

# **KOJO AUTO SERVICE CENTER**



#### LAGOS

1, Moshalashi Street, Off Western Avenue, By Ipori Bridge Alaka Surulere, Lagos. Tel: 08077692625, 08077692662, 08077692633

**Item Description** 

REAR BUMPER

REAR BUMPER HANGER

FRONT TRAFFICATOR LIGHT

FRONT BRAKE PAD

REAR LIGHT LHS

### 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:

Quantity

1

1

1

1

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:	24th Mar, 2022
Organization:	NASS	Reg. No:	MGT 27 FL
Vin/Chasis No:	JTGFK418604004761	Odometer Reading:	54265Km
Phone Number:	08033923036	E-mail:	
Vehicle Make:	Toyota Coaster	Model Number:	TRB40L-BRMSK
Address:	NATIONAL ASSEMBLY SERVICE COMMISSION ABUJA		

BODY MATT UPHOSTERY	1			
COMPLETE BODYWORK AND PAINTING MAT	1			
		Additional Job Completionn : □  Value : □  Project Estimatew/Explanationr: □  Car Was Needed? : □  Replaced Part Keep: □		
1 2 Cleanness (Exterior/Interior):  Courtesy Items Removal:  Outer Mirror Position / Seat Position:  Clock Adjustment / Radio Sitting:  Job Completion Notificxation:	Signed 1 Date: Time:  Signed 2 Date: Time:	Job Details Explanation :  Fee Explanation :  Result Confirmation with Customer: Walk-Around Check :		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 Clocked:	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):	Customer: Owner / Family / Other ()			
Date: Time				

P.S.F.U (GJ) : □□ Fixed □□ Followup Status (Follow up Again	Staff Name: Confirmed By:
□□ Not Fixed (Appointment Date/Time)	Supplied By:  Issued By:  Order By: ABDULAZEEZ ADAVIRUKU YUSUFF
Date: Time:	