

**GOVERNMENT SERVICE INSURANCE SYSTEM**  
Special Business Unit  
Maasin City

**PREMIUM COMPUTATION SLIP**

January 24, 2023

TIN NO. \_\_\_\_\_

OFFICE: VISAYAS STATE UNIVERSITY -  
BAYBAY CAMPUS  
VISCA, BAYBAY, LEYTE

CONTACT # \_\_\_\_\_

EMAIL ADD: \_\_\_\_\_

PC    M

MODEL 1988 COLOR GREEN

SUBJECT TOYOTA HI LUX PICK-UP UV  
AS IS WHERE IS FROM THE ORIGINAL  
4-CYL, DSL, GROSS WT:2700, NET  
CAP:1310

PLATE NO. 4PE-793

Motor No. D4BAV044068

Chassis No. YN57-0082699

PERIOD 04 01 2023 TO 04 01 2024

MVI FILE # 1312-7552

Previous Policy ID# 6600505757

365

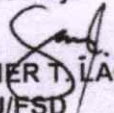
Sir/Madam

In connection with your request for tentative premium computation on the above-described motor vehicle please be informed of the following:

	AMOUNT OF INSURANCE	AMOUNT OF PREMIUM
= CTPL - B/D	= 100,000.00	= 447.11
LOSS / DAMAGE	PHP 53,220.00	319.32
ACTS OF GOD	53,220.00	550.00
TPL/PROPERTY DAMAGE	100,000.00	730.00
TPL/EXCESS BODILY INJURY	100,000.00	180.00
LIE ( 4 PASSENGERS)	40,000.00	100.80
DRIVERS INS.	10,000.00	25.20
Sub. Total - CTPL	100,000.00	447.11
Sub. Total - Compre	303,220.00	1,905.32
DST for Premium		294.50
DST for COC		30.00
VAT		282.29
TOTAL :	403,220.00	2,959.22

**PLEASE SUBMIT CLEAR COPY OF LTO OR & CR AND PICTURES OF VEHICLE WITH**  
**PLATE NUMBER CLEARLY SHOWN UPON PAYMENT**

Issued by:


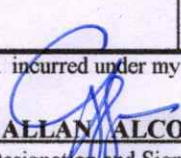
  
ELMER T. LACERNA  
SBU/FSD

Noted by:

  
JOSEPH NEIL P. JAPSON  
STAFF OFFICER II

Received by: \_\_\_\_\_



 <b>VISAYAS STATE UNIVERSITY</b> Entity Name <b>DISBURSEMENT VOUCHER</b>		Fund Cluster :	
		STF Date : Jan. 26, 2023	
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	GSIS	TIN/Employee No.:	ORS/BURS No.:
Address	MAASIN CITY, LEYTE		
Particulars		Responsibility	Amount
To Payment of VSU vehicle insurance premium as per supporting paper hereto attached in the amount of:			2,959.22
			<b>2,959.22</b>
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.  <div style="text-align: center;">   <b>ED ALLAN ALCOVER</b>          Printed Name, Designation and Signature of Supervisor       </div>			
B. Accounting Entry:			
Account Title		UACS Code	Credit
C. Certified:		D. Approved for Payment	
<input type="checkbox"/> Cash available  <input type="checkbox"/> Subject to Authority to Debit Account (when applicable)  <input type="checkbox"/> Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	<b>NICK FREDDY BELLO</b>	Printed Name	<b>EDGARDO E. TULIN</b>
Position	OIC, Accounting Unit/Authorized Representative	Position	Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ADA No. :	Date :	Bank Name & Account Number:	
Signature :	Date :	Printed Name:	Date
Official Receipt No. & Date/Other Documents			