SEARCH

## CONDITIONS OF SEARCH

1. Only one ticket per Lost/Damaged Ticket Search form.
2. A search fee of \$15.00 must be paid by cheque, Visa card or cash in person to NSW Lotteries prior to the search proceeding.
3. Successful claims will be paid after the claim period (8 weeks) has elapsed.
4. The Statutory Declaration must be completed prior to the search proceeding.
5. Search form must include details of the date, time and place of purchase. Where the exact time of purchase is not known, the 20 minute period within which the ticket may have been purchased must be included.
6. Please forward completed form to:  
**ADMINISTRATION, Locked Bag 7000, Granville, NSW 2142, Australia.**
7. NSW Lotteries is not required to pay prizes in respect of unregistered lottery and Instant Scratch-Its tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to NSW Lotteries will be required before NSW Lotteries will exercise its discretion to pay a prize on an entry that is the subject of this claim.

**Collection of personal information:** The personal information collected from you in this document is sought by New South Wales Lotteries Corporation Pty Limited ACN 142 890 195/ABN 27 410 374 474. The collection of your name and address and such further evidence as may be required to pay a prize is permitted under the Lotto Rules (NSW). The information will be used to register, verify and pay your prize. We may not be able to process your claim unless you provide this information to us. Your information may be disclosed to third parties including your and our financial institutions, our selling outlets, our contractors (such as IT providers or mail services), our professional advisors, gaming and other regulators, legal enforcement agencies or as required by law. Our Privacy Policy, available at <https://www.tabcorp.com.au/privacy>, contains further information about how you may access and seek a correction of your personal information, and how you may complain about privacy related matters and how your complaint will be dealt with. For privacy related queries, please contact 131 868 or [privacy@tabcorp.com.au](mailto:privacy@tabcorp.com.au).

## 1. CUSTOMER DETAILS

Mr  Mrs  Miss  Ms 

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Date of Birth

Email Address

Are you an owner or staff member of a NSW Lotteries Outlet?

YES NO 

## 2. TICKET PURCHASE DETAILS

Did you use your Players Club Card when purchasing this ticket? No  Yes  **SPECIFY CARD DETAILS BELOW**

What is the name of the Outlet where the ticket was purchased?

What is the address of the Outlet where the ticket was purchased?

Postcode

Date of purchase

What 20 minute time period was the ticket purchased in?

am / pm

to

am / pm

**If you purchased other tickets at the same time please attach details including photocopies if possible.**

## 3. LOTTERY TICKET AND PRIZE DETAILS

Enter the ticket number from your lottery ticket (if available)

**Complete game details overleaf**

### 3. TICKET AND PRIZE DETAILS CONT'D

#### a. Which game/s did you play?

Saturday Lotto  Oz Lotto  Mon & Wed Lotto  Powerball   
 Lotto Strike  \$2 Lucky Lottery/ Super Jackpot  \$5 Lucky Lottery/ Mega Jackpot   
 Set for Life  **GO to h** Instant Scratch-Its  **GO to i**

#### b. Date of draw

/ /

#### c. Draw number

#### d. Type of entry played (select from options below):

Marked <input type="checkbox"/>	No. of games played <input type="text"/>
QuickPick® <input type="checkbox"/>	<b>Entry Type (please tick below):</b> MAXI <input type="checkbox"/> JUMBO <input type="checkbox"/> MEGA <input type="checkbox"/> SUPER <input type="checkbox"/> REGULAR <input type="checkbox"/> MINI <input type="checkbox"/> 6 Game <input type="checkbox"/> 4 Game (Oz Lotto only) <input type="checkbox"/> AUTOPIK <input type="checkbox"/> How many games? <input type="text"/>
	Lucky Lottery/ Super Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Super Jackpot (Sequential) <input type="checkbox"/> Lucky Lottery/ Mega Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Mega Jackpot (Sequential) <input type="checkbox"/>
PICK Entry <input type="checkbox"/>	<b>PICK Type (please enter number below):</b> <input type="text"/>
PowerHit® <input type="checkbox"/>	<b>POWERHIT Type (please enter number below):</b> <input type="text"/> System <input type="checkbox"/> <b>GO to e</b>

#### e. Did you play a System entry?

No  **GO to f**  
 Yes  What type of System? (7 to 20)

#### f. How many weeks was the ticket played for?

#### g. Did you play a Syndicate entry?

No  **GO to h**  
 Yes  Syndicate Number (if known)   
 and Syndicate Type / System

#### h. Set for Life

What type of entry played (select from options below):

Game Panel <input type="checkbox"/>	No. of games played <input type="text"/>
TOP UP <input type="checkbox"/>	<b>Entry Type (please tick below):</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/>
Date of First Draw	/ /
Multi-week <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <input type="checkbox"/>
QuickPick <input type="checkbox"/>	STANDARD <input type="checkbox"/> REGULAR <input type="checkbox"/> SUPER <input type="checkbox"/> MEGA <input type="checkbox"/> JUMBO <input type="checkbox"/> GIANT <input type="checkbox"/> MIGHTY <input type="checkbox"/> MAXI <input type="checkbox"/>

#### i. Did you win a prize?

Unknown  **GO to Section 4**  
 Yes  Numbers on winning game (if unsure, leave blank)

#### j. What prize division / prize level are you claiming?

1st  2nd  3rd  4th  5th  6th   
 7th  8th  9th  Free Ticket

#### k. What was the dollar cost of the ticket?

\$

#### l. Instant Scratch-Its Tickets

Cost of ticket and game name \$  Game Name   
 Game Number (if known)  Did you win a prize? Yes  No  Unsure   
 If yes, what was the prize on the ticket? \$

### 4. LOST / DAMAGED DETAILS

The ticket was:

Lost  Destroyed  Stolen

Where did this occur?

Damaged  If ticket is damaged please return the damaged ticket with this form.

When did this occur? Date  /  /  Time  am/pm

Attach, or list below, any additional information that may assist in this search:

### 5. PREFERRED PAYMENT OF ANY PRIZES

Direct Deposit  BSB No.  Account No.  Account Name

Complete declaration details overleaf

**6. STATUTORY DECLARATION** (Must be completed by the claimant)

I, \_\_\_\_\_,  
*Name*

of \_\_\_\_\_,  
*Address*

\_\_\_\_\_,  
*Occupation*, make the following declaration under the *Statutory Declarations Act 1959* (Cth):

I hereby claim any prizes associated with the lost / damaged ticket and I declare that:

- a) To the best of my knowledge and belief that all of the information in this claim is true and correct;
- b) I am over the age of 18 years; and
- c) I am the rightful owner of the lost / damaged ticket.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959* (Cth), and I believe that the statements in this declaration are true in every particular.

\_\_\_\_\_  
*Signature*

Declared at \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_.  
*Place Day Month and Year*

**A lawyer, medical practitioner, pharmacist, trademark/patent attorney, commissioner for the court, police officer, Justice of the Peace and other authorised witnesses may witness this statutory declaration.**

Before me,

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Qualification*

\_\_\_\_\_  
*Address*

**7. PAYMENT DETAILS** (Please complete details below only if you wish to pay the \$15 search fee via Visa card)

Name (as it appears on your credit card)  
\_\_\_\_\_

Visa

Credit Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Amount **\$15.00**

I hereby provide NSW Lotteries with the details of my credit card and authorise NSW Lotteries to deduct from it the required amount of money as indicated.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_