



Date Received

Claim No.

Record No.

Tatts VIC

# Lost / Damaged Ticket Search Form

## 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. Tatts may decline to accept repeated requests relating to the same ticket.
6. Successful searches resulting in a prize will be paid after the claim has been verified and approved.

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](http://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 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

How did you pay for the ticket? Cash ☐ EFTPOS/Credit Card ☐ Reinvested Prize Winnings ☐

Please provide copies of any receipts or bank statements that support your claim. If you purchased or collected any other tickets at the same time, please attach details and copies if possible.

December 2025

**HAVE FUN & PLAY RESPONSIBLY**

**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 | <input type="checkbox"/> | Weekday Windfall                 | <input type="checkbox"/>            | Oz Lotto                        | <input type="checkbox"/> | Set for Life                  | <input type="checkbox"/> |
| Powerball  | <input type="checkbox"/> | Lucky Lotteries<br>Super Jackpot | <input type="checkbox"/>            | Lucky Lotteries<br>Mega Jackpot | <input type="checkbox"/> | Monday and<br>Wednesday Lotto | <input type="checkbox"/> |
| Super 66   | <input type="checkbox"/> | Instant Scratch-its              | <input checked="" type="checkbox"/> | Go to g                         |                          |                               |                          |

**b. Date of draw**

**c. Draw number**

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

|            |                          |
|------------|--------------------------|
| Marked     | <input type="checkbox"/> |
| QuickPick  | <input type="checkbox"/> |
| Pick Entry | <input type="checkbox"/> |
| PowerHit   | <input type="checkbox"/> |
| System     | <input type="checkbox"/> |

No of games played

Numbers played (if known)

Other information (for example, type or number of system / PowerHit entry)

**e. Did you play a syndicate entry?**

Yes ☐ No ☐

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

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

**g. Instant Scratch-Its**

Game Name

Game Number (if known)

**h. Ticket price and prizes**

What was the cost of the ticket?

Was there a prize on the ticket?

Winning Numbers

Prize Division

### 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?

Date

Time

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

am/pm



## 5. If claim is successful – prize payment

BSB No.

Acc No.

Acc Name

☐ (v) Please tick if you would like us to add these bank details to your membership profile for future prize payments.

## 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)*

**For a full list of authorised persons that may witness this statutory declaration, please visit**  
<https://www.justice.vic.gov.au/statdecs>

Taken and declared before me at \_\_\_\_\_ the State of Victoria, on \_\_\_\_\_  
*Place* *Date*

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

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

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

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