



# 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>	17th Mar, 2022
<b>Organization:</b>	NASS	<b>Reg. No:</b>	MGT 25 FL
<b>Vin/Chasis No:</b>	JTGFK518304008891	<b>Odometer Reading:</b>	133082KM
<b>Phone Number:</b>	08033923036	<b>E-mail:</b>	
<b>Vehicle Make:</b>	TOYOTA COASTER	<b>Model Number:</b>	TRB50L-BGMSKV
<b>Address:</b>	NATIONAL ASSEMBLY SERVICE COMMISSION ABUJA		

Item Description	Quantity
ENGINE OIL	7
OIL FILTER	1
FRONT WHEEL BEARING	1
REAR WHEEL BEARING SEALS SET	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
COMPLETE BODY WORK AND PAINTING MATERIAL	1
VEHICLE FLOOR CARPET	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 Notifcaxtion: <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.S.F.U (GJ) : <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Followup Status (Follow up Again  Date: _____ Time: _____ <input type="checkbox"/> <input type="checkbox"/> Not Fixed (Appointment Date/Time)  Date: _____ Time: _____	Staff Name: _____  Confirmed By: _____  Supplied By: _____ Issued By: _____ Order By: ABDULAZEEZ ADAVIRUKU YUSUFF