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LUCY INSURANCE (S.C.)

Date: 04/08/2025

## Maintenance Request Form

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Branch: Head Office

Ser No.	Description of Item	Tag No.	Type of Problem	Date Problem Detected	Action Required
1	System Login Issue		System is not logging in (Both attachments)	04/08/2025	

Requested by

Approved by

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

### Action Taken by HR & Logistics Division

☐ Request Approved ☐ Rejected

Description of Corrective Action taken:

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Owner of Action Process