



# 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> KENNETH OGUEGBU / KJ131573	<b>Date:</b> 08th Jun, 2022
<b>Organization:</b> KOJO MOTORS	<b>Reg. No:</b> ABJ 755 PH
<b>Vin/Chasis No:</b> AHTFX22G508020650	<b>Odometer Reading:</b> 202784KM
<b>Phone Number:</b> 08067779150	<b>E-mail:</b> KENNETH@KOJOMOTORS.COM
<b>Vehicle Make:</b> Toyota Hilux	<b>Model Number:</b> TGN26L-PRMDKN
<b>Address:</b> UTAKO ABUJA	

Item Description	Quantity
ENGINE OIL	7
OIL FILTER	1
FUEL FILTER	1
FUEL PUMP	1
FRONT BRAKE PAD (SET)	1
SERVICING OF NOZZLE AND THROTTLE BODY	1
WHEEL BALANCING & ALIGNMENT	1

		Additional Job Completionn : <input type="checkbox"/> Value : <input type="checkbox"/> Project Estimatew/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>	
1 <input type="checkbox"/> Cleaness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notificaxtion: <input type="checkbox"/>	2 Signed 1 Date: _____ Time: _____ Signed 2 Date: _____ Time: _____	Job Details Explanation : <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/>	Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan) <input type="checkbox"/>
<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 : _____		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): Date: _____ Time _____		Customer: Owner / Family / Other ( _____ )	

<p>P.S.F.U (GJ) :</p> <p><input type="checkbox"/><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/><input type="checkbox"/> Followup Status (Follow up Again</p> <p>Date: _____ Time: _____</p> <p><input type="checkbox"/><input type="checkbox"/> Not Fixed (Appointment Date/Time)</p> <p>Date: _____ Time: _____</p>	<p>Staff Name: _____</p> <p>Confirmed By: _____</p> <p>Supplied By: _____</p> <p>Issued By: _____</p> <p>Order By: ABDULAZEEZ ADAVIRUKU YUSUFF</p>
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