



# Tatts

# LOST/DAMAGED TICKET SEARCH

Date received

Claim No.

Receipt No.

## CONDITIONS OF SEARCH

1. Only one lottery or Instant Scratch-Its ticket per Lost/Damaged Ticket Search form.
2. Successful claims for unregistered lottery and Instant Scratch-Its tickets will be paid after the claim period (4 weeks) has elapsed.
3. The Statutory Declaration included on this Search must be completed prior to the search proceeding.
4. A search fee of \$15.00 must be paid by cheque, Visa card or cash in person to Tatts Group prior to the search proceeding.
5. Search 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, PO BOX 888, Melbourne, VIC 3004.**
7. 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.

**Collection of personal information:** The personal information collected from you in this document is sought by Tattersall's Sweeps Pty Ltd ABN 99 081 925 662 and Tatts NT Lotteries ABN number 18 146 244 984, members of the Tatts Group Limited. Tattersall's Sweeps and Tatts NT Lotteries may require you to complete a statutory declaration and collect enough personal information required to prove your identity under the Rules of Authorised Lotteries (VIC). 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 [www.tatts.com](http://www.tatts.com), 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 [privacyofficer@tattsgroup.com](mailto:privacyofficer@tattsgroup.com).

## 1. CUSTOMER DETAILS

Mr  Mrs  Miss  Ms

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Are you an owner or staff member of a Tatts Outlet? YES  NO

Email Address

## 2. TICKET PURCHASE DETAILS

Did you use your Tatts 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 lottery tickets at the same time please attach details including photocopies if possible.**

*Complete game details overleaf*

### 3. TICKET AND PRIZE DETAILS

Enter the ticket number from your ticket (if available)

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

TattsLotto  Oz Lotto  Mon & Wed Lotto  Instant Scratch-Its  **GO to m**

Powerball  Super 66  Lucky Lottery/ Super Jackpot  Lucky Lottery/ Mega Jackpot

The Pools  Set for Life  **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><br>MAXI <input type="checkbox"/> JUMBO <input type="checkbox"/> MEGA <input type="checkbox"/><br>SUPER <input type="checkbox"/> REGULAR <input type="checkbox"/> MINI <input type="checkbox"/><br>Lucky Lottery/ Super Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Super Jackpot (Sequential) <input type="checkbox"/><br>Lucky Lottery/ Mega Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Mega Jackpot (Sequential) <input type="checkbox"/> |
| PICK Entry <input type="checkbox"/><br><small>Previously Play the Field</small> | <b>PICK Type (please enter number below):</b><br><input type="text"/>   |
| PowerHit® <input type="checkbox"/>  | <b>POWERHIT Type (please enter number below):</b><br><input type="text"/><br>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. What are your Super 66 numbers?

(If more than one, provide numbers in additional information - Section 4).

#### i. Set for Life

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

|                                     |   |
|-------------------------------------|---|
| SET Panel <input type="checkbox"/>  | No. of SETS played <input type="text"/>   |
| TOP UP <input type="checkbox"/>     | <b>Entry Type (please tick below):</b><br>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"/>   |
| QuickSET <input type="checkbox"/>   | STANDARD <input type="checkbox"/> REGULAR <input type="checkbox"/><br>SUPER <input type="checkbox"/> MEGA <input type="checkbox"/><br>JUMBO <input type="checkbox"/> GIANT <input type="checkbox"/><br>MIGHTY <input type="checkbox"/> MAXI <input type="checkbox"/>  |

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

Unknown  **GO to Section 4**

Yes  Numbers on winning game (if unsure, leave blank)

#### k. What prize division are you claiming?

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

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

\$

#### m. 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

Cheque  Direct Deposit  BSB No.  Account No.  Account Name

Complete declaration details overleaf

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

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

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

Claimant's Name

Claimant's Signature

Date

The authorised witness must print or stamp his or her name, address and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 1 January 2010), (previously Evidence Act 1958), (eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)

Witnessed By

|  |
|--|
|  |
|  |
|  |

Date

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

Name (as it appears on your credit card)

Visa

Credit Card No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiry Date

Amount

**\$15.00**

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

Signature

Date