

CLAIM FOR LOST/DAMAGED/ERROR TICKETS - RETAIL AND ONCOURSE

CLAIMS INFORMATION

If you wish to make a claim to Tabcorp for a lost/damaged/error ticket you must ensure you have read these instructions and completed all items on the checklist below - this will avoid delays in processing your claim.

Introduction:

Tabcorp offers customers the opportunity to lodge a claim.

This includes:

- Claiming an incorrect bet has been placed
- Lost/stolen tickets
- Claiming for a bet that did not get placed due to Tabcorp negligence
- Claiming as a result of misinformation
- Error claims when a ticket does not scan

Strict rules and policies cover the way Claims are to be lodged and investigated. These rules and policies have been implemented to protect Customers, and Tabcorp. They ensure Claims are dealt with fairly and quickly.

Applicable Legislation:

- *Rules Relating to Betting Transactions in Victoria*
- *Victorian Sportsbet Rules*
- *Rules Relating to TRACKSIDE Betting Transactions in Victoria*
- *NSW Totalizator Rules Sections*
- *NSW TAB LIMITED Sports Betting Rules*
- *NSW TAB LIMITED Fixed Price Racing (Futures) Betting Rules*

Claim Rules:

- Customers have 14 days from “the date of the event on which the bet was placed” in which to lodge a Claim
- An \$11(GST inc) non-refundable processing fee must be paid before any investigation into the Claim will commence.
- A Signed and Witnessed Statutory Declaration MUST accompany each Claim. Claims will not be processed until the Statutory Declaration is received.
- Tabcorp has the right to request as much information as required to facilitate the investigation of the Claim. Failure to supply sufficient and correct information may lead to delays and/or Claim being declined.
- Tabcorp offers a “Blocking” service if the Claim meets certain criteria. “Blocked” tickets cannot be collected by other Customers. Refer to Operator for details
- Tabcorp will send acknowledgement of the receipt of Claim within 21 days and you will be notified as to the result of the Claim by mail.
- If all Claim documentation is correct Tabcorp will process the Claim as quickly as possible.
- Under the rules **only one appeal** (per Claim) is allowed. Appeals are treated as a separate Claim and will incur the \$11 non-refundable fee.
- To ensure fairness a Claims Officer other than the original Investigating Officer or their subordinate must investigate appeals
- Tabcorp’s decision will be final

CLAIMS CHECKLIST

You must ensure that you:

- | | |
|--|--|
| <input type="checkbox"/> Check that the Ticket you are Claiming is a Winner
Results can be obtained from the Operator, Customer Information Terminal, TAB Internet site www.tab.com.au or Customer Service 13 18 02 | <input type="checkbox"/> Complete/Witness/Sign the Statutory Declaration
The Statutory declaration should describe the circumstances of the Claim. The Operator can guide you in finding a list of people qualified to witness the Stat.Dec in your State. |
| <input type="checkbox"/> Read the Claim Information opposite
Any items that you do not understand can be explained by the Operator or by Customer Service 13 18 02. | <input type="checkbox"/> Complete the “Payment direct to Account” section
Claims that are approved and are less than \$500 value can be paid directly into your TAB Phone Account if you nominate. You must complete Page 2 Section 5. If Acc.Deposit is not nominated the funds will be mailed. |
| <input type="checkbox"/> Pay the processing fee
If you have paid the fee at an Outlet/Oncourse, ensure your copy of the receipt is attached to these Claim forms. If you are including payment with this form it must be either a Money Order or Cheque (payable to Tabcorp). Do not send cash via Mail. | <input type="checkbox"/> Photocopy all documentation for your own records
Customers are advised to photocopy all documentation for their own records in case of mail delivery problems etc. |
| <input type="checkbox"/> Complete / Sign all of the Claim Form Page 2 CLEARLY
The Operator can explain any items that you do not understand. Ensure mailing address is correct and all writing is legible. | <input type="checkbox"/> Attach all relevant documents/receipts |

FORWARD DETAILS

Once forms are completed and signed, mail (with payment/receipt) to:

CLAIMS@TABCORP

Locked Bag 7000

Granville, NSW 2142

CLAIM FOR LOST/DAMAGED/ERROR TICKETS - RETAIL AND ONCOURSE



Claim reference No: _____ NSW VIC RETAIL ONCOURSE

1. TICKET TYPE: (Tick as applicable)

Racing S/BET - FO RACING FOOTYBET VOUCHER TRACKSIDE

2. CUSTOMER DETAILS: (To be completed by customer in block letters - failure to supply full and/or legible contact details may lead to delays in processing Claim)

Title: _____ Name: _____ Surname: _____

 Street Address: _____ Postcode: _____

 Day Phone Number: _____ Mobile Number: _____ Email: _____
 () ()

3. TICKET PURCHASE DETAILS: (To be completed by customer and operator in block letters)

Date of Purchase: ____/____/____ Time of Purchase: _____ LOST DESTROYED ERROR
 Place of Purchase: _____ Outlet/Terminal No: _____ Type: OP.KEYED MISC S/SERVE

(For Oncourse Tickets include description of selling location in Stat Dec. ie "TAB Marquee near Finishing Post)

4. TICKET DETAILS: (Provide EXACT details of Lost/Destroyed ticket(s) - ALL selections on the ticket should be included)

Date of Event	Sell Code	Venue/Sport Description	Venue Name/SBET Description	Race/ Game No.	Bet Type	Selection No/ Sportsbet No	Investment/ Spend	Dividend Claimed	Ticket serial No (or partial TSN) Blocked by Claims Y/N?
Eg. 02/03/09	SR	SYD RACES	RANDWICK	1	E-W	5	\$10/\$10 = \$20	\$458.00	44555458445584445 Y

5. CUSTOMER ACCOUNT DETAILS: (Copies of any tickets purchased at the same time should be attached to the claim - Do not supply account PIN Number)

I wish TABCORP to deposit any approved Claim funds direct into my TABCORP betting account

Account Number: _____ Signed:

Customers may nominate to have approved claims <\$500, paid directly to their betting account. Account must be held in claimants name.

Declaration by Customer

I declare that the information given above is correct and I understand that the Statutory Declaration supporting this information must be completed. I understand that by accepting this claim, TABCORP Holding Limited is in no way obligated to pay. I have attached all relevant documentation available to me.

Signed: Date: _____/_____/_____

Customer must mail : COMPLETED SIGNED CLAIM FORM, SIGNED AND WITNESSED STAT. DEC & FEE (OR RECEIPT) TO:

CLAIMS @ TABCORP LOCKED BAG 7000 GRANVILLE, 2142 NSW

Claims that are missing stat.decs, fee payment, vital information or are unsigned will not be processed. Tabcorp will send acknowledgement of receipt of the claim within 21 days.

RECEIVING TAB OPERATOR DETAILS (This section to be completed by Operator if Ticket eligible to be BLOCKED)

Outlet Number: _____ Operator Name: _____

Fee Paid: Y / N Fee waived: Y / N By whom: _____

Section 1 Complete: Y / N Section 2 Complete Y / N Section 3 Complete Y / N Section 4 Complete Y / N

Section 5 Complete: Y / N Customer has signed claim: Y / N Stat.Dec completed & signed: Y / N

STATUTORY DECLARATION



(* Cross out non-applicable State and initial)

"I, (Full Name)

of (Address) Post Code:.....

(Occupation)

***in the State of New South Wales**, do solemnly and sincerely declare that:
***in the State of Victoria**,

and whereas ticket(s) issued to me as described in the accompanying Claim has/have been lost or destroyed and the value is greater than two hundred dollars and whereas I have lodged a claim against such ticket(s) and NOW I HEREBY UNDERTAKE that should TABCORP pay to me against the said ticket(s) the amount claimed and should the said ticket(s) subsequently be presented for payment within a period of one year from the date hereof then irrespective of TABCORP's rights to refuse payment I will repay to TABCORP immediately upon demand the amount paid under this claim

***and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act, 1900 (NSW) .**

***I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties of perjury. (VIC)**

Declared at, in the State of *New South Wales / *Victoria

on this.....day of.....20.....

.....
Declarant (Signature)
(This must only be signed in the presence of the JP/Witness*)

Before me: (NSW Complete this Section)

.....
(Signature of JP – NSW)

.....
(Print Full Name of JP)

.....
(Print Full Name of JP)

.....
(NSW Registration Number)

[* please cross out any text that does not apply]

1. * I saw the face of the person OR * I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. * I have known the person for at least 12 months OR * I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was
..... (describe identification document relied on)

NSW Notice - Penalties for False Statutory Declarations

The **Oaths Amendment Act 1996** provides that if a Statutory Declaration is made to gain material benefit and the offence is dealt with by indictment the penalty is up to 7 years imprisonment. If dealt with summarily then the penalty is up to 2 years imprisonment and/or a fine of 100 penalty units (\$11,000). If the offence is swearing a false declaration that does not involve material benefit, the penalty is up to 12 months imprisonment and/or a fine of 50 penalty units (\$5,500.)

Before me: (VIC Complete this Section)

.....
(Signature of (Witness-VIC)

.....
(Print Full Name of Witness)

.....
(Witness Address)

.....
Status

***VIC Notice – Person authorised under Section 107(1) of the Evidence Act 1958 to witness the signing of a Statutory Declaration**