



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 non-refundable search fee of \$22.00 must be paid by cheque, Visa card or cash in person to SA Lotteries prior to the search proceeding.
3. Subject to condition 7, successful claims for a Lost/Damaged Ticket Search will be considered for payment within 12 months from the date of the draw (**Relevant Period**).
4. If a prize in a Lottery has not been collected or taken delivery of within the Relevant Period, the prize is forfeited and transferred to the Unclaimed Prizes Reserve.
5. The claimant will indemnify SA Lotteries against any subsequent claims or payments on the ticket to which the claim applies. Any prizes already paid will not be considered.
6. SA Lotteries' decision with regard to a claim for a Lost / Damaged Ticket Search is final and binding.
7. If the Relevant Period has expired, a prize claimant may still apply for a claim and SA Lotteries is not obliged to, but may, make an ex gratia payment to a person who satisfies SA Lotteries that he or she is the winner of a prize in a Lottery despite the fact that:
 - the prize has been forfeited to the Unclaimed Prizes Reserve
 - the winning ticket has been lost or destroyed; or
 - a rule of the Lottery has not been complied with relating to giving SA Lotteries notice of a claim for the prize within a particular period.
8. The Statutory Declaration included on this form must be completed prior to the search proceeding.
9. 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.
10. Please forward completed form to: **Administration, PO Box 74, Marleston, SA, 5033**, or in person at **188 Richmond Road, Marleston, SA**.
11. SA 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 SA Lotteries will be required before SA 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 Tatts Lotteries SA Pty Ltd ABN 41146245007. The collection of your name and address is required under the SA Lotteries (General) Rules and 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.

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 an SA Lotteries Outlet? NO YES

2. TICKET PURCHASE DETAILS

Did you use your EasiPlay card when purchasing this ticket? No Yes **SPECIFY EASIPLAY CARD DETAILS**

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. TICKET AND PRIZE DETAILS

 Enter the ticket number from your ticket (if available)**Complete game details overleaf**

3. TICKET AND PRIZE DETAILS (continued)

a. Which game/s did you play?

Saturday X Lotto <input type="checkbox"/>	Monday & Wednesday Lotto <input type="checkbox"/>	Lucky Lottery/ Super Jackpot <input type="checkbox"/>
Super 66 <input type="checkbox"/>	Powerball <input type="checkbox"/>	Lucky Lottery/ Mega Jackpot <input type="checkbox"/>
Oz Lotto <input type="checkbox"/>	Set for Life <input type="checkbox"/> GO to j	
Instant Scratch-Its <input type="checkbox"/> GO to n	Keno <input type="checkbox"/> GO to o	

b. Date of draw / /

c. Draw number

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

Marked <input type="checkbox"/>	No. of games played: <input type="text"/>
QuickPick <input type="checkbox"/>	No. of games played: <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"/>
System Entry <input type="checkbox"/>	GO to e

e. Did you play a System entry?

No **GO to f**
 Yes What type of System? (3 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. Did you play Super 66?

No **GO to k**
 Yes Single Multiple

i. What was your Super 66 no.?
 (If more than one, provide numbers in additional information-section 4)

j. 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"/>	Entry Type (please tick below): 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 <input type="text"/> / <input type="text"/> / <input type="text"/>	
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"/>

k. Did you win a prize?

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

l. What prize division are you claiming?

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

m. What was the dollar cost of the ticket?

\$

n. 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? \$

o. Keno Tickets

Keno only Coin Toss only Both
 Keno Prize Division / Keno Spot
 Date of draw / / Draw number
 No. of games played?
 Spot No (1 - 10) Entry Type? Single / Doubles / Triples / Quads / All Ways
 Coin Toss? Yes No Entry Type? Standard / Run

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)

You must make this declaration in the presence of a Justice of the Peace, Commissioner for taking affidavits or Notary Public.

I, _____, make this solemn declaration conscientiously believing the same to be true and by virtue of the OATHS ACT, 1936 as amended.

Claimant's Signature

Date

Witnessed by (Justice of the Peace / Commissioner for taking affidavits / Notary Public)

Date

7. CREDIT CARD PAYMENT DETAILS (Must be completed by the claimant)

Please complete details below only if you wish to pay the \$22.00 administration fee via Visa card.

Name (as it appears on your credit card)

Visa

Credit Card No.

Expiry Date

Amount

\$22.00

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

Cardholder's Signature

Date