



# 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> 22nd Mar, 2022       |
| <b>Organization:</b> NASS  | <b>Reg. No:</b> MGT 28 FL         |
| <b>Vin/Chasis No:</b> JTGF518004009041                                       | <b>Odometer Reading:</b> 262004KM |
| <b>Phone Number:</b> 08030677916   | <b>E-mail:</b>                    |
| <b>Vehicle Make:</b> Toyota Coaster  | <b>Model Number:</b> TRB50L-ZGMSK |
| <b>Address:</b> NATIONAL ASSEMBLY SERVICE COMMISSION ABUJA                   |                                   |

| Item Description                          | Quantity |
|---|----------|
| ENGINE OIL                                | 7        |
| OIL FILTER                                | 1        |
| COMPLETE GEAR BOX                         | 1        |
| MASTER BRAKE                              | 1        |
| REAR SPRING BUSHING SET                   | 2        |
| BRAKE FLUID                               | 3        |
| GEAR OIL                                  | 1        |
| WIPER BLADE                               | 1        |
| FRONT WINDSHIELD                          | 1        |
| REAR LIGHT SET                            | 1        |
| HEAD LIGHT FRONT (LEFT)                   | 1        |
| SIDE POINTER (LEFT)                       | 1        |
| BOOT KEY LOCK                             | 1        |
| EXHAUST HANGER                            | 1        |
| WHEEL BALANCING AND ALIGNMENT             | 1        |
| CAMBER SETTING                            | 1        |
| RECLAMPING OF REAR SPRING BUSHING (SET)   | 1        |
| COMPLETE BODY WORK AND PAINTING MATERIALS | 1        |
| MIDDLE EXHAUST POT                        | 1        |
| EXHAUST BOLTS & NUTS                      | 4        |
| SLIDING DOOR STOPPER                      | 1        |
| EXHAUST CONE                              | 2        |
| ADHESIVE & GLUE                           | 1        |
| AIR FLOW METER PIPE & COVER               | 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   | 2   | <i>Signed 1</i><br>Date: _____<br>Time: _____ | <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: Dtae: _____        |
| <input type="checkbox"/>  | Cleanness (Exterior/Interior): <input type="checkbox"/>         |   | Job Details Explanation :  |  |                              |
| <input type="checkbox"/>  |   |   | <input type="checkbox"/>   |  |                              |
| <input type="checkbox"/>  | Courtesy Items Removal: <input type="checkbox"/>                | <i>Signed 2</i><br>Date: _____<br>Time: _____ | Fee Explanation :  |  | Time: _____                  |
| <input type="checkbox"/>  |   |   | <input type="checkbox"/>   |  |                              |
| <input type="checkbox"/>  | Outer Mirror Position / Seat Position: <input type="checkbox"/> |   | Result Confirmation with Customer:   |  | Customer: _____              |
| <input type="checkbox"/>  |   |   | <input type="checkbox"/>   |  |                              |
| <input type="checkbox"/>  | Clock Adjustment / Radio Sitting: <input type="checkbox"/>      |   | Walk-Around Check :  |  |                              |
| <input type="checkbox"/>  | Job Completion Notificxation: <input type="checkbox"/>          |   | <input type="checkbox"/>   |  |                              |
| <b>Change of Delivery Time:</b>   |   |   | <b>Job Time:</b>   |  |                              |
| Additional Jobs /Job Stoppage/Others  |   |   | Job Start: Date _____ Time _____   |  |                              |
| Completion Changed: _____   |   |   | Job Completion: Date: _____ Time: _____  |  |                              |
| Other Findings :  |   |   | Actual Hours<br>Clocked: _____   | Technician Name: _____   | Quality Control Staff: _____ |
| Job Completion Notification: Date: _____ Time: _____  |   |   | Delivered to Owner / Family / Other ( _____ )  |  |                              |
| P.S.F.U. (Plan):<br><br>Date: _____ Time: _____   |   |   | Contact Info:<br>Telephone No: _____<br>(Home/Business/Mobile)<br><br>Email: _____   |  |                              |
| P.S.F.U (Actual):<br><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><br>Date: _____ Time: _____<br><input type="checkbox"/> Not Fixed (Appointment Date/Time)<br><br>Date: _____ Time: _____ |   |   | Staff Name: _____<br><br>Confirmed By: _____<br><br>Supplied By: _____<br>Issued By: _____<br>Order By: SAMUEL YUSUF FUNDA |  |                              |