

Lost/Damaged Ticket Search Form

Conditions of Search

Date Received	Claim No.	Receipt No.
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1. Only one lottery or Instant Scratch-Its ticket per Lost / Damaged Ticket Search Form.
2. A non-refundable search fee of \$22.00 must be paid to SA Lotteries by debit or credit card, Visa card (refer Section 7. Payment Details) prior to the search proceeding.
3. 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.
4. 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.
5. SA Lotteries' decision with regard to a claim for a Lost / Damaged Ticket Search is final and binding.
6. 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 the claimant 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.
7. The Statutory Declaration included on this form must be completed prior to the search proceeding.
8. 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.
9. Please forward completed form to: **Administration, PO Box 74, Marlestone, SA, 5033.**
10. 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.
11. Subject to condition 6, successful searches resulting in a prize will be paid 12 months from the date of the draw (Relevant Period).

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 SA Lotteries Outlet?

Yes No

2. TICKET PURCHASE DETAILS

Did you use your Members Club Card when purchasing this ticket? No Yes **SPECIFY MEMBERS CLUB 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

 / /

am/pm

to

am/pm

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

Complete game details overleaf



Official Home of Australia's Lotteries

Please return completed form via:

Administration, PO Box 74, Marlestone SA 5033

131 868

customersupport@thelott.com



Gamblers Help 1800 858 858



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3. TICKET AND PRIZE DETAILS

Enter the ticket number from your ticket (if available)

a. Which game/s did you play?

Saturday X Lotto Oz Lotto Mon & Wed X Lotto Powerball
 Super 66 Lucky Lotteries Super Jackpot Lucky Lotteries Mega Jackpot
 Set for Life **GO to j** Instant Scratch-Its **GO to n**
 SA Keno **GO to o**

b. Date of draw

/ /

c. Draw number

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

Marked No. of games played:
 QuickPick **Entry Type (please tick below):**
 MAXI JUMBO MEGA SUPER
 6 GAMES 12 GAMES MINI REGULAR
 Lucky Lotteries Super Jackpot (Random) Lucky Lotteries Super Jackpot (Sequential)
 Lucky Lotteries Mega Jackpot (Random) Lucky Lotteries Mega Jackpot (Sequential)

Pick Entry

Pick Type (please enter number below):

PowerHit

PowerHit Type (please enter number below):

System **GO to e**

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

o. SA Keno

Keno only Coin Toss Only Both

Date of Draw

/ /

Draw Number

No. of games played?

Spot No (1-10)

Entry Type?

Single / Doubles / Triples / Quads / All Ways

Entry Type?

Standard / Run

Coin Toss? Yes No

h. Did you play Super 66?

No **GO to k**
 Yes Single Multiple

i. What are your Super 66 numbers?

(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 No. of games played:

TOP UP

Entry Type (please tick below)

2 3 4 5 10 15 25 50

Date of First Draw

/ /

Multi-week

2 3 4 5 6+

QuickPick

STANDARD REGULAR
 SUPER MEGA
 JUMBO GIANT
 MIGHTY MAXI

k. Did you win a prize?

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

l. What prize division are you claiming?

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

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?

Keno

Prize Division / Keno Spot

Complete lost / damaged details overleaf



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4. LOST/DAMAGED DETAILS

The ticket was: Lost Destroyed Stolen Damaged If ticket is damaged please return the damaged ticket with this form.

Where did this occur?

When did this occur?

Date / / Time am/pm

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

5. IF CLAIM IS SUCCESSFUL – PRIZE PAYMENT

Direct Deposit

 BSB No. Acc No. Acc Name

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,, Name

of, Address

....., make the following statutory declaration under the *Oaths Act 1936*.

Occupation

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

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

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

..... Declared at.....
Claimant Signature (to be signed in front of an authorised witness) Place

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:, in the State of South Australia on.....

Signature of Authorised Witness

Date

..... Name Qualification

7. PAYMENT DETAILS (Please complete details below if you wish to pay the \$22 search fee via Visa card)

Name (as it appears on your credit card)

Visa

Credit card No.

Expiry Date

 /

I authorise Tatts Lotteries SA Pty Ltd to charge my credit card for the amount indicated on or after the date specified.

Amount

 \$22.00

Signature

Date

Please do not email form if using credit card as payment.

Collection of personal information

We are collecting your personal information in this form for the purposes of registering, verifying and/or paying a prize and for the purposes of providing you with our products and services. If we cannot collect your personal information, we will not be able to process your prize claim. The collection of this information is permitted under the game rules. The personal information we collect may be disclosed to other entities in The Lottery Corporation Group, a third party as required by law and to third parties who assist us in running our business. Some of these third party service providers may be located offshore. For more information about these offshore disclosures, our handling practices and details about how you may access and seek correction of your personal information or make a complaint please refer to our Privacy Policy located at www.thelotterycorporation.com/privacy



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