



# KOJO AUTO SERVICE CENTER



## LAGOS:

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

## 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

## AWKA:

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

## JOB INSTRUCTION

|   |                                    |
|---|------------------------------------|
| <b>Customer Name/ID:</b> MRS. IRENE AYAKO / KJC118A45 | <b>Date:</b> 10th Jun, 2022        |
| <b>Organization:</b> UNITED NATION                    | <b>Reg. No:</b> 202 UN 18          |
| <b>Vin/Chasis No:</b> 2T2HA31U06C104663               | <b>Odometer Reading:</b> 33333MILE |
| <b>Phone Number:</b> 09062815148                      | <b>E-mail:</b>                     |
| <b>Vehicle Make:</b> LEXUS RX 330                     | <b>Model Number:</b> MCU38L-CWAGKA |
| <b>Address:</b> UN HOUSE ABUJA                        |                                    |

| Item Description | Quantity |
|------------------|----------|
| WATER BYPASS     | 1        |
| RADIATOR COOLANT | 1        |
| INDICATOR LIGHT  | 1        |

|   |   |  |  |  |
|---|---|--|--|--|
|   |   | Additional Job Completion : <input type="checkbox"/><br>Value : <input type="checkbox"/><br>Project Estimate/Explanation: <input type="checkbox"/><br>Car Was Needed? : <input type="checkbox"/><br>Replaced Part Keep: <input type="checkbox"/> |  |  |
| 1<br><input type="checkbox"/> Cleanliness (Exterior/Interior): <input type="checkbox"/><br><input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/><br><input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/><br><input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/><br><input type="checkbox"/> Job Completion Notification: <input type="checkbox"/> | 2<br><input type="checkbox"/> Signed 1<br>Date: _____<br>Time: _____<br><br><input type="checkbox"/> Signed 2<br>Date: _____<br>Time: _____ | Job Details Explanation : <input type="checkbox"/><br>Fee Explanation : <input type="checkbox"/><br>Result Confirmation with Customer: <input type="checkbox"/><br>Walk-Around Check : <input type="checkbox"/>                                  | Fixed: <input type="checkbox"/><br>Level Up: <input type="checkbox"/><br>No Fixed: <input type="checkbox"/><br>PSFU(Plan) <input type="checkbox"/> | Delivery: Dtate: _____<br><br>Time: _____<br>Customer: _____ |
| <b>Change of Delivery Time:</b><br>Additional Jobs /Job Stoppage/Others<br>Completion Changed: _____  |   | <b>Job Time:</b><br>Job Start: Date _____ Time _____<br>Job Completion: Date: _____ Time: _____  |  |  |
| Other Findings : _____  |   | Actual Hours<br>Clocked: _____   | Technician Name: _____<br>Quality Control Staff: _____   |  |
| Job Completion Notification: Date: _____ Time: _____  |   | Delivered to Owner / Family / Other ( _____ )  |  |  |
| P.S.F.U. (Plan):<br>Date: _____ Time: _____   |   | Contact Info:<br>Telephone No: _____<br>(Home/Business/Mobile)<br>Email: _____   |  |  |
| P.S.F.U (Actual):<br>Date: _____ Time _____   |   | Customer: Owner / Family / Other ( _____ )   |  |  |
| P.S.F.U (GJ) :<br><input type="checkbox"/> Fixed<br><input type="checkbox"/> Followup Status (Follow up Again)<br>Date: _____ Time: _____<br><input type="checkbox"/> Not Fixed (Appointment Date/Time)<br>Date: _____ Time: _____  |   | Staff Name: _____<br>Confirmed By: _____<br>Supplied By: _____<br>Issued By: _____<br>Order By: OGHLE GIFT USIAKPENEBRO  |  |  |