

Certificate of Insurance - Travel

Policy Number: RACEAS006045	Issue Date: 08-06-2011		
Insured	Date of Birth	Pre-existing	
Miss KARISSA GILHAM	05-12-1987	No	
Postal Address	2 REDUNCA CLOSE HELENA VALLEY WA,6056 AUS		
Policy Details			
Plan	PLAN A - COMPREHENSIVE - SINGLE (27431)		
Departing	07-08-2011		
Returning	15-08-2011		
Duration	9 days		
Major Destination	Bali, Indonesia, S.W. Pacific, PNG and NZ		
Issued By	RAC Travel West Perth Call Cer	ntre	
Membership Type	MEMBER		

Total Premium Paid: (Incl Stamp Duty & GST where applicable*) AUD\$66.60

The product issuer is Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708. For information on your 14 day cooling off rights, please refer to your product disclosure statement

* Any excess that applies is specified in your Product disclosure Statement under the relevant Excess sections.

Club Travel Assistance is available 24 hours a day, 7 days a week

In Case of Emergency FREE CALL Club Travel Assistance. If you are in one of the countries listed below, simply dial the number shown for that country.

Australia	1800 010 075	Japan	0066 3386 1052
Canada	1800 214 5514	Malaysia	1 800 81 5102
China (North)	10 800 6100 434	Netherlands	0800 023 2683
China (South)	10 800 261 1323	New Zealand	0800 778 103
France	0800 905 823	Singapore	800 6162 187
Germany	0800 182 7635	Spain	900996115
Greece	00800 611 4107	Switzerland	0800 561 361
Hong Kong	800 900 389	Thailand	001 8006 121 082
India	0008006101108	United Kingdom	08000 289 270
Indonesia	001 803 61 098	United States	1866 844 4085
Italy	800 787 451		

For all other countries, dial reverse charge ("collect") via the local operator on:

+61 7 3305 7499

If you are hospitalised or you are receiving outpatient treatment exceeding AUD\$2,000, you MUST contact Club Travel Assistance as soon as possible.



TRAVEL INSURANCE CLAIM FORM

Effective 28 July 2011

Email: travelclaims@allianz-assistance.com.au
Phone: 1300 725 154

Phone: 1300 725 154 Facsimile: (07) 3305 7016

Postal Address:

Travel Claims Department PO Box 162 Toowong QLD 4066 Australia This travel insurance is arranged and managed by AGA Assistance Australia Pty Ltd trading as Allianz Global Assistance (Allianz Global Assistance) ABN 52 097 227 177, AFSL 245631 and is underwritten by Allianz Australia Insurance Limited (Allianz) ABN 15 000 122 850, AFSL 234708.

Allianz Global Assistance is authorised by Allianz to enter into and arrange the policy and deal with and settle any claims under it, as an agent of Allianz, not as your agent.

Claim No:

8027403

PRIVACY The Privacy Act 1988 requires us to tell you that Allianz Global Assistance as agent for Allianz collect your personal information in order to handle your claim. We may have to disclose your personal information to third parties such as other insurers, travel agents, medical practitioners, intermediaries, loss adjusters, external claims data collectors, investigators and the Insurance Reference Services (IRS), or as required by law. You have the right to seek access to your personal information at any time. Please contact Allianz Global Assistance on 1300 725 154 for access.

INTERNAL DISPUTE RESOLUTION Disputes are not an everyday occurrence, however, Allianz Global Assistance provides an internal dispute resolution process should any dispute arise.

Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme.

FRAUD Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling 1800 453 937.

STEP 1 - CLAIM FORM COMPLETION REQUIREMENTS

- Please read this claim form carefully and complete ALL steps outlined on this form, including the Declaration on page 7.
- · Please use block letters.
- · Please retain a copy of ALL documents for your records.
- · Documents in a foreign language are required to be translated into English at your own expense.

to act on our behalf in respect to this claim and to be provided with information relating to the claim.

- The claim form and ALL supporting documentation may be mailed, emailed or faxed to us. Please note: We reserve the right to request the original receipts, reports or any other documentation be submitted in order to substantiate the claim.
- Please refer to the specified documentation requirements that you will need to provide when lodging your claim. As each claim is unique, further
 information may be requested by us.
- · A copy of your Certificate of Insurance must be supplied with your claim.
- If any part of your claim is of a dishonest or fraudulent nature, then your claim will be denied and will be referred to the appropriate authorities.

STEP 2 - CLAIMANT DETAILS

Policy and Claimant Details

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Name of Policyholder(s) Karissa Gilham	
Name of Claimant (Mr/Mrs/Miss/Ms) Karissa Gilham	
Certificate of Insurance/Policy Number RACEAS006045	
Address 2 Redunca Close, Helena Valley	Postcode 6056
Telephone Home Business 08 9262 9293	Mobile 0412 233 315
Email Address karissa@karissagilham.com.au	
Date of Birth 05 / 12 /1987 Occupation Accounts	
Travel Agent Flight Centre - Calli Newton Date of Bookin	ng Travel Arrangements 02 / 03 /2011
Date of Departure 06 / 08 /2011 Date of Return 19 / 0	08 /2011
If you wish to give authority for another person to act on your behalf in respect to this clai not be able to give any information about your claim to any other person).	im you must complete the following details (otherwise we will
I/We, authorise (Name)	
of (Address)	Postcode
Phone Mobile	

	Travel Claims Hist					
Date of Claim	Name of Insurer	? Yes No X If <i>Yes</i> Claim Number	please complete table below. If No , please Details of Claim		ep. unt Claimed	Amount Paid
Date of Glaim	Name of mourer	Oldini Namboi	Dotalls of Oldfill	Aillo	unt olumnou	Amount Fuld
B. Travel Arr	angements					
1. Did you use a cr	redit card to purchase your tr	avel (eg. flights, accom	odation, tours)? Yes 🔲 No 🔀			
2. If <i>Yes</i> , please co	omplete the following: Name	on Credit Card	Name of Financia	I Institution		
Card Type: Vis	a Mastercard Dir	ners Amex (Card Level: Gold Platinum Oth	er		
		STEP 3 – CL	AIM INFORMATION			
and answer the corr A. Overseas Me B. Cancellation (C. Additional Exp D. Luggage and E. Rental Vehicle F. Delayed Lugg G. Other — pleas Please answer all q A. Overseas THE FOLLOWING IT 1. Copy of your Ce	esponding Section. dical, Dental and/or Hospitali. Charges/Loss of Deposit Clai penses Claim (Additional Trav Personal Effects Claim — ple e Excess Claim — please go to age Expenses Claim — please e go to page 6	sation Expenses Claim - m (Cancellation of Pre- vel or Accommodation E ase go to page 4 o page 5 o go to page 5 being claimed, otherw nd/or Hospitali VITH THIS CLAIM*	paid Arrangements) — please go to page 3 Expenses) — please go to page 3 rise we will be unable to process your clair		ox(s) relating	g to your claim
 Itemised accour Completed Med 	nts giving a breakdown and d ical Certificate (see last page	escription of costs clain of claim	ned, together with receipts if any accounts h	ave been pai	d by you.	
* Failure to provide	these documents may resu	lt in delays in processi	ing your claim.			
Type of Injury or Sic	kness		Date of Accident or Commencement of	f Sickness	/	/
lf injury - Give full de	etails of Accident					
Date of First Medica	I/Dental Consultation	/ /	Name of Doctor, Dentist and/or Hospital			
	ment by Doctor, Dentist and/	or Hospital	_			

Dates in Hospital - Admitted am/pm Discharged am/pm

If Yes, give details including dates, names and addresses of treating physicians

Name and Address of usual family doctor

Please list each receipt/bill separately in the table below. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expenses were incurred.

Name of Doctor/Dentist/Pharmacy/ Hospital or Provider	Treatment Performed	Date of Treatment	Amount Charged (State Currency)	Paid Yes/No	Refund from Health Funds
e.g. Doctor R Smith	e.g. Consultation	e.g. 10/02/07	e.g. EUR 100	e.g. Yes	e.g. EUR 75

B. Cancellation Charges / Loss of Deposit Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Copy of your Certificate of Insurance.
- 2. Copy of original Itinerary.
- 3. Terms and Conditions issued by Travel Agent and/or Transport, Tour or Accommodation Provider.
- 4. Letter from Travel Agent or, where travel was not arranged through a Travel Agent, a letter from the relevant organisation through whom travel was booked, confirming payments made, refunds given and any amounts you are out of pocket.
- 5. Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made).
- 6. If travel was cancelled due to Medical Reasons/Death completed Medical Certificate (see last page of claim form) and copy of Death Certificate (if applicable).
- 7. If travel was cancelled by a Transport Provider letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.
- * Failure to provide this documentation may result in delays in processing your claim.

What was the reason why you could not commence or complete your proposed Journey?

Flight JQ988 was cancelled by Jetstar and refunded. This was replaced with fligh	t DJ571. Adverse weather conditions (Snow Storm)							
closed Queenstown Airport on 15/8/11 which caused us to miss flight DJ571 as there was no way out of Queenstown. We were								
unable to refund or transfer this flight from Virgin Blue.								
Was your Journey cancelled as a result of Injury/Sickness to yourself? Yes No 🗷								
Was your Journey cancelled as a result of Injury/Sickness to any other person? Yes \ No [2]	X							
If Yes, please provide								
Full Name	Date of Birth / /							
Address	Relationship							
Nature of Injury/Sickness								
Date your Journey was booked: / / Date your Journey was	as cancelled / /							

Details of Journey

Date	Description of Booking	Supplier	Amount Paid	Refund Received	Amount Claimed
15/9/11	Flight JQ988	Jetstar	\$242 AUD	\$242 AUD	\$0 AUD
15/9/11	Flight DJ571	Virgin	\$331 AUD	\$0 AUD	\$331 AUD

C. Additional Expenses Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Copy of your Certificate of Insurance.
- 2. Copy of orginal Itinerary.
- 3. Receipts, bank/credit card statements showing amounts paid by you for original Itinerary.
- 4. Proof of payment for additional expenses claimed (ie. tax invoices, receipts, credit card/bank statements showing payments made).
- 5. If the additional expenses were incurred due to the unfortunate event of a death a copy of the Death Certificate.
- 6. If the additional expenses were incurred due to a Transport Provider letter from them explaining circumstances and any compensation paid to you.
- * Failure to provide these documents may result in delays in processing your claim.

Please state the reason/event that caused the additional expenses being incurred

Queenstown Airport was closed on the 15/8/11 due to adverse weather conditions (snow storm) and as there was no way out and no flights available until the 19/8/11 and we were forced to stay in Queenstown for another 4 days. This caused us to miss flight DJ571 which needed us to book flight QF583 to get home. We were forced to pay an additional 4 days accommodation and car hire, and had 4 days of addition living expenses (food).

What was the unexpected expense incurred?

Please list each receipt/bill separately in the table below. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expenses were incurred.

Date of Expense	Description of Expense	Amount	Date of Original Plan	Description of Original Cost	Amount
e.g. 24/07/07	e.g. Hotel in Paris	e.g. EUR 100	e.g. 24/07/07	Flight to Munich	e.g. EUR 75
15/9/11	4 nights extra accommodation	\$264 NZD	15/9/11	Flight DJ571	\$69 AUD
15/9/11	4 days extra car hire	\$150.72 NZD			
15/9/11	Food	\$104.67 NZD			
15/9/11	Flight QF583	\$284.56 AUD			

D. Luggage and Personal Effects Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Copy of your Certificate of Insurance.
- 2. Proof of ownership of the items claimed (ie. tax invoices, receipts, or credit card/bank statements proving purchase of the item/s).
- 3. Report made to the Transport Provider/ Police/Hotel or other appropriate Authority.
- * Failure to provide these documents may result in delays in processing your claim.

Give full details of how losses	s, damage or thef	ts occurred: (D	etail each event)					
Date loss/damage occurred	/	/	Time	am/pm Locat	tion/Country			
Date loss/damage reported	/	1	Time	am/pm Locat	tion/Country			
Loss/damage reported to - (P	'olice, Airline or o	ther Authority)	Name	(C)	15			
Were items lost/damaged by	Carrier? (e.g. Airl	line) Yes □ No	o □ Name					
Have you lodged a claim or c property? If Yes , please provi before submitting your claim	ide details in the t to Allianz Global <i>I</i>	table below and Assistance.	l attach copies of	correspondence. If	No , you should pro			
NOTE: The 1999 Montreal Co	onvention impos	es a liability up	pon Airlines and	you should claim fr	om them first.			
Carrier				Claim no.				
What action was taken to rec	over lest items?							
Wilat action was taken to reco	JVET TOST ITEMES :							
Are any of the items covered	by other insuranc	ce? Yes N	0 🗌					
If Yes - Which company	***************************************	907 202		Policy Nu	ımber			
Were all the missing articles	owned by you? Y	es No						
If not, give details								
Full Details of Artic	les Claimed		Store From \ Was Originall		Original Date of Purchase	Original Purchase Price	Amount Claimed (AUD)	Proof of Purchase Attached?

E. Rental Vehicle Excess Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

1. Copy of your Certificate of Insurance.

were incurred.

- 2. Copy of your Rental Vehicle Agreement.
- 3. Copy of the Repair Invoice if claim is due to the Rental Vehicle being damaged.
- 4. Copy of documents showing amount debited to you by Rental Vehicle company for damage/excess.
- 5. Report made to the Police or other appropriate Authority.

Date and time of accident/incident / / Location of accident/incident							
Rental Vehicle company name Country where the vehicle was rented:							
Please state in full, exactly what happened for the claim to arise (if necessary, a diagram may be used to depict the event):							
Was the damage due to a collision with another vehicle? Yes No							
If Yes, please provide the name and address of the person who was driving the other vehicle involved in the collision							
Please provide the registration number of the other vehicle							
Please provide the name and address of the insurer of the other vehicle:							
Did police attend the incident? Yes No Was the accident/incident your fault? Yes No							
Repair costs Date the damage was paid for / /							
Excess you were liable to pay Amount you are claiming for							
Have you received compensation from any person or party involved in the accident or incident: Yes \ No							
If Yes, please state the amount received							
F. Delayed Luggage Expenses Claim							
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*							
 Copy of your Certificate of Insurance. Itemised receipts for the purchase of Essential Items claimed by you. 							
 Remised receipts for the purchase of essential items claimed by you. Property Irregularity Report from the Carrier (ie. bus line, airline, shipping line or rail authority) and confirmation of any compensation paid to you. 							
4. Ticket and Baggage Tags from the Carrier who caused your luggage to be delayed.							
* Failure to provide these documents may result in delays in processing your claim.							
Name of Carrier who delayed your luggage							
Your arrival date / / Your arrival time am/pm							
Date that your luggage was returned to you / / Time of return am/pm							
What compensation was received from the carrier?							

Description Of Essential Items Purchased	Date of Purchase	Price Paid	Store Where Item Was Purchased	Receipt Attached Yes/No
e.g. Woollen Jumper	e.g. 10/02/05	e.g. EUR 100	e.g. Benetton of London	e.g. Yes
	1			

Please complete the below schedule in full. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expenses

G. Other

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS CLAIM

- 1. Copy of your Certificate of Insurance.
- Any other information in support of this claim

2. Any other information in support of this claim.
Please tell us in as much detail as possible what happened to you in order for you to make this claim. Be as specific as possible, including dates and amounts paid. If there is not enough room in the space provided, you may continue your description of the events on a separate piece of paper.
amounts paid. If there is not chough room in the space provided, you may continue your description of the events on a separate piece of paper.
Which Policy Benefit Section(s) do you believe to be the most applicable under which you can make this claim?
which tolley belief decidents) do you believe to be the most applicable under which you can make this claim:
CTED 4 DAYMENT DETAILS
STEP 4 - PAYMENT DETAILS
Provide your bank details below for a direct credit to your nominated bank account. Please note we cannot deposit into a credit card account.
If we are required to make a payment on your behalf no payment will be made until we receive payment, from you, of any applicable excess.
Name of Bank National Australia Bank
Branch: Busselton Account Holder Karissa Gilham
BSB Number: 0 8 6 - 5 6 5 Account Number: 5 3 9 7 8 0 6 8 8
GST INFORMATION (ONLY APPLIES IF YOUR POLICY WAS PURCHASED FOR A BUSINESS).
Are you registered for GST Purposes? Yes No
What is your Australian Business Number (ABN)?
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? Yes No
IF YES, what percentage of the GST did you claim or are you entitled to claim? % (if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)
the destroy and and your the entition and the same amount, the answer to this question is 100%)
CUSTOMER SERVICE QUESTIONNAIRE In order to ensure that the services we provide are maintained to the highest standards, we would appreciate a few moments of your time to complete a questionnaire. This will enable us to monitor our performance and implement any services

which we feel would benefit our customers further. Please confirm that you agree to receive a Questionnaire by Email 🗆 (Please Tick)

MEDICAL AUTHORITY AND DECLARATION

I DECLARE THAT:

- I will use my best endeavours and render all reasonable assistance and co-operation to Allianz Global Assistance in the assessment of
 my claim;
- The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim;
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- I understand that by investigating my claim or by accepting proofs of my claim, Allianz Global Assistance has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy;
- A photocopy of this Authorisation shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Global Assistance to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations described; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Global Assistance in its absolute discretion considers relevant for its assessment of initial or ongoing benefits for my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my Health Insurance claims history, including Medicare;
- any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an
 ongoing benefit.

Signature of Claimant	Date		1	1
Name of Claimant				
Signature of Witness	Date		/	1
orginataro or without	Duto	8		7
Name of Witness				

Doctor's Signature



Email: travelclaims@allianz-assistance.com.au

MEDICAL CERTIFICATE To be completed by the patient's usual Doctor/Dentist (at the claimant's expense) in all cases of cancellation and medical claims resulting from accident, sickness or death. Name of person to whom this certificate applies (i.e. the person whose state of health caused the claim): Date of Birth Postcode Address Instructions to the Medical Professional: Please complete this form in block letters, and provide as much information as possible, as this will accelerate this Travel Insurance claim. 1. (a) Are you the patient's usual medical practitioner? Yes No If Yes, for how long? (b) If No, do you have access to their medical records? Yes No The claimant must indicate (by ticking the relevant box) which is applicable, question 2 or 3. Alteration to/cancellation of travel arrangements prior to travel. (a) Did you recommend that travel be cancelled or postponed due to the patient's state of health? Yes 🔲 No 🦳 (b) On what date did you make this recommendation? (c) Please give precise details of the nature of the sickness or injury which gave rise to this recommendation (including the final diagnosis) (d) Did you fully explain the risk of travelling with this medical condition? Yes No (e) On what date did the patient first become aware of their symptoms? (f) Please describe the symptoms advised by the patient. (g) On what date were you first made aware of the condition, or change in the condition? (h) Has the patient previously been investigated, diagnosed or treated in respect to the same/similar/related sickness or injury? Yes 🦳 No 🦳 If Yes, please attach copies of all letters from referred specialists, including the patient's full medical history, current medications, all hospitalisations and emergency department visits in the last two (2) years. (i) Did the patient make the travel arrangements against your advice (or the advice of another medical practitioner)? Yes 🦳 No 🦳 OR □ 3. Treatment costs/ additional expenses incurred during travel. (a) What do you understand to be the sickness or injury which resulted in the need to seek medical care/ interrupt the patient's travel plans? (b) Has the patient previously been investigated, diagnosed or treated in respect to the same/similar/related sickness or injury? Yes 🔲 No 🦳 If Yes, please attach copies of all letters from referred specialists, including the patient's full medical history, current medications, all hospitalisations and emergency department visits in the last two (2) years. (c) Was there any indication that medical care may be required on the journey? (d) Was the patient non-compliant with medical advice whilst on the journey? Yes No (e) Did the patient travel against your advice (or the advice of another medical professional)? Yes 🔲 No 🦳 I certify that the statements contained in this Medical Certificate are true and correct.

Please post this form together with your claim form and all supporting documentation to Travel Claims Department, PO Box 162, Toowong QLD 4066 Australia

PLEASE NOTE: We cannot process your claim if you do not supply the listed documentation with your fully completed and signed claim form.

Date

Doctor's Stamp



Original Flights and Car Hire Arrangements

55 St Georges Tce, Perth WA 6000 Email: 3pi0@flightcentre.com Ph: 08 9218 9055 Fax: 08 9218 8767 Flight Centre Limited t/as Flight Centre FLIGHT CENTRE

ACN: 003 377 188 ABN: 25 003 377 188 Travel Lic. No: 9TA00589

PAYMENT INVOICE

MR STUART SAARE TBA Date: 2 MAR 11 Consultant: CALLI NEWTON

Reference: 3PI0SAAR0001

Phone No: Fax No:

i PAY

Biller Code: 7971 Ref: 6172 0555673 To pay by BPAY, please call your participating financial institution to make a payment from your nominated account. Payment can also be made in person by cash, cheque or credit

card.

Origin: PERTH
Destination: QUEENSTOWN
Airline: JETSTAR/QANTAS

Date Of Travel: No. Passengers: 7 AUG 11 10

\$2,448.00

Booking ref:

Airfare/Tour/Accommodation Details:

Credit Card Amount Cash Amount

***** NAME(S) AS PER VALID PASSPORT(S) *****
Stuart Saare

Oliver Saare
Courtney Lucas
Matthew Oswald
Karissa Gilham
Michael Claffey
Eloise Chen
Jonathan Lowe
David Gallagher

Angus Jeffrey
Airfare

Sunday 7th August

JQ973 Perth 01:00 - Melbourne 06:30 JQ219 Melbourne 08:45 - Queenstown 13:50

Monday 15th August

JQ278 Queenstown 09:55 - Auckland 11:35 QF56 Auckland 15:45 - Sydney 17:25 JQ988 Sydney 20:10 - Perth 22:15

Return economy airfare using Jetstar/Qantas

From Perth to Queenstown including 20kgs checked baggage

per passenger: \$1040.00

10 x \$1040.00 \$10,400.00

*** TRANSPORT DETAILS ***

Car hire: Anzcro company: Thrifty

Ford Territory Wagon Auto or similar x 3

Pick-up date: 7 AUG 11 15.00 at Queenstown Airport Drop-off date: 15 AUG 11 08:00 at Queenstown Airport

Total car hire (includes all prepaid charges.)

Optional Extras

3 Prebooked Ski Racks

3 Prebooked Snow Chains

Notes From Thrifty Rental Cars Ltd NZ Your all inclusive hire Includes GST, Unlimited kilometres, reduced Accident Damage Excess (ADE), Airport & Ferry Fees, Comprehensive insurance

Cust laitial:

and 24 hour emergency road side service. A reduced Accident Damage Excess (ADE) of NZ\$270 is payable on pick up (by credit card imprint) Fuel Bond NZ\$112.50 is also payable direct.

Self drive motorists travelling the Milford Road between June and November are required by New Zealand law to carry appropriate chains for their vehicles. Snow Chains are advised to be prebooked due to limited supply.

Passport & Visas

The organisation of passports and visas remain the responsibility of the traveller. Please ask your consultant to assist with visas for your destination.

Payment Details

Qantas sectors are instant purchase, flights and availability are subject to change until paid in full. Qantas sectors (\$215pp) x 10 passengers: \$2150

Jetstar Airfares \$60 per person deposit is due within 7 days of booking with the balance to be paid by 28 March

Deposit due for car hire \$1440 upon booking with the balance to be paid by the 26th April.

Total deposit due upon booking: \$4190 \$9800 due on 28th March \$1008 due 26th April

Thank you for allowing me the opportunity to assist with Your travel plans. We wish you well on your trip.

Regards CALLI NEWTON

Flight Centre Stock Exchange

Total Price Including surcharges, taxes and fees

Total Amount payable:	Quoted Credit Card / Cash price: Credit Card Type: VISA	\$ 13,102.39	\$ 12,848.00
	Payment by Credit Card / Cash:	\$ 0.00	\$ 0.00
	Amount Due by Credit Card / Cash:	\$ 13,102.39	\$ 12,848.00
	Date Due:		2 MAR 11

Cust Initial: Page 5

From: Calli Newton [mailto:calli.newton@flightcentre.com.au] Sent: Thursday, 1 September 2011 10:14 AM To: Stuart Saare Subject: Re: FW: Queenstown docs

Hi Stuart

I hope you had a great time in New Zealand despite all of the hiccups. Please find the itemised costing listed below. If you need any further assistance please don't hesitate to contact me.

Have a great day and I will chat to you soon.

On 31 May 2011 12:36, groupreservations <groupreservations@jetstar.com> wrote: Louis Saare:

J7NYXM 1 Adult JQ278 15.08.2011 ZQN 09:45 AKL 11:35 \$109.45 J7NYXM 1 Adult JQ988 15.08.2011 SYD 20:00 PER 23:05 \$222.00 QDKL3H 1 Adult JQ973 06.08.2011 PER 22:55 MEL 0425 \$212.00 QDKL3H 1 Adult JQ219 07.08.2011 MEL 08:45 ZQN 13:50 \$519.00 QF56 Auckland 15:45 - Sydney 17:25 \$277.00

For all 10 other passengers:

PER MEL 10 07.08.2011 JQ973 01:00 06:30 \$217.00 Adult MEL ZQN 10 07.08.2011 JQ219 08:45 13:50 \$264.00 Adult ZQN AKL 10 15.08.2011 JQ278 09:55 11:35 \$94.76 Adult SYD PER 10 15.08.2011 JQ988 20:10 22:15 \$242.00 Adult QF56 Auckland 15:45 - Sydney 17:25 \$222.24

Kind Regards, Calli Newton | International Travel Consultant | FLIGHT CENTRE STOCK EXCHANGE 55 St Georges Tce | PERTH WA 6000 | P 08 9218 9055 | F 08 9218 8767 | E calli newton@flightcentre.com.au

FLIGHT CENTR Unbeatable

Lowest Airfare Guarantee - We will beat any airfare quote or you fly free* Travel Insurance is strongly recommended by the Department of Foreign Affairs And Trade for all overseas travel. As part of our commitment to safe air travel, we recommend you visit: www.casa.gov.au For up to date overseas travel information, we recommend you visit www.smartraveller.gov.au on the Department of Foreign Affairs and Trade (DFAT) website or call toll free on 1300 139 281. Make your ticket a Green Ticket and help offset the Carbon Emissions from your flight. Log onto



Holiday Home Booking Confirmation

Original Accommodation Arrangements

Highview Heights
11 Highview Terrace
Queenstown

GUEST NAME:

Stuart Saare

stuartsaare@me.com

ARRIVAL DATE: 07 August 2011 CHECK IN TIME: 2.00pm

DEPARTURE DATE: 15 August 2011 **CHECK OUT TIME:** 10.00am

RATE: \$720 per night

Please check through the above details and dates and contact the office if anything is incorrect. This is important because once your booking confirmation is processed the details and dates on it are binding.

ADULTS: 11 CHILDREN:

KEY COLLECTION: Your key will be left at the home in a lock box.

The code will be emailed to you closer to the time of arrival.

DEPARTURE: Check out time is strictly 10.00am. Please return the key to the lock box.

PAYMENT: To be paid the first working day after date of arrival

Accommodation	8 nights	@	\$720	\$5,760.00
Less deposit				720.00
				\$5,040.00
Linen hire	11 guests	@	\$ 15	165.00
Balance				\$ 5,205.00

Balance Owing

The final balance owing on your account is **to be paid the first working day after day of arrival**. Please call into our office during business hours to make the payment or you are more than welcome to telephone with credit card details. We have facilities to accept Visa or Mastercard.

Office Hours

Our office hours are 8.30am to 5.00pm Monday to Friday. We will be closed on Public Holidays and weekends but are contactable via an emergency telephone if there is a problem at the property.

Flight JQ988 Cancellation Notice

From: Calli Newton [mailto:calli.newton@flightcentre.com.au] Sent: Tuesday, 16 August 2011 9:30 AM To: Stuart Saare Subject: Fwd: SAARE Group - G636076 **SCHEDULE CHANGE**

From: groupreservations **Sent:** Wednesday, 3 August 2011 5:42 PM **To:** Calli Newton **Subject:** RE: SAARE Group - G636076 **SCHEDULE CHANGE**

Hi Calli,

I have booked 10kg Excess Baggage for Angus Jeffrey on all 4 flights and charged \$140 against the CC provided. I have reissued your tickets and should be through shortly.

I also wanted to inform you of below flight disruption:

15 August 2011 JQ 988 SYD-PER

OLD STD: 15Aug11 JQ 988 SYD-PER 2000/2305

NEW STD: 16Aug11 JQ 986 SYD-PER 0710/1015 Your flight for 15Aug11

JQ 988 SYD-PER 2000/2305 has been cancelled and all passengers have been reaccommodated to the next available flight the next day

16Aug11 JQ 986 SYD-PER 0710/1015

Jetstar apologises for any inconvenience caused.

I have reissued your tickets through reflecting the reaccommodated flight. Let me know if you have any further queries.

Kind Regards,

rica

Group Reservations Agent
Jetstar Groups
1300 792 688 - Option 1 (within Australia)
0800 401 283 (within New Zealand)
groupreservations@jetstar.com

Business Hours: Monday to Friday - 8:00am - 6:00pm AEST You can now submit a quote request online. Visit the Group Bookings page at www.jetstar.com/groups and fill out the online request form.

Virgin Australia Tax Invoice and Travel Plan

Calli Newton LOWER GROUND 55 ST GEORGES TCE PERTH WA 6000 **AUSTRALIA**

(Agent: INET Order No:)

Reservation Number:

Y4RZ2S

Reservation Date:

05 Aug 2011





Virgin Australia Airlines Pty

(ABN: 36 090 670 965)

PO Box 1034

Spring Hill QLD 4004

AUSTRALIA

Invoice Date: 05 Aug 2011

GUEST NAMES (11 ADULTS)

1. SAARE, STUART MR

DJ571 - BG23 Baggage Purchased: 23 kg

3. LUCAS, COURTNEY MS

DJ571 - BG23 Baggage Purchased: 23 kg

5. GILHAM, KARISSA MS

DJ571 - BG23 Baggage Purchased: 23 kg

7. CHEN, ELOISE MS

DJ571 - BG23 Baggage Purchased: 23 kg

9. GALLAGHER, DAVID MR

DJ571 - BG23 Baggage Purchased: 23 kg

11. SAARE, LOUIS MR

DJ571 - BG23 Baggage Purchased: 23 kg

2. SAARE, OLIVER MR

DJ571 - BG23 Baggage Purchased: 23 kg

4. MATTHEW, OSWALD MR

DJ571 - BG23 Baggage Purchased: 23 kg

CLAFFEY, MICHAEL MR

DJ571 - BG23 Baggage Purchased: 23 kg

8. LOWE, JONATHAN MR

DJ571 - BG23 Baggage Purchased: 23 kg

10. JEFFREY, ANGUS MR

DJ571 - BG23 Baggage Purchased: 23 kg

When travelling on a saver Fare you just a little more. If you are booked pre-pay online at manage booking baggage information for more in

Virgin Flight DJ571:

\$3421 AUD between 11 people = \$311 AUD

GETTING YOU AWAY ON TIME



You must be checked in for your flig your arrival at the airport, please en to miss your flight and forfeit the fai

Flight DJ571 - Amount refunded from Flight JQ988 \$311AUD - \$242AUD

TOTAL CLAIMED: \$69 AUD

TRAVEL PLAN WITH VIRGIN AUSTRALIA



SYDNEY TO PERTH

Flight No DJ571

DEPARTING

Perth Domestic/Terminal 3

ARRIVING

(Saver*) Operated by Virgin Australia Sydney Virgin Australia - T2

2000hr (8:00pm), Mon 15 Aug 2011 2315hr (11:15pm), Mon 15 Aug 2011

Note:

All times noted above are local times at the relevant airport and are shown in 24 hour time.

Receive Sydney flight arrival and departure information direct to your mobile - simply text the flight number (e.g. DJ123) to 199 00747 (cost \$1.50 per SMS inc GST / helpline: 1800 444 407). You will instantly receive the current flight time and status information. This service is provided by Sydney Airport. Conditions apply - refer to

www.sydneyairport.com.au

FARES AND PAYMENTS



Virgin Australia Total Fare Price Baggage Fee

Subtotal

Total Payable GST

Total

AUD\$

2990.02 120.01

3110.03 310.97

3421.00

FOR DISTRIBUTION AT CHECK-IN QUEENSTOWN

Passenger Communication

Dear Sir/Madam

Re: Your Flight JQ278 from Queenstown to Auckland on 15th AUGUST 2011

Due to adverse weather conditions in Queenstown your service to Auckland has been cancelled.

 Transfer to the next available Jetstar service from Queenstown (subject to availability of We cannot guarantee that the alternate service will operate if weather conditions in Queenstown remain unchanged.

Transfer to Jetstar services at a later travel date
 Should you wish to transfer your booking to a later date Jetstar will waive applicable change fees. Any fare difference will still be charged.

If you would like to contact JETSTAR reservations department for further enquiries, please phone: 0800 800 995.

For our codeshare passengers that have onward travel with Qantas their reservations can be called on 0800 808 767.

Again, we sincerely apologise for the inconvenience that may be caused by this disruption.

Yours sincerely,

Mary-Lou Cann

General Manager Customer Service



FLIGHT CENTRE STOCK EXCHANGE (WA)

Email: 3pi0@flightcentre.com Ph: (08) 9218 9055 Fax: (08) 9218 8767 Flight Centre Limited t/as Flight Centre

ACN: 003 377 188 ABN: 25 003 377 188 Travel Lic No. 9TA 589

TAX INVOICE / RECEIPT

MR STUART SAARE	Date: 15 Aug 2011
	Reference: 93221323
	After Hours Emergency: First Point Assist
	Australia: 1300 131 600
	Overseas: +61 7 3170 7830

Origin: Sydney Departure Date: 19 Aug 2011

Destination: Perth No. of Passengers:

Airfare/Insurance Details:

Amount

One-way airfare flying QANTAS Airways \$2561.22

Departing 19 Aug, 2011 Sydney/Perth

Confirmation: 8HQVWK

Total:

\$2561.22

GST included in Total:

Date: 15 Aug 2011

\$232.84

Taxes, Fees and Charges included in Total: \$334.53

I agree that the above dates, times and destinations are correct. All names appear as per valid photographic ID. Signature:..... Date:.....

IMPORTANT

- For compliments & complaints, please contact Customer Relations on 1800 117 747 or email us on customer.relations@flightcentre.com.au
- Make your ticket a Green Ticket and help offset the Carbon Emissions from your flight. Log onto www.flightcentre.com.au for more information or contact your consultant.
- · Cancellation penalties apply on all discounted fares.
- We can provide information to you about travel insurance. For details of the services we can provide (including a quote) please refer to our Financial Services Guide.
- Check the accuracy of all dates and timings. Any errors on your documents will be your responsibility if not advised to your consultant now.
- The price is only guaranteed when paid in full.
- Fees will apply where a booking is changed or tickets are re-issued.
- Please refer to our Booking Terms and Conditions for further details on terms and conditions applicable to your booking. A copy of these has been provided to you and can also be accessed at www.flightcentre.com.au.

TRAVELLER'S CHECKLIST

- Complete your travel insurance form and sign and return it to our office. If you decline travel insurance you will be required to sign a disclaimer.
- Advise us of any special requirements you may have, for example child meals, seating requests, medical requirements etc.
- Advise your consultant of your frequent flyer numbers or enquire about any memberships.

Qantas Flight QF583:

\$2561.22 AUD between 9 people = \$284.58 AUD

TOTAL CLAIMED: \$284.58 AUD



FLIGHT CENTRE STOCK EXCHANGE (WA)

Email: 3pi0@flightcentre.com Ph: (08) 9218 9055 Fax: (08) 9218 8767 Flight Centre Limited t/as Flight Centre

ACN: 003 377 188 ABN: 25 003 377 188 Travel Lic No. 9TA 589

ITINERARY PREPARED FOR

Mr Stuart Saare Mr Matthew Oswald Ms Karissa Gilham Mr Michael Claffey Ms Eloise Chen

Mr Jonathan Lowe Mr David Gallagher Mr Angus Jeffrey Mr Oliver Saare Date: 15 Aug 2011 Booking: 93221323

FRIDAY 19 AUG 11

FLIGHT Qantas Airways - QF583

Depart: 07:20PM 19 Aug 11 Status: Confirmed

Sydney Kingsford Smith Arpt - Domestic

Terminal

Sydney, SYD

Arrive: 10:30PM 19 Aug 11

Perth Arpt - Domestic Terminal

Perth, PER

Confirmation: 8HQVWK

DOMESTIC WEB CHECK-IN

- Web check-in is available on some airlines on Domestic routes only.
- Jetstar: http://www.jetstar.com/au/en/index.aspx
- · Virgin Blue: https://webcheck.virginblue.com.au/DJWEB-CA/cmd/start

IMPORTANT

- Many fare types and discounted airfares do not accrue frequent flyer points. Please check with your consultant on your fare type and if points can be accrued.
- Flight Changes may be permitted (subject to availability), if requested at least 24 hours prior to your flights scheduled departure time. Charges will apply.
- · All change fees are charged per person per sector. For full conditions of carriage for your chosen airline please ask your consultant.
- · A ticket re-issue fee per person will apply in addition to the airline charges. Your Consultant will advise you of these fare conditions.
- A refund administration fee for all airfare refunds in addition to any airline cancellation charges. Many discounted airfares are NON REFUNDABLE. Any
 applicable credits for unused flights are valid for 12 months from date of original booking. Your consultant will advise you of fare conditions.
- · All tickets have restrictions and limitations regarding validity. Please check with your consultant for further details.
- If you do not fly and do not notify the airline at least 24 hours prior to the flight's scheduled departure time, you will forfeit the fare paid.
- It is your responsibility to contact the carrier 24 hours prior to departure to reconfirm flight times and schedules. Airlines have the right to change flight times
 and dates without notice.
- · You must supply the carrier with your contact details whilst at your destination.
- Baggage Allowance for most fares is 23kg for economy. Not all airlines have a free allowance for checked baggage. Please contact the carrier for more
 information.
- If you are travelling outside of Australia, please refer to your airline website for conditions of carriage regarding liquid and baggage restrictions. If you require
 any further information about liquids or baggage restrictions on Trans Tasman or International flights please ask your consultant.

Wakatipu Realty Group Ltd

Licensed (REAA 2008)
T/A Ray White Queenstown
1 Church Lane, Queenstown
PH (03) 450 2040 FAX (03) 442 7178



Stuart Saare

11 Highview Terrace

Queenstown

Tenant Invoice

Regarding:

Stuart Saare

11 Highview Terrace

Queenstown

Date: 18/08/11 Ref: SAARE1

Page: 1

Manager:

Beth Chisholm

Description	Due Date	Credit	Owing
4 nights accommodation @ \$720/night due to snow	18/08/11	0.00	2880.00

Additional Accomodation Cost:

\$2880 NZD over 4 x days = \$720 NZD per day 2 days @ \$720 NZD between 12 people = \$120 NZD 2 days @ \$720 NZD between 10 people = \$144 NZD

TOTAL CLAIMED: \$264 NZD

REMITTANCE ADVICE

Tenant:

Stuart Saare

Premises:

11 Highview Terrace

Queenstown

Total Due

\$2,880.00

Please return this section with your payment to: Wakatipu Realty Group Ltd Licensed (REAA 2008) T/A Ray White Queenstown 1 Church Lane, Queenstown T/Ref: SAARE1 Period: 18/08/11

Amount Paid \$ 2880.00



TAX INVOICE

MOTOKA RENTALS LTD T/A THRIFTY CAR RENTAL GST #: 92-311-945

Customer Information

Name: LIZA TIY Customer/Blue Chip No.: A0H8RC

27 ABERCAIRN WAY, Address:

PARKWOOD AUI

Phone: +6142223976

License Expiry Date: 1/23/2016

4386985

Date of Birth: 1/13/1983

Frequent Flyer No.:

License No.:

RENTAL AGREEMENT ZQ126666

Reservations: 0800 73 70 70 Email: reservations@thrifty.co.nz Internet: www.thrifty.co.nz

Location Information

RENTAL FROM: 07 Aug 2011 14:46 Queenstown Airport

> TO 19 Aug 2011 16:00 Queenstown Airport

Vehicle Information

REGO NO: FZD936 TOYOTA HIGHLAND FFAR

ODOM IN/OUT: 2435/2434

CHARGES

CDP # IT00000456 Rate Code: 5604

WHOLESALE EXTRA DAY Rate Name: Class Charged: FWAR

RATES - CHNGD 11 JULY 08 C

\$527.25 TIME 4 days ADD DRIVER \$10.00 CCFEE \$8.08 SNOW \$0.02 PAYMENTS (\$548.07)GST \$2.72

> TOTAL AMOUNT DUE NZD: \$0.00

Payment Information

THANK YOU FOR RENTING FROM THRIFTY ALL

CHARGES SUBJECT TO FINAL AUDIT

Account Details Voucher Details

Thrifty Car Rental P.O. Box 39010 Christchurch New Zealand

Date Printed: 8/30/2011

Additional Car Hire Cost:

\$548.07 NZD x 3 cars over 4 x days = \$411.05 NZD 2 days @ \$411.05 NZD between 12 people = \$68.51 NZD 2 days @ \$411.05 NZD between 10 people = \$82.21 NZD

Total for 4 days: \$68.51 NZD + \$82.21 NZD = \$150.72 NZD



TAX INVOICE

MOTOKA RENTALS LTD T/A THRIFTY CAR RENTAL GST #: 92-311-945

Customer Information

Name: DAVID GALLAGHER

Customer/Blue Chip No.: A0H8R5

Address: 239 HERITAGE COVE,

MAYLANDS WA

Phone: 0429872524

License No.: 4469063

License Expiry Date: 1/7/2012

7/7/1983

Frequent Flyer No.:

Date of Birth:

RENTAL AGREEMENT ZQ126664

Reservations: 0800 73 70 70 Email: reservations@thrifty.co.nz Internet: www.thrifty.co.nz

Location Information

RENTAL FROM: 07 Aug 2011 14:34 Queenstown Airport

TO 19 Aug 2011 16:00 Queenstown Airport

Vehicle Information

REGO NO: FZD919 TOYOTA HIGHLAND FFAR

ODOM IN/OUT: 4826/2490

CHARGES

Voucher Details

Rate Name: WHOLESALE EXTRA DAY Class Charged: FWAR

RATES - CHNGD 11 JULY 08 C

TIME 4 days \$527.25
ADD DRIVER \$10.00

\$10.00 CCFEE \$8.08 SNOW \$0.02 PAYMENTS (\$548.07)

\$2.72

TOTAL AMOUNT DUE NZD: \$0.00

Payment Information THANK YOU FOR RENTING FROM THRIFTY ALL

CHARGES SUBJECT TO FINAL AUDIT
Account Details

Thrifty Car Rental P.O. Box 39010 Christchurch New Zealand

Date Printed: 8/30/2011



TAX INVOICE

MOTOKA RENTALS LTD T/A THRIFTY CAR RENTAL GST #: 92-311-945

Customer Information

Name: STUART SAARE License No.:

Customer/Blue Chip No.: A0H8R3 License Expiry Date: 4/9/2012

Address: 14 SHANNON CLASE WOODVALE, Date of Birth: 4/9/1986

WA AUI 6026 Frequent Flyer No.:

RENTAL AGREEMENT ZQ126663

4627777

Reservations: 0800 73 70 70 Email: reservations@thrifty.co.nz Internet: www.thrifty.co.nz

Phone: +61434053626

Location Information

RENTAL FROM: 07 Aug 2011 14:33 Queenstown Airport

TO 19 Aug 2011 16:00 Queenstown Airport

Vehicle Information

REGO NO: FKW790 TOYOTA HIGHLAND FFAR

ODOM IN/OUT: 40585/40584

CHARGES

Rate Name: WHOLESALE EXTRA DAY Class Charged: FWAR

RATES - CHNGD 11 JULY 08 C

 TIME
 4 days
 \$527.25

 ADD DRIVER
 \$10.00

 CCFEE
 \$8.08

 SNOW
 \$0.02

 PAYMENTS
 (\$548.07)

GST \$2.72

TOTAL AMOUNT DUE NZD: \$0.00

Payment Information THANK YOU FOR RENTING FROM THRIFTY ALL

CHARGES SUBJECT TO FINAL AUDIT

Account Details
Voucher Details
Thrifty Car Rental
P.O. Box 39010
Christchurch

New Zealand

Date Printed: 8/30/2011



CALTEX QUEENSTOWN
Gorge Road, Queenstown
Ph. 03 - 442 6412
GST: 59-967-460
*** GST Included ***

>>>>>>>> Tax invoice <>>>>>> 43.30 *
Total \$ 43.30

Total \$ 43.30 VISA CRD \$ 43.30 15.00 % TAX * \$ 5.65

TERMINAL 04132010

TIME 18AUG 18:57 TRAN 006609 CREDIT

VISA

.... 5892

CBA Credit

RID: A000000003 PIX: 1010

PIX: 1010 AUTH 003215 EXP. PURCHASE NZ\$43.30 TOTAL NZ\$43.30

CUSTOMER COPY

Date Time Num POS CNo Shift 18/08/11 18:57 11996 01 0001 022

What Drives You

anell queenatown FRANKTON ROAD OUFFUSTALW

POS REF:

812417

----EFTPOS----
TERMINAL Ø6184801
TIME 19AUG 08:03
TRAN 083057 CREDIT
AMEX
CARD .0021
AUTH 000034 EXP06/14
PURCHASE NZ\$70.43
TOTAL NZ\$70.43
ACCEPT WITH SIG

MR MATTHEW J OSWALD *-----*

Additional Car Hire Fuel Cost:

\$43.30 NZD + \$70.43 NZD = \$113.73 NZD \$113.73 NZD between 10 people = \$11.37 NZD

Total Additional Car Hire Cost:

Car Hire + Fuel:

\$150.72 NZD + \$11.37 NZD = \$162.09 NZD

TOTAL CLAIMED: \$162.09 NZD

Additional Food Cost 1:

\$517.96 NZD between 12 people = \$43.16 NZD



WELCOME TO Fresh Choice Queenstown

64 Gorge Road Phone 03-441-1252 Fax 03-441-1019 GST Number: 100-499-626

Tax Invoice

GST Inclusive

BIRTHDAY No date entered ARATAKI HONEY500 BEEF STOCK 500ML CAMP STOCK 500ML COKE ZERO 2.25L COLDREX C&F 16PK COOKIE BEAR 200G COTTONSOFT 12PK 1 @ NORMALLY \$7.06 DOLE P/APLE 432G 2 @ \$2.49 EAT RT GINGERNUT ETA KETTLE 150G 1 @ NORMALLY \$3.32 ETA KETTLES 150G 1 @ NORMALLY \$3.32	\$6.39 \$2.92 \$2.92 \$4.29 \$13.45 \$3.37 \$6.49 \$4.98 \$7.04 \$2.49
O.130 Kg @ \$15.99/ Kg MOLLOY FARMS ONI SWEET SENSATION 2 @ \$4.99 TELEGRAPH CUCUMB 2 @ \$4.99 WILCOX RED JACKE NZ SKIER MAG NORTH BREAD 600G 1 @ NORMALLY \$3.13 SR WHT BRD 700G T/TOP TOAST 700G 1 @ NORMALLY \$4.09 V ORG PIZZA BASE VENERDI 6 SEEDS PREM HONEY HAM TEG CHK SAG SZ14 2 @ \$13.28 TEG CHK SAG SZ14 2 @ 2 for \$21.00 VERK ITLN SALAMI VERK ITLN SALAMI	\$2.08 \$3.99 \$9.98 \$9.98 \$3.99 \$11.95 \$1.99 \$2.46 \$3.49 \$6.95 \$7.51 \$5.41
100 BAL DUE	\$517.96
EFTPOS	\$517.96
CHANGE	\$0.00
YOUR SAVINGS TODAY!	
TTL OFFERS	\$45.31

CASHIER NAME: LIWAY C0101 #6189 9:36:40 15AUG2011 \$9940 R006

Thank you for choosing to shop Fresh Choice Queenstown Store Trading Hours:

Mon - Sun 7:00am - Midnight
We value your feedback so please
email us at fc.queenstown@xtra.co.nz

Additional Food Cost 2:

\$55.14 NZD between 12 people = \$4.60 NZD



WELCOME TO
Fresh Choice
Queenstown
64 Gorge Road
Phone 03-441-1252 Fax 03-441-1019
GST Number: 100-499-626
Tax Invoice GST Inclusive

ETA SPUDS 150G		
1 @ NORMALLY	\$2.27	\$1.69
H/LAND CHICKEN 1		** **
1 @ NORMALLY	\$2.09	\$1.99
H/LAND GREEN ONI 1 @ NORMALLY	¢2 09	\$1.99
OLDC REFUSE BAGS	Ψ2.00	\$34.99
M/LEA SPREAD500G		ψ04.55
1 @ NORMALLY	\$3.50	\$2.49
POWDER HOUND		\$11.99
6 BAL DUF		\$55.14
O DAL DUE	120	\$33.14
EFTP0S		\$55.14

CHANGE		\$0.00
VOUD CAVITAGE STOAY	r.	
YOUR SAVING DAY	I	
TTL OFFERS		\$1.79
116 01 1610		4

CASHIER NAME: SCOTT CO117 #7732 17:51:17 S9940 ROO4 16AUG2011

Thank you'for choosing to shop
Fresh Choice Queenstown
Store Trading Hours:
Mon - Sun 7:00am - Midnight
We value you'feedback so please
email us at for stown@xtra.co.nz

Additional Food Cost 3:

\$52.76 NZD between 10 people = \$5.28 NZD



WELCOME TO Fresh Choice Queenstown

64 Gorge Road Phone 03-441-1252 Fax 03-441-1019 GST Number: 100-499-626

Tax Invoice	GST Inclusiv
C/COLA ZERO 1.5L	No. 160: MAI PAR PAR FAIR SAIL SEE 112 BUT THE TOO TOO TOO
1 @ NORMALLY \$3.16 ETA KETTLES 150G	\$2.59
1 @ NORMALLY \$3.32	\$2.49
ETA KETTLES 150G 1 @ NORMALLY \$3.32	\$2.49
ETA KETTLES 150G 1 @ NORMALLY \$3.32	\$2.49
GROCERY	\$4.54
H/LAND GREEN ONI 2 @ NORMALLY \$2.09	\$3.98
KERI JUICE BLT 1 @ NORMALLY \$6.15	\$5.69
RASHUNS 150G 1 @ NORMALLY \$2.80	\$1.59
SCHWEPPES 1.5L 1 @ NORMALLY \$2.11	\$1.59
TW HRBL T/B LOS TWISTIES 150G	\$3.49
1 @ NORMALLY \$2.80 B/E HSH BRWN300G	\$1.59 \$5.41
T/T JELLY TIP EA 3 @ :\$2.50 BANANAS	\$7.50
1.200 Kg @ \$2.39/ Kg T/T S/FRT5003	\$2.87 \$4.45
18 BAL DUE	\$52.76
ROUNDING CASH	\$0.04 \$60.00
CHANGE	\$7.20
VOLID CAVINGS TODAY!	

YOUR SAVINGS TODAY!

TTL OFFERS \$6.66

CASHIER NAME: BECCA

C0108 #3439 15:52:19 17AUG2011 S9:940 R005

Thank you for choosing to shop Fresh Choice Queenstown Store Trading Hours: Mon - Sun 7:00am - Midnight We value your feedback so please email us at fo queenstown@xtra.co.nz

Additional Food Cost 4:

\$484.50 NZD between 10 people = \$48.45 NZD

The Bathhouse Restaurant Queenstown Bay Phone 03 442 5625 www.bathhouse.co.nz GST# 69-875-416 Tax Invoice Receipt No. 89400

Karen on POS1

17/08/2011 21:01:13

Inside 3

D	inners 1	
2x	Beef Medium	\$69.00
	Beef Medium Well	\$34.50
	Beef Medium Rare	\$34.50
	Garden Salad	\$8.50
Зх	Kapiko Bay P/N Bottle	\$90.00
4x	Lamb Rack Medium Rare	\$140.00
	Peppercorn	\$0.00
	Pork Belly	\$28.50
Зх	Red wine Jus	\$0.00
	Ricotta Patties	\$28.50
2x	Roasted Mushrooms	\$23.00
2x	Soft Drinks Bottle	\$8.00
	Spanish Chorizo	\$9.00
	Teriyaki Salmon	\$11.00
To	tal	\$484.50
Eft	tpos	\$484.50
	unding	\$0.00

Thank you for your Custom.
We look forward to you dining with us again in the future

Total Includes \$63.20 GST

Additional Food Cost 5:

\$31.78 NZD between 10 people = \$3.18 NZD



Fresh Choice Quaenstown

Quienstown 64 Gorge Road Phone 03-441-1252 Fax 03-441-1019 GST Number: 100-499-626 GST Inclusive

W TOM PASTE 135G 2 @ NORMALLY \$1.42 SR I/CRM 2L SR TASTY SHRD CH APPLE GRANNY SMI 0.640 Kg @ \$3.99/ Kg	\$2.18 \$5.45 \$8.94 \$2.55
ONIONS LOOSE 0.130 Kg @ \$2,99/ Kg SWEET SENSATION METRO HAM VERK PEPP SALAMI	\$0.39 \$4.99 \$2.31 \$4.97
9 BAL DUE	\$31.78
EFTP0S	\$31.78
CHANGE	\$0.00

YOUR SAVINGS TODAY!

TTL OFFERS

\$0.66

18AUG2011

CASHIER NAME: MYRIAM C0109 #3883 19:08:01 S9340 R005

R005

Thank you for choosing to shop Fresh Choice Queenstown Store Trading Hours : Mon - Sun 7:00am - Midnight We value your feedback so please email us at fc.queenstown@xtra.co.nz

Total Additional Food Cost:

\$43.16 NZD + \$4.60 NZD + \$5.28 NZD + \$48.45 NZD + \$3.18 NZD = \$104.67 NZD

TOTAL CLAIMED: \$104.67 NZD

Additional notes:

12 people staying in the house for the trip.

Costs have generally been divided between 12 people. On the 17/8/11, two people cancelled the remaining 2 flights booked and payed extra to come back early.