



# 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> | NATIONAL ASSMBLY SERVICE COMMISSION ( NA / KJ142377 | <b>Date:</b>             | 17th Mar, 2022 |
| <b>Organization:</b>     | NASS  | <b>Reg. No:</b>          | MGT 25 FL      |
| <b>Vin/Chasis No:</b>    | JTGFK518304008891                                   | <b>Odometer Reading:</b> | 133082KM       |
| <b>Phone Number:</b>     | 08033923036   | <b>E-mail:</b>           |                |
| <b>Vehicle Make:</b>     | TOYOTA COASTER                                      | <b>Model Number:</b>     | TRB50L-BGMSKV  |
| <b>Address:</b>          | NATIONAL ASSEMBLY SERVICE COMMISSION ABUJA          |                          |                |

| Item Description                          | Quantity |
|---|----------|
| ENGINE OIL                                | 7        |
| OIL FILTER                                | 1        |
| SPARK PLUG                                | 4        |
| SERVICING OF NOZZLES & THROTTLE BODY      | 1        |
| FRONT BRAKE PAD (SET)                     | 1        |
| FRONT BRAKE DISC (SET)                    | 1        |
| FRONT SHOCK ABSORBER (SET)                | 1        |
| LOWER ARM BUSHING (SET)                   | 4        |
| REAR BUMPER HANGER                        | 1        |
| PLYWOOD & VEHICLE FLOOR CARPET            | 1        |
| UPHOLSTERY GUM 60CL                       | 1        |
| REAR LIGHT SET                            | 1        |
| COMPLETE STEERING RACK REVERTING          | 1        |
| COMPLETE TIE END REVERTING                | 1        |
| WHEEL BALANCING & ALIGNMENT               | 1        |
| COMPLETE BODY WORK AND PAINTING MATERIALS | 1        |

|   |   |   |  |
|---|---|---|--|
|   |   | Additional Job Completionn : <input type="checkbox"/><br>Value : <input type="checkbox"/><br>Project Estimatew/Explanation: <input type="checkbox"/><br>Car Was Needed?: <input type="checkbox"/><br>Replaced Part Keep: <input type="checkbox"/> |  |
| 1<br><input type="checkbox"/> Cleanness (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"/> |
| <b>Change of Delivery Time:</b><br>Additional Jobs /Job Stoppage/Others<br>Completion Changed: _____<br>Other Findings : _____  |   | <b>Job Time:</b><br>Job Start: Date _____ Time _____<br>Job Completion: Date: _____ Time: _____<br>Actual Hours Clock: _____<br>Technician Name: _____<br>Quality Control Staff: _____  |  |
| Job Completion Notification: Date: _____ Time: _____  |   | Delivered to Owner / Family / Other ( _____ )   |  |

|  |  |
|--|--|
| <p>P.S.F.U. (Plan):</p> <p>Date: _____ Time: _____</p>   | <p>Contact Info:</p> <p>Telephone No: _____<br/>(Home/Business/Mobile)</p> <p>Email: _____</p>   |
| <p>P.S.F.U (Actual):</p> <p>Date: _____ Time _____</p>   | <p>Customer: Owner / Family / Other ( _____ )</p>  |
| <p>P.S.F.U (GJ) :</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Followup Status (Follow up Again</p> <p>Date: _____ Time: _____</p> <p><input type="checkbox"/> Not Fixed (Appointment Date/Time)</p> <p>Date: _____ Time: _____</p> | <p>Staff Name: _____</p> <p>Confirmed By: _____</p> <p>Supplied By: _____</p> <p>Issued By: _____</p> <p>Order By: ABDULAZEEZ ADAVIRUKU YUSUFF</p> |