



Date Received	Claim No.	Record No.
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Lost / Damaged Ticket Search Form

Tatts VIC

Conditions of Search

1. Only one lottery or Instant Scratch-Its ticket per Lost/Damaged Ticket Search form.
2. The Statutory Declaration must be completed prior to the search proceeding.
3. 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.
4. Please forward completed form to: **ADMINISTRATION, Locked Bag 888, Melbourne, VIC 3004.**
5. Tatts 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 Tatts will be required before Tatts will exercise its discretion to pay a prize on an entry that is the subject of this claim.
6. Successful searches resulting in a prize will be paid after the claim period (4 weeks) has elapsed.

We collect your personal information in this form when you require us to conduct a search on your lost/damaged ticket. Please read our full Collection Notice and our Privacy Policy at www.thelott.com/about/privacy

1. Customer details

First Name Last Name

Residential Address Postcode

Daytime Contact No. Mobile No. Date of Birth / /

Email Are you an owner or staff member of a Tatts VIC 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 / / Time of purchase (must be 20 minute period if exact time is not known)
 am/pm to am/pm

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



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Please return original completed form to:
 Administration, Locked Bag 888,
 Melbourne, VIC 3004.
 For assistance please call 131 868



3. Ticket and prize details

Enter the ticket number (if available)

a. Which game/s did you play?

- | | | | |
|------------|----------------------------------|---------------------------------|-------------------------------|
| TattsLotto | Weekday Windfall | Oz Lotto | Set for Life |
| Powerball | Lucky Lotteries
Super Jackpot | Lucky Lotteries
Mega Jackpot | Monday and
Wednesday Lotto |
| Super 66 | Instant Scratch-its | Go to g | |

b. Date of draw

/ /

c. Draw number

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

- | | |
|------------|----------------------------------------------------------------------------|
| Marked | No of games played |
| QuickPick | Numbers played (if known) |
| Pick Entry | |
| PowerHit | Other information (for example, type or number of system / PowerHit entry) |
| System | |

e. Did you play a syndicate entry?

Please add information (such as syndicate number and/or type of entry)

Yes No

f. How many weeks was the ticket played for?

g. Instant Scratch-Its

Game Name

h. Ticket price and prizes

What was the cost of the ticket?

Was there a prize on the ticket?

Game Number (if known)

Winning Numbers

Prize Division

4. Lost/damaged details

The ticket was: Lost Destroyed Stolen Damaged

Where did this occur?

Date

/ /

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

Time

am/pm

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

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5. If claim is successful - prize payment

BSB No.

Acc No.

Acc Name

Direct Deposit



6. Statutory declaration (Must be completed by the claimant)

I, _____, of _____,
Name

_____,
Address

_____,
Occupation

make the following statutory declaration under the Oaths and Affirmations Act 2018 (VIC).

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 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.

Claimant Signature (to be signed in front of an authorised witness)

Declared at _____ the State of Victoria, on _____
Place *Date*

For a full list of authorised persons that may witness this statutory declaration, please visit <https://www.justice.vic.gov.au/statdecs#step-2-find-someone-to-witness-your-declaration>

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the

declaration: _____, the State of Victoria, on _____
Signature of Witness *Date*

Name

Qualification

Address



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