

# **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: GIZ /SEDIN / KJ434920	Date: 22nd Jul, 2022	
Organization:	<b>Reg. No:</b> 17A 394 FG	
Vin/Chasis No: MROFX22G981306343	Odometer Reading: 307120KM	
Phone Number: 08150859225	E-mail:	
Vehicle Make: TOYOTA HILUX	Model Number:	
Address: NO 20 HAILE CELESTIA STREET, ASOKORO , ABUJA		

Item Description	Quantity
ENGINE OIL	7
OIL FILTER	1
FRONT BRAKE PAD	1
SPARK PLUGS	4
FUEL FILTER	1
IGNITION COILS	4
SERVICING OFNOZZLES AND THROTTLE BODY	1
REAR BRAKE LINING	1
GEAR OIL	4
FAN BELT	1
FRONT STABILIZER LINKAGE	1
AIR FILTER	1
HEAD LAMP SET	1
VALVE COVER GASKET	1
REAR BUMPER	1
REAR LAMP SET	1
WHEEL BALANCING & ALIGNMENT	1
HEADLIGHT BULB	1
FRONT WINDSHIELD	1
ADHESIVE & GLUE	1
COMPLETE VEHICLE SEATS UPHOLSTERY	1
PAINTING MATERIALS (COMPLETE BODY)	1

		Project Estir	al Job Completionn:	
1 2 Cleanness (Exterior/Interior):  Courtesy Items Removal:  Outer Mirror Position / Seat Position:  Clock Adjustment / Radio Sitting:  Job Completion Notificxation:	Signed 1         Date:	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):	Customer: Owner / Family / Other ()			
Date: Time				
P.S.F.U (GJ): □□ Fixed □□ Followup Status (Follow up Again	Staff Name: Confirmed By:			
Date: Time:  Date: Time:  Date: Time:	Supplied By: Issued By: Order By: ABDULAZEEZ ADAVIRUKU YUSUFF			
Date: Time:				