



# 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>	ENGR. HAIM AND KEM HALLE / KJ334959	<b>Date:</b>	29th Jun, 2022
<b>Organization:</b>		<b>Reg. No:</b>	BWR 820 BG
<b>Vin/Chasis No:</b>	MROHX8CD6K0929531	<b>Odometer Reading:</b>	63991KM
<b>Phone Number:</b>	08080466558 / 08033777247	<b>E-mail:</b>	
<b>Vehicle Make:</b>	Toyota Hilux	<b>Model Number:</b>	TGN26L-PRMDKN
<b>Address:</b>	ABUJA		

Item Description	Quantity
FRONT WINDSHIELD	1
HOOD	1
FRONT BUMPER COMPLETE IRON	1
FRONT GRILL	1
BUMPER GRILL	1
HEAD LIGHT (SET)	1
HEAD LIGHT CHROME (SET)	1
HILUX LOGO	1
REPAIR OF FRONT CHASIS CUT	1
AIRFLOW CASE	1
HEAD LIGHT BULBS	2
RADIATOR RESERVOIR	1
HOOD CHROME	1
PINS	20
DOOR FANCY CAP	1
STEERING AIRBAG	1
DASHBOARD AIRBAG	1
DOWN STEERING AIRBAG & COVER	1
ADHESIVE AND GLUE	1
BOOT COVER HOOK	1
FRONT FENDER LINING (RHS)	1
TOP DASH BOARD	1
WHEEL BALANCING & ALIGNMENT	1
DOOR STICKER	1
COMPLETE BODY WORK AND PAINTING MATERIALS	1

	<p>Additional Job Completionn : <input type="checkbox"/></p> <p>Value : <input type="checkbox"/></p> <p>Project Estimatew/Explanationr: <input type="checkbox"/></p> <p>Car Was Needed? : <input type="checkbox"/></p> <p>Replaced Part Keep: <input type="checkbox"/></p>
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1	2	<b>Signed 1</b> Date: _____ Time: _____  <b>Signed 2</b> Date: _____ Time: _____	<input type="checkbox"/> Job Details Explanation : <input type="checkbox"/> <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/>	Fixed: <input type="checkbox"/> <input type="checkbox"/> Level Up: <input type="checkbox"/> <input type="checkbox"/> No Fixed: <input type="checkbox"/> <input type="checkbox"/> PSFU(Plan) <input type="checkbox"/> <input type="checkbox"/>	Delivery: Dtae: _____  Time: _____  Customer: _____			
<b>Change of Delivery Time:</b> Additional Jobs /Job Stoppage/Others Completion Changed: _____		<b>Job Time:</b> Job Start: Date _____ Time _____ Job Completion: Date: _____ Time: _____						
Other Findings :  Job Completion Notification: Date: _____ Time: _____		<table border="1"> <tr> <td>Actual Hours Clocked: _____</td> <td>Technician Name: _____</td> <td>Quality Control Staff: _____</td> </tr> </table> Delivered to Owner / Family / Other ( _____ )				Actual Hours Clocked: _____	Technician Name: _____	Quality Control Staff: _____
Actual Hours Clocked: _____	Technician Name: _____	Quality Control Staff: _____						
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"/> Followup Status (Follow up Again Date: _____ Time: _____ <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____		Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: OGHale Gift UsIAKPenEBRO						