

# **KOJO AUTO SERVICE CENTER**



#### LAGOS:

1, Moshalashi Street, Off Western Avenue, By Ipori Bridge Alaka Surulere, Lagos. Tel: 08077692625, 08077692662, 08077692633

**Item Description** 

**ENGINE OIL** 

OIL FILTER
FUEL PUMP

FUEL FILTER

SPARK PLUGS

A/C GAS

FRONT BRAKE PAD

### ABUJA:

Plot 1209 Shehu Yar'Adua Way Mabushi Near VIO, Abuja FCT. Tel: 08077692630, 08067779150, 09-2911234

### BENIN:

45, Agbor Road, Ikpoba Hill, Benin City, Edo State. Tel: 08077692641, 08077692644

### PORT-HARCOURT:

Plot 117, Trans-Amadi Layout Port Harcourt, Rivers State. Tel: 08077692621, 08077692631, 07037823937

Quantity

10

1

1

8

3

### AWKA:

Plot C5 and C6 Agu-Akwa Layout Akwa Anambra State Tel: 08077692640, 08077692610

## **JOB INSTRUCTION**

Customer Name/ID:	NIGERIA FINANCIAL INTELLIGENT UNIT / KJ119006	Date:	19th Apr, 2022
Organization:		Reg. No:	ABC 343 CX
Vin/Chasis No:	JTMHX01J1G4128983	Odometer Reading:	31,326Km
Phone Number:	08077015912	E-mail:	
Vehicle Make:	Toyota Landcruiser	Model Number:	URJ202L-GNTAKV
Address:	NO 12 IBRAHIM TAIWO STREET ASO VILLI		

RESETTING OF FRONT BUMPER				
ADHESSIVE AND GLUE				
CONDENSER FAN				
			'	
		Additional Job Completionn : □  Value : □  Project Estimatew/Explanationr: □  Car Was Needed? : □  Replaced Part Keep: □		
☐ Cleanness (Exterior/Interior): ☐ ☐ Courtesy Items Removal: ☐ ☐ Outer Mirror Position / Seat Position: ☐ ☐ Clock Adjustment / Radio Sitting: ☐ ☐ Job Completion Notificxation: ☐ ☐	Signed 1 Date: Time: Signed 2 Date: Time:	Job Details Explanation :  Fee Explanation :  Result Confirmation with  Customer:  Walk-Around Check :	Fixed:□ Level Up: □ No Fixed: □ PSFU(Plan)□	Delivery: Dtae:  Time:  Customer:
Change of Delivery Time:		Job Time:		
Additional Jobs /Job Stoppage/Others	Job Start: Date Time			
Completion Changed:	Job Completion: Date: Time:			
Other Findings:		Actual Hours Clocked:	Technician Name:	Quality Control Staff:
Job Completion Notification: Date: Time:	Delivered to Owner / Family / Other ()			
P.S.F.U. (Plan):  Date: Time:	Contact Info: Telephone No:(Home/Business/Mobile)  Email:			
P.S.F.U (Actual):	Customer: Owner / Family / Other ()			
Date: Time				

□□ Fixed	Staff Name:
□□ Not Fixed (Appointment Date/Time)	Supplied By:  Issued By:  Order By: OGOCHUKWU MIRIAM NWOKOMA
Date: Time:	