

# **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	:NATIONAL ASSMBLY SERVICE COMMISSION ( NA / KJ142377	Date: 22nd Mar, 2022
Organization	:NASS	Reg. No: MGT 26 FL
Vin/Chasis No	:JTGFK518104011378	Odometer Reading: 154443KM
Phone Number	:08033923036	E-mail:
Vehicle Make	:Toyota Coaster	Model Number: TRB50L-ZGMSK
Address	:NATIONAL ASSEMBLY SERVICE COMMISSION ABUJA	

Item Description	Quantity
ENGINE OIL	7
OIL FILTER	1
FRONT WHEEL BEARING	1
REAR WHEEL BEARING SEALS	1
WIPER BLADE	1
HORN	1
BRAKE LIGHT BULB	2
WHEEL BALANCING AND ALIGNMENT	1
REAR LIGHT SET	1
TRAFFICATOR LIGHT SET	1
SERVICING OF BOOT KEY	1
BODY AIR CLEANER PIPES BRACKETS	1
SIDE MIRROW L.H.S.	1
PLYWOOD	1
REFIXING OF FRONT WINDSHEID	1
VEHICLE FLOOR CARPET	1
COMPLETE BODY WORK AND PAINTING MATERIAL	1
UPHOLSTERY GUM 60CL	1
REAR BUMPER	1
AIR FLOW METER PIPE & COVER	1

		Project Esti	and b Completion in : □  Value : □  matew/Explanationr: □  Car Was Needed? : □  Replaced Part Keep: □	
1 2 Cleanness (Exterior/Interior):  Courtesy Items Removal:  Outer Mirror Position / Seat Position:  Clock Adjustment / Radio Stitting:  Job Completion Notificxation:	Signed 1 Date: Time: Signed 2 Date: Time:	Job Details Explanation : □ Fee Explanation : □ Result Confirmation with Customer: Walk-Around Check : □	Fixed: □ Level Up: □ No Fixed: □ PSFU(Plan) □	Delivery: Dtae:  Time:  Customer:
Change of Delivery Time:		Job Time:		
Additional Jobs /Job Stoppage/Others		Job Start: Date Time		
Completion Changed:		Job Completion: Date: Time:		

Other Findings:	Actual Hours Technician Name: Quality Control Staff: Clocked:			
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): □□ Fixed □□ Followup Status (Follow up Again	Staff Name:			
Date: Time:  Date: Time:  Not Fixed (Appointment Date/Time)	Supplied By: Issued By: Order By: OGHALE GIFT USIAKPENEBRO			
Date: Time:				