



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

Customer Name/ID:	MR TONY AMEACHI / KJ285395	Date:	17th Jun, 2022
Organization:		Reg. No:	ABC 471 BM
Vin/Chasis No:	4T1BF1FK9GU145977	Odometer Reading:	52992Mi
Phone Number:	07063191646	E-mail:	
Vehicle Make:	Toyota Camry	Model Number:	ASV40L-CETNKA
Address:	3 DEP STREET MAITAMA, ABUJA		

Item Description	Quantity
LOWER ARM (CERTIFIED USED)	1
FRONT BALL JOINT	1
INNER SHAFT HOSE	1
STEERING COLUMN MODULE	1
STEERING ANGLE SENSOR	1
REPAIR C.A.N CONTROL	1
FRONT BUMPER GARNISH (SET)	1
FLASHING OF HEADLIGHT	1
PINS	15
COMPLETE BODY WORK AND PAINTING MATERIALS	1
WHEEL BALANCING & ALIGNMENT	1
REPAIR OF DRIVE SHAFT	1
ENGINE OIL (0W20)	5
OIL FILTER	1
SERVICING OF NOZZLE AND THROTTLE BODY	1
FRONT BRAKE PAD (SET)	1
REAR BRAKE PAD (SET)	1
FRONT WIPER BLADE (SET)	1

		Additional Job Completionn : <input type="checkbox"/> Value : <input type="checkbox"/> Project Estimatew/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>	
1 <input type="checkbox"/> Cleanness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notification: <input type="checkbox"/>	Signed 1 Date: _____ Time: _____ Signed 2 Date: _____ Time: _____	Job Details Explanation : <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/>	Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan): <input type="checkbox"/>
Change of Delivery Time: Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Time: Job Start: Date _____ Time _____ Job Completion: Date _____ Time _____	
Other Findings :		Actual Hours Clock: _____	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): Date: _____ Time: _____	Customer: Owner / Family / Other (_____)
P.S.F.U (GJ) : <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Followup Status (Follow up Again Date: _____ Time: _____ <input type="checkbox"/> <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____	Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: ABDULAZEEZ ADAVIRUKU YUSUFF